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**A Qualitative Study of Teachers Perspectives on Collaborating with Social Workers for the
Delivery of Trauma-Informed Early Childhood Practices**

A Dissertation Submitted in partial fulfillment of the
Requirements for the degree
Doctor of Education in Organizational Change and Administration

Angela Sharon Calloway-Thornton

Dr. Robert K. Jabs School of Business

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A Qualitative Study of Teachers Perspectives on Collaborating with Social Workers for the
Delivery of Trauma-Informed Early Childhood Practices

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July 2024

DocuSigned by:
Cammy Purper
CC61F84221544F7...

Cammy Purper , Committee Chair

DocuSigned by:
Jocelyn Navarro
BE51A8148609442...

Jocelyn Navarro , Committee Member

DocuSigned by:
DANIELA
F821FD312D5A468...

Kezia Daniels , Committee Member

DocuSigned by:
Tim Gramling
CA2DA3A6550845F...

Tim Gramling, LPD., FACHE, Dean, Jabs School of Business

ABSTRACT

This qualitative study investigates the dynamics of interprofessional collaboration between early childhood educators and social workers, specifically in the context of the delivery of trauma-informed practices for preschool children affected by Adverse Childhood Experiences (ACEs). Responding to a service delivery gap noted by Marsac et al. (2016), the research focuses on teachers' perspectives regarding the current practices and trends in these collaborations. In-depth interviews are utilized to gather educators' firsthand experiences and insights into the practices prevalent in these partnerships. The study contributes to the existing literature by highlighting the nature of efforts in trauma-informed care within early childhood education (Ališauskienė & Gevorgianiene, 2015; Almendingen et al., 2021; Peabody, 2016). It offers a detailed examination of the collaborative strategies between educators and social workers, providing a clearer understanding of the approaches to supporting children with ACEs in preschool settings.

Keywords: Interprofessional Collaboration, early childhood teachers, social workers, trauma-informed early childhood practices

DEDICATION AND ACKNOWLEDGEMENT

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CHAPTER 1: INTRODUCTION

Trauma-informed practices have taken a central role in early childhood intervention strategies, underscoring the significance of nurturing safe and supportive environments for young learners (Thomas et al., 2019; Vericat Rocha & Ruitenbergh, 2019). At the heart of this transformative process lies the pivotal role of interprofessional collaboration, particularly between teachers and social workers. Research on interprofessional collaboration between teachers and social workers in the context of trauma-informed practices is an evolving field, and findings vary based on specific studies and settings (Block & Block, 2002; McKee, 2018; Plumb et al., 2016; Sedillo-Hamann, 2022). Educational social work has been relegated to crisis or intermittent service delivery (McKee, 2018). This exploration delves into the educators' insights and encounters with interprofessional collaboration, aiming to elucidate the current practices between teachers and social workers in cultivating and applying trauma-informed practices. Through an in-depth examination employing interviews and reflexive thematic analysis, this research aspires to unearth insights to build understanding and inform the development and enhancement of strategies that promote effective interprofessional collaboration.

Interprofessional collaboration serves as a cornerstone for nurturing trauma-informed approaches in early childhood education with the goal of fostering a safe and empowering environment for the youngest learners. Adverse Childhood Experiences (ACEs) encompass traumatic events and adverse circumstances that children may face during the early years, such as abuse, neglect, household dysfunction, and other adverse situations (Anda et al., 2005; Edwards et al., 2019; Felitti et al., 1998; Lockhart, 2023). Research indicates that individuals who have experienced ACEs are at an elevated risk of developing behavioral challenges and health issues as they progress from childhood to adulthood (Centers for Disease Control and

Prevention (CDC), 2021; Edwards et al., 2019; Taylor & Biglan, 1998). In preschool-aged children, ACEs may result in behavioral challenges, social difficulties, cognitive delays, and emotional regulation issues (Gherardi et al., 2022; Lang et al., 2016; National Institute of Mental Health, 2001; Sciaraffa et al., 2017). Recognizing the profound impact of ACEs on lifelong well-being, legislative actions addressing ACEs have surged in various U.S. states (National Conference of State Legislators Report, 2022). These legislative efforts extend beyond acknowledgment, emphasizing trauma-informed practices, particularly in education (National Child Traumatic Stress Network/Schools Committee [NCTSN], 2017; 2017; Van der Kolk, 2005; 2014). Key initiatives involve interprofessional teams comprising experts from education, healthcare, social services, and mental health (Public Law 115-271, 2018; (SAMHSA) Interagency Task Force for Trauma-Informed Care (SAMHSA (Substance Abuse and Mental Health Services Administration), 2021). These teams play a crucial role in mitigating the effects of ACEs and addressing the long-term consequences, such as depression (Centers for Disease Control and Prevention [CDC], 2021; Edwards et al., 2019).

Legislative actions have also highlighted the importance of equipping educators and professionals with the knowledge and skills to identify and respond to ACEs (Marsac et al., 2016; SAMHSA, 2014), along with the need to strengthen behavioral health support systems for children through improved mental health services (Carey, 2023; Timonen-Kallio et al., 2016). By fostering collaboration across various disciplines and equipping professionals with essential skills, these initiatives aim to reduce the burden of ACEs on individuals and society. The emergence of a distinctive group of preschoolers is accompanied by an increasing number of students identified with three or more Adverse Childhood Experiences (ACEs) or significant traumatic events, highlighting the urgency for targeted interventions (Bonillaa et al., 2022;

Bryant et al., 2020; Marie-Mitchell & O'Connor, 2013; U.S. Census Bureau, 2021). This trend signifies a pressing need for specialized support for this unique cohort. This shift in focus highlights the urgency of addressing ACEs within early childhood education (Bryant et al., 2020).

Practitioners must bridge gaps in the traditional framework of early childhood settings, addressing potential disparities in social-emotional development, cognitive stimulation, and foundational learning strategies (Araújo et al., 2021). While studies on the prevalence of ACEs among early childhood students have been conducted, they often lack diversity in demographic representation, prompting researchers to advocate for updated ACEs data (Merrick et al., 2018). This call for updated data underscores a critical gap in the research, highlighting the need for more inclusive studies that can inform targeted interventions and policy adjustments to more effectively support the diverse needs of young learners exposed to ACEs. The gap in the research specifically pertains to the lack of comprehensive data that encompasses the full range of demographic backgrounds among early childhood students, which is essential for developing effective, culturally sensitive interventions (Chafouleas et al., 2021; Giovanelli, 2018; McIntyre et al., 2019).

Given the evolving landscape, an emerging frontier warrants deeper investigation regarding the collaboration between early childhood educators and social workers (Block & Block, 2002; Fitzgerald et al., 2013; Fukkink, 2019; Melville, 2017). This partnership is gaining recognition as a cornerstone in delivering comprehensive support to children affected by ACEs, focusing on ensuring equitable access to mental health services (Impact of the COVID-19 Pandemic on Early Childhood Care and Education, 2020). Adopting a comprehensive strategy that involves identifying young learners in need, training specialized staff, coordinating

interdisciplinary resources, and developing cooperative support systems is pivotal in transforming practices across the Early Childhood Education (ECE) landscape. Acknowledging the importance of holistic methods, including incorporating trauma-informed practices and interdisciplinary teamwork (Manian, 2021), is essential for enhancing the service delivery of early childhood learners.

Background

The undeniable influence of Adverse Childhood Experiences (ACEs) on the developmental trajectory of preschoolers reverberates significantly, with a poignant reminder that mishandling behavior may inadvertently expose them to the risk of re-traumatization (Cavanaugh, 2016; Kerker et al., 2016). However, a compelling concern emerges, magnifying the complexity of this landscape - the conspicuous absence of standardized training in trauma management and the implementation of comprehensive ACEs interventions (Cannon et al., 2020; Giano et al., 2020; Kerker et al., 2016). This absence is accentuated by the recognition of an urgent need for systematic implementation strategies (Cannon et al., 2020; Giano et al., 2020), setting the stage for a pivotal inquiry into the landscape of early childhood education.

The 2017-18 National Survey of Children's Health (NSCH) found that, excluding economic hardship, around 30% of children had one ACE, and about 14% had two or more ACEs. When considering economic hardship, a 2018 Child Trends report indicated that roughly 45% of children had experienced at least one ACE (Whitney & Theeke, 2020). It can be presumed that these numbers have increased in the following years.

The echoes of the COVID-19 pandemic have left reverberations that resonate within the realm of education, particularly in post-pandemic reports that illuminate the pressing need for trauma-sensitive teaching practices and targeted interventions to safeguard the behavioral well-

being of students (Archard et al., 2022; Bryant et al., 2020; Wenner Moyer, 2022). In this intricate milieu, intervention services manifest as a cornerstone. However, a discernible gap emerges, characterized by the separation of these services from the classroom environment, resulting in a fragmented delivery that lacks the cohesive integration of trauma-informed methods and the vital input of teachers (Meier & Sankaran, 2021; Thomas et al., 2019). This landscape evolves further as recent findings underscore the interplay between pandemic-induced adversity and the educational sphere. The emergent body of research emphasizes that children born during the pandemic exhibit lower cognitive scores and heightened mental health concerns (Archard et al., 2022; Wenner Moyer, 2022).

The parallel surge in Adverse Childhood Experiences (ACEs) and the manifestation of challenging behaviors among children (K. N. Anderson et al., 2022; Araújo et al., 2021) highlights the significance of addressing these facets within the preschool setting. Notably, this echoes prior concerns where behavior was identified as a significant challenge for early childhood educators even before the pandemic (Gleason et al., 2021). Granja et al. (2018) highlighted a prevalence of challenging student behaviors and associated educator stress in Virginia. Friedman-Krauss et al. (2014) found that early-year student behavior predicted teacher stress by year-end, risking burnout and attrition. This underscores the need for comprehensive training in trauma-informed practices and Adverse Childhood Experiences (ACES) within early childhood education (Cannon et al., 2020). This gap, accentuated by the lack of standardization in trauma-informed practices, illuminates the urgency for exploring organizational culture, educator preparation programs, and interprofessional collaboration.

Current research predominantly centers on the supervision of trauma-informed practices in education, particularly focusing on K-12 settings. Regrettably, this emphasis has led to a

significant void in the existing body of literature when it comes to trauma-informed approaches tailored to preschool-age children (Nicholson et al., 2019; Ruff et al., 2016; Suh, 2022). While this research on the involvement of social workers in trauma-informed practices within the educational context is valuable, it tends to be constrained in its relevance to preschool-age children, creating a conspicuous research gap in this critical domain (McKee, 2018; Suh, 2022).

This research is rooted in recognizing the prevalence of Adverse Childhood Experiences (ACES) and the transformative potential of trauma-informed teaching practices (Koslouski, 2022). It is dedicated to understanding how interprofessional collaboration between teachers and social workers can enrich early childhood education. The study focuses on teachers' perceptions of collaborative experiences with social workers, aiming to unveil how these partnerships contribute to implementing and enhancing trauma-informed practices. Such exploration is pivotal in developing a comprehensive, trauma-sensitive educational program, as Bartlett and Smith (2019) advocate, which holds the promise of elevating the quality of early childhood education and building a holistic service delivery model for all students and communities.

By delving into the intricate interplay between teachers and social workers, this investigation seeks to deepen our understanding of the dynamics and efficacy of these collaborations. It emphasizes teachers' perspectives, exploring how joint efforts with social workers can fortify trauma-sensitive approaches in educational settings. This endeavor aligns to support the development of well-rounded service models that effectively meet the needs of all students and communities, thus enhancing the overall quality of early childhood education.

Statement of the Research Problem

This dissertation explores the dynamics of cooperation between early childhood educators and social workers, focusing on trauma-informed practices in preschool environments. It delves into the intricate ways these professionals join forces to address the needs of preschool-aged children affected by Adverse Childhood Experiences (ACEs). Existing literature still needs to explore this topic (Marsac et al., 2016). This research gap highlights a broader issue: the absence of a comprehensive approach to collaborative approaches when addressing ACEs in preschool settings, leading to fragmented and isolated service delivery models (Addis et al., 2022; E. Berger & Martin, 2020; Marsac et al., 2016). Failing to understand how collaboration contributes to trauma-informed practices and ACEs in preschool environments adequately carries significant implications for the well-being of both students and educators.

Purpose Statement

The purpose of this qualitative study was to explore early childhood teachers' perspectives on interprofessional collaboration with social workers in trauma-informed preschool settings for children with Adverse Childhood Experiences (ACEs). Through in-depth semi-structured interviews, the aim was to uncover the nature and value of these collaborations in shaping trauma-informed practices within early learning environments.

Research Questions

The research on interprofessional collaboration in trauma-informed practices in early childhood education engages with a range of theoretical frameworks, thus enriching the

exploration of this topic. This approach broadens our understanding from multiple perspectives, facilitating a comprehensive inquiry into the lived experiences of practitioners in this field.

RQ1: How do early childhood teachers perceive and navigate the interprofessional collaboration with social workers in the implementation of trauma-informed practices for preschoolers with Adverse Childhood Experiences (ACEs)?

Scope and Significance of the Problem

This research aimed to enhance trauma-informed practices in early childhood education by examining the collaboration between early childhood educators and social workers.

Highlighting the need for systematic approaches and unified strategies (Knight & Wadhwa, 2014; Pantry, 2020), it employs Qualitative Descriptive Research to explore teachers' perceptions of interprofessional collaboration with social workers in trauma-informed contexts.

Drawing on Berger and Martin (2020), Cannon et al. (2020), and Honsinger and Brown (2019), the study investigated resource allocation for educators, interagency partners, students, and families. It examined professionals' experiences and challenges, contributing to the broader dialogue on trauma-informed practices. Despite positive views of collaboration, studies by Gherardi et al. (2022) highlight training inadequacies, and Isaksson and Larsson (2017) point to time constraints and resource shortages.

For policymakers, the findings emphasize reinforcing trauma-informed practices and promoting an organizational culture of interprofessional collaboration for children's well-being. The study provides insights into teachers' efficacy in creating safe environments for students at risk of Adverse Childhood Experiences (ACEs), underscoring the need for targeted professional development and resource allocation (Bronstein, 2003; D'Amour et al., 2005; Douglass et al.,

2021). This research offers critical insights into optimizing teacher-social worker collaboration for students' well-being and learning outcomes.

The dissertation investigated the need for effective interprofessional collaboration in trauma-informed practices for preschool children with ACEs, focusing on early childhood educators in Southern California. It explored the interplay among professionals in trauma-informed early childhood practices, aiming to illuminate collaborative dynamics and emphasize the importance of upholding trauma-informed practice standards to support children impacted by ACEs. By highlighting how collaboration enhances the identification and support of children with ACEs, the study advocates for a more integrated approach to educational social work, moving beyond crisis-oriented models.

The study aimed to address gaps in research on educator-social worker collaboration, which often leads to isolated service models, and provide insight into how interprofessional collaboration can benefit children with ACEs. The study also sought to inform policy decisions to enhance educators' capabilities in addressing ACEs, advocating for robust trauma-informed programs. Additionally, the research emphasizes the need for continuous professional development and training for effective collaboration and support for children with ACEs. It advocates a shift from crisis-oriented to proactive, integrated practices, promoting ongoing collaboration between educators and social workers.

Definitions

ACEs – ACEs, standing for Adverse Childhood Experiences, are traumatic events a child may encounter before the age of 18. These include various forms of abuse (physical, sexual, emotional) and household challenges such as divorce, domestic violence, mental illness, substance abuse, or incarceration (Crouch et al., 2019). These events, such as violence, abuse,

neglect, or family member suicides, can undermine a child's sense of safety and trust, with long-term consequences, including mental health issues and substance abuse (Dube, 2018).

Holistic – Holistic refers to the totality of an organism, system, or approach (Jasemi et al., 2015; Strittmatter, 2023). Service delivery within interdisciplinary teams emphasizes a comprehensive approach that integrates physical, mental, emotional, and social health (Forbes, 2003; Hare, 2006; Parameswaran et al., 2023). The literature underscores the importance of interdisciplinary teamwork and collaboration as fundamental components of a positive practice environment (Almendingen et al., 2021; Brandt et al., 2023; Gherardi et al., 2022). Organizations and academic institutions are increasingly implementing programs and models to promote and support interdisciplinary collaboration in clinical practice, aiming to enhance patient care through a holistic perspective (Gilbert et al., 2010; Sandar, 2022). Influences from nursing and educational theorists like Montessori and Dewey contribute to this approach, aiming to meet children's comprehensive needs (Forbes, 2003). Such collaborations, while not guaranteeing outcomes, support holistic child development within medical and educational settings, emphasizing the need for strategies that equip professionals for trauma-informed care (Parameswaran et al., 2023).

Interprofessional Collaboration – involves professionals from different disciplines working together, sharing knowledge and skills, to provide comprehensive and coordinated services to individuals, families, or communities. This approach aims to enhance the quality of care and services by leveraging each discipline's unique perspectives and expertise (Gilbert et al., 2010; Interprofessional Education Collaborative, 2016).

Interagency Collaboration – refers to the coordination and partnership between organizations or agencies that serve various aspects of a common purpose. This collaboration is particularly

prominent in fields like education and social services, where multiple organizations work together to provide holistic support to individuals or communities (Kagan & Neuman, 1998).

Protective Factors – Protective factors are "those characteristics of the child, family, and environmental endorsements that decrease the likelihood of adversity leading to negative child outcomes and behaviors (Cavanaugh, 2016; Grych et al., 2015; S. Lopez et al., 2019; Narayan et al., 2019).

Risk Factors – Environmental / Biological -Risk factors are elements within an individual's home, school, community, or family endorsement that make them more vulnerable to adversity, delays, trauma, or stress. Biological risk factors are associated with organic or internal predispositions to cognitive, physical, developmental, and psychological impairments and delays (Likhitweerawong et al., 2023; O'Meagher et al., 2017).

Trauma - is "the unimaginable experience of what happens to a person who has experienced or witnessed a threat to themselves or another person. That event or series of events changes the person's physiology so that the sensations from the traumatic event become the current sensations of the body and mind until healing takes place" (Izard, 2016, p. 5). Trauma in early childhood is defined as exposure to distressing events that profoundly impact a child's mental, physical, and emotional health, leading to long-term developmental, behavioral, and health consequences, necessitating targeted interventions (Cummings et al., 2017; Navarro, 2022; Pantry, 2020).

Trauma-informed practices – implore teachers to be vigilant, aware, and emotionally present. Trauma-informed teachers are appropriately attuned to students' regulatory needs and facilitate inviting and accepting environments. Empathetic, despite the dissatisfaction they encounter when students exhibit undesired or counter-production behaviors (Southall et al., 2022).

Organization of the Study

This study explored trauma-informed early childhood practices, focusing on the impact of interprofessional collaboration in preschool settings for children with Adverse Childhood Experiences (ACEs). Employing a qualitative descriptive approach, the experiences and insights of ten early childhood teachers were explored. Chapter 1 introduces the research problem, defines the research question, and outlines the study's scope and significance. Chapter 2 presents a comprehensive literature review investigating interprofessional collaboration and trauma-informed practices within early childhood settings. Chapter 3 provides a detailed overview of the methodology, encompassing purpose, human subject protection, research design, data collection, analysis, and limitations. Chapter 4 summarizes the qualitative findings, validates implications, discusses avenues for future research, and concludes the dissertation.

CHAPTER 2: REVIEW OF THE LITERATURE

In the evolving landscape of early childhood education, trauma-informed practices have emerged as a cornerstone of intervention strategies, underscoring the crucial responsibility to

foster safe and supportive environments for young learners (Thomas et al., 2019). Central to these strategies is the irrefutable importance of interprofessional collaboration. This collaboration, bridging multiple disciplines, underlines the essence of a holistic early childhood educational system (D'Amour et al., 2005; Fukkink, 2019; Timonen-Kallio et al., 2016). The perceptions and experiences of educators in early childhood settings critically shape the efficacy of these collaborative ventures. These practices, anchored in the foundation of holistic development, carry an inherent promise to shield, nurture, and empower. As the narrative of trauma-informed practices unfolds, there remains a palpable need to delve deeper into the fabric of educators' lived experiences, drawing out the richness of the narratives and the intricate interplay of the interactions within preschool settings. Adopting a qualitative lens, this research endeavors to probe deeply into the educators' insights and interactions, striving to unravel the complex nexus between interprofessional collaboration and the establishment and execution of trauma-informed practices in early childhood settings. Through this endeavor, I aspired to enrich our understanding and illuminate the pathway toward a cohesive and harmonious educational ecosystem where the well-being of our youngest learners remains paramount.

Amidst a surge in intervention services and a growing emphasis on universal preschool programs (Burke, 2016), the educational landscape is witnessing a significant transformation (Bryant et al., 2020; U.S. Census Bureau, 2021; Bonillaa et al., 2022). Amidst this, the challenges of addressing Adverse Childhood Experiences (ACEs) within early childhood education take center stage (Bryant et al., 2020). Disparities in foundational learning strategies, cognitive stimulation, and social-emotional development have raised pressing concerns (Araújo et al., 2021). With the prevailing gap in ACEs data primarily concentrating on specific demographics, it is essential to delve into diverse groups and regional distinctions (Merrick et al.,

2018). This urgency is heightened when considering the reliance of early childhood teachers on collaboration with social workers for the effective implementation of trauma-informed practices for preschoolers with ACEs.

Introduction and Background of the Study

In the foundational years of childhood, Adverse Childhood Experiences (ACEs) profoundly impact developmental trajectories, resulting in persistent consequences (Bryson et al., 2017; Hornor et al., 2019; Kerker et al., 2016; Southall et al., 2022). These experiences, when deeply embedded within a child's psyche, underscore the pressing need for early and effective interventions, especially as children transition into academic environments (Conners Edge et al., 2022). Beyond the sheer presence of ACEs, previous research also points to the current landscape of fragmented and inconsistent application of TIC practices. This inconsistency not only diminishes the support for affected children but also burdens educators, leading to missed opportunities for early intervention (Marsac et al., 2016).

Rationale for the Review

Children with trauma histories often enter educational domains with deeply ingrained defense mechanisms, which can prevent them from perceiving the surroundings as nurturing and conducive to learning (Quagelli & Solano, 2017). This predisposes them to fixed trauma-induced mindsets, limiting their potential (Willemsen, 2014). The situation is further complicated by a lack of empirical research promoting a unified strategy to address ACEs in preschool environments (Addis et al., 2022; E. Berger & Martin, 2020; Marsac et al., 2016). However, interprofessional collaborations, anchored in trauma-informed principles, present a promising solution. Despite the potential, insufficient training, lack of research, and less-than-optimal

teamwork persist (Berger & Martin, 2020; DeNike, 2023; Douglass et al., 2021; Fukkink, 2019; Gherardi et al., 2022). This review emphasizes the need for a cohesive, research-backed approach in early education to address ACEs comprehensively.

Importance of Addressing Adverse Childhood Experiences (ACEs)

Addressing ACEs extends beyond mere remediation; it revolves around creating settings that inherently nurture and empower young learners. Interprofessional collaboration has become pivotal in early childhood settings with trauma-informed practices gaining prominence in early childhood education (Pantry, 2020; Thomas et al., 2019). Educators' insights and experiences in this realm are paramount as they shed light on the nuances of collaboration and its impact on implementing trauma-informed practices. This research explores these perspectives to elucidate the relationship between collaborative methodologies and trauma-sensitive care, aiming to refine collaborative strategies, fostering more enriching early childhood educational environments.

Search Description

A comprehensive exploration was undertaken to gain insightful perspectives on the transformative potential of trauma-informed early childhood practices facilitated by interprofessional collaboration, employing a multifaceted approach encompassing diverse strategies, theorists, and keywords. This study delved into the profound influence of trauma-informed practices driven by interprofessional collaboration, with a specific lens on preschool settings. The primary objective was to chart the historical trajectory of these practices and investigate the augmentation of early childhood educators' individual expertise and professional efficacy through interprofessional collaboration, thereby fostering the integration of trauma-informed practices within preschool contexts. At its core, this endeavor aimed to bridge the conceptual-practical divide, culminating in an enriched spectrum of trauma-informed strategies

within early childhood education, ultimately elevating the quality of care and support rendered to young children.

The basis for data aggregation relied on utilizing digital search engines, specifically Annie Gabriel Library at California Baptist University, ProQuest, SpringerLink, and Google Scholar. This comprehensive digital exploration provided access to a wide range of scholarly resources from platforms like PubMed, Sage Journals, Science Direct, EBSCOhost, Interlibrary Loan Agency, National Library of Medicine, Frontiers in Education, School Leadership Review, ERIC, Academic Search Premier, and SAGE Premier. The selection of pertinent literature encompassed a historical continuum, with articles chosen to illustrate the evolution of trauma-informed practices. Concurrently, contemporary citations were examined to confirm current methodologies, theories, and updated findings.

The lexicon of keywords employed encompassed a spectrum including trauma, trauma-informed care, trauma-informed practice, sensitive schools, resilience, teachers' knowledge of trauma-informed practices, collaboration in trauma-informed practices, teacher efficacy in trauma-informed practices, the history of trauma-informed practices, and early childhood approaches to trauma-informed care and practices. Complementary terminologies encompass adverse childhood experiences, risk factors, and protective factors. Delving into the intellectual milieu, significant theorists who have indelibly contributed to the discourse on ACEs and trauma-informed practices, such as Vincent Felitti, Donald Cohen, Maxine Harris, Roger Fallot, and Sandra Bloom, were meticulously explored. Additionally, contemporary dissertations emerged as invaluable sources, reflecting the latest scholarly inquiries. These works were comprehensively reviewed, amalgamating the unique insights into the overarching narrative and enriching the ongoing discourse on these thematic facets.

Theoretical Framework

This study explored early childhood teachers' perceptions of interprofessional and interagency collaboration, particularly with social workers, in promoting trauma-informed practices in early childhood settings. It aimed to examine the potential of such collaborative efforts in fostering a cooperative culture that provides comprehensive support for educators, partnering agents, and students within preschool environments. Central to this investigation is understanding how educators perceive the role and impact of working alongside social workers and other professionals in creating and implementing trauma-informed practices. These practices are geared towards recognizing the effects of traumatic events and providing support to mitigate re-traumatization.

A theoretical framework is described, encompassing an integrated system that acknowledges traumatic impacts and offers diverse support to counter re-traumatization, thus promoting awareness, advocacy, and resilience (Bowen & Murshid, 2016; Esaki et al., 2013). The study aimed to provide a qualitative exploration of interprofessional collaboration between early childhood educators and social workers and its role in trauma-informed practices in early childhood education. This comprehensive approach is essential for describing how trauma-informed early childhood practices are developed through such collaborations, with an insight into enhancing teacher efficacy, knowledge, and perception of working with social workers and other professionals in these settings. The research employed a qualitative paradigm that combines personal experience, occupational development, and educational reform within a holistic, non-myopic perspective.

Social constructivism, as defined by Vygotsky (1978) and expanded by Wenger (1998), provides a critical framework for understanding interprofessional collaboration between early

childhood teachers and social workers (Almendingen et al., 2021; E. M. Anderson, 2013), especially in the development of trauma-informed practices. This paradigm suggests that knowledge construction is a collaborative process shaped by social interactions (Vygotsky, 1978). In early childhood education, teachers and social workers combine their unique skills for a more comprehensive approach to child development. Central to this is Vygotsky's (1978) zone of proximal development (ZPD), which indicates that collaboration leads to greater skill and understanding than working alone. Such collaboration, essential in trauma-informed practices, merges educational and socio-emotional strategies for a supportive learning environment.

The paradigm's emphasis on language and cultural tools (Cole & Scribner, 1974; Vygotsky, 1978) stresses the need for common language and concepts among professionals, enhancing communication and leading to effective, holistic interventions. This approach, informed by continuous interaction and learning (DeVries, 1997; Fosnot, 2005; Piaget, 1957), is vital in addressing the complex needs of young learners through a unified and empathetic educational strategy. By fostering a culture of cooperative learning and joint problem-solving, this approach ensures that the complex needs of young learners are met through a comprehensive and empathetic educational strategy grounded in the combined expertise of teachers and social workers. This study leverages Social Constructivism to fill a gap in trauma-informed early childhood education, emphasizing collaborative knowledge construction and shared language. It presents a practical model for holistic development and resilience in young learners, setting a new standard for interprofessional collaboration (Interprofessional Education Collaborative, 2016).

Concurrently, the pragmatic paradigm underscores practical knowledge application and the symbiotic relationship between theory and action (Schon, 1983), proving valuable in

examining the practical implementation of trauma-informed practices and the implications for early childhood education. The pragmatic paradigm, focusing on the practical application of knowledge and the interplay between theory and action (Schon, 1983), is particularly relevant in understanding the interprofessional collaboration between early childhood teachers and social workers. This paradigm suggests that effective collaboration in educational settings is not just about theoretical understanding but also about how these theories are applied in real-world situations. For early childhood teachers and social workers, this means actively translating trauma-informed and developmental theories into daily practice (C. Perry & M. Szalavitz, 2006). The reflective practice concept is central to the pragmatic paradigm, where professionals continuously evaluate and adapt the methods based on real-world experiences (Schon, 1983).

Reflective practice becomes a shared endeavor in interprofessional collaboration (S. Han et al., 2019; Interprofessional Education Collaborative, 2016; Roberts et al., 2021). Teachers and social workers can jointly reflect on the experiences, challenges, and successes in implementing trauma-informed care, leading to more effective strategies and interventions tailored to children's needs and environments (Bronstein, 2003). The pragmatic paradigm emphasizes evidence-based practice, where decisions are guided by research and data (Sackett et al., 1996). In interprofessional collaborations, teachers and social workers bring their respective professional knowledge into the partnership, merging educational and social work perspectives to create a more comprehensive approach to child development and well-being. This approach ensures that interventions are theoretically based, tested, and proven in practical settings (Lang et al., 2016). The pragmatic paradigm is instrumental in framing how early childhood teachers and social workers collaborate. It underscores the importance of applying theory, reflecting on real-world experiences, and grounding actions in evidence-based research (Raye, 2023). This approach

ensures that interprofessional collaborations are dynamic, responsive, and effective in meeting the complex needs of children in early childhood educational settings. The pragmatic paradigm bridges the research gap by prioritizing the practical implementation of trauma-informed theories through teacher-social worker collaboration in early education and evidence-based interventions through teacher-social worker collaboration. Unlike other approaches, it emphasizes real-world applicability and outcomes, combining adaptability and reflective practice (Lang et al., 2016; Raye, 2023).

Finally, the transformative learning paradigm profoundly surveys assumptions, values, and worldviews (Meier & Sankaran, 2021; E. Taylor, 2007), showing how collaborative engagement with trauma-informed practices fundamentally transforms educators' comprehension, attitudes, and behaviors. The transformative learning paradigm, grounded in the scholarly work of Mezirow (1990) and expanded by various academics, offers a foundational framework for understanding the dynamics of interprofessional collaboration between early childhood teachers and social workers, particularly in implementing trauma-informed practices (Meier & Sankaran, 2021; Mezirow, 1990; Mezirow, 2000). This paradigm is centered around critically examining personal and professional assumptions, values, and worldviews, which are documented to facilitate significant changes in understanding and behavior (Meier & Sankaran, 2021). Critical to this paradigm is the emphasis on dialogue to foster learning and transformation. Structured, reflective conversations between educators and social workers contribute to developing a mutually informed understanding and refining trauma-informed strategies. This process of collaborative dialogue is supported by research as a method to enhance the practical application of trauma-informed strategies in educational settings (Mezirow, 2000). The transformative learning paradigm also underscores the importance of applying new

insights in professional practice (Meier & Sankaran, 2021; Taylor, 2007). This is seen as a pathway for professionals to adapt and evolve the approaches in response to emerging understandings, leading to implementing more effective strategies in the context of trauma in early childhood education (Hoggan & Kloubert, 2020; Kitchenham, 2008). The transformative learning paradigm fosters effective interprofessional collaboration. It highlights the significance of critical reflection, structured dialogue, and the application of new insights, contributing to the ongoing development and effectiveness of trauma-informed practices in early childhood education. The transformative learning paradigm fills the research gap by shifting practitioners' perspectives through reflective dialogue, enhancing trauma-informed practices in early childhood education. This collaborative approach fosters effective, insight-driven interventions, making it crucial for holistic, responsive childcare (Hoggan & Kloubert, 2020; Kitchenham, 2008).

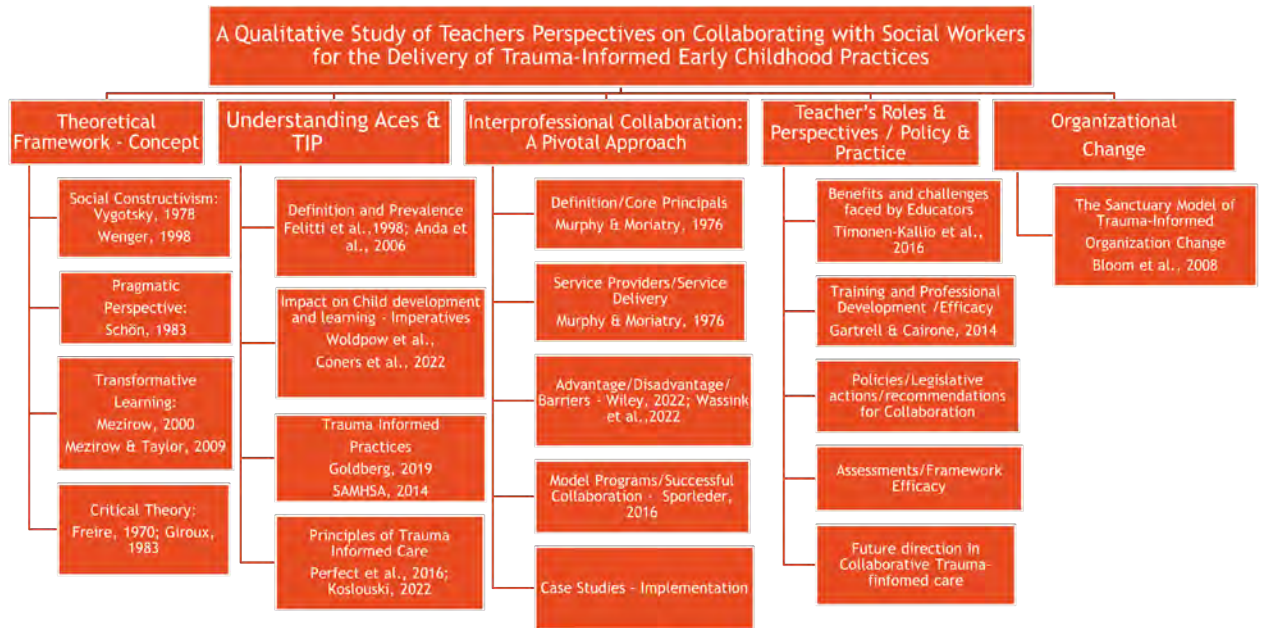
By amalgamating insights from these paradigms, a comprehensive understanding of how interprofessional collaboration shapes the development of trauma-informed early childhood practices, including teacher efficacy and knowledge, is cultivated. This integration of perspectives enhances the research's depth and complexity, amplifying its potential to drive impactful change.

Review of Research

The literature map is a graphic representation and brief of the literature review. Figure 1 illustration serves as a concordance of materials covered in the literature review.

Figure 1

Literature Map



Since 2018, a legislative wave across the United States has underpinned the commitment to tackle Adverse Childhood Experiences (ACEs), with active initiatives in over 37 states and the District of Columbia. These actions recognize the indelible marks of childhood traumas and spotlight the lasting impact of early life experiences on an individual's overall trajectory (National Conference of State Legislators Report, 2022). Emblematic of these efforts is the constitution of interprofessional task forces—spanning the education, healthcare, social services, and mental health realms—formulating strategies against ACEs. Concurrently, a heightened drive exists to empower educators to navigate ACEs adeptly, reinforcing child behavioral health frameworks (Perfect et al., 2016; Terrasi & de Galarce, 2017; Zeng et al., 2019). These consolidated endeavors address the dual challenge: providing immediate care and thwarting long-term ramifications, such as adult depression, with the possibility of mitigating its prevalence by up to 44% (Centers for Disease Control and Prevention, 2021). Nonetheless, current findings suggest gaps in the faithful deployment of these practices, hinting at areas ripe for refinement (Meier & Sankaran, 2021; Thomas et al., 2019).

Interprofessional collaboration in early childhood education provides meaningful experiences for students grappling with Adverse Childhood Experiences (ACEs) and other traumatic events (Dube, 2018; Timonen-Kallio et al., 2016). This approach enriches trauma-informed practices by engaging family partnerships and other stakeholders, creating a comprehensive support network, and shaping a more resilient and supportive future for Early Childhood Education (ECE) (Holmes et al., 2014; Stegall, 2020; T.K. Taylor & Biglan, 1998). Beyond the critical steps of early identification and training, the emphasis rests on a cohesive effort powered by synergistic interprofessional teamwork. In our subsequent discussion on the background of the problem, the immense significance of such collaboration will be further expounded, highlighting its essential role in fostering the healthy development of students (Manian, 2021; Sun et al., 2023).

Understanding ACEs and Trauma-Informed Practices

In 1997, a seminal study on Adverse Childhood Experiences (Felitti et al., 1998) surveyed over 17,000 adults regarding exposure to 10 categories of childhood abuse, neglect, and household dysfunction. The Adverse Childhood Experiences (ACE) study intimately investigated significant correlations between childhood trauma and poor health outcomes spanning decades (Anda et al., 2005; Felitti et al., 1998). The United States Congress collaborated with the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish the Donald J. Cohen National Child Traumatic Stress Initiative and the National Child Traumatic Stress Network in partnership with the Center for Substance Abuse Treatment (National Child Traumatic Stress Network/Schools Committee [NCTSN], 2017; SAMHSA, 2014). This marked a pivotal shift in national focus towards trauma-informed care within pediatrics and preventative resources (Department of Health & Human Services, 2014; National

Child Traumatic Stress Network/Schools Committee [NCTSN], 2017). Childhood trauma can negatively impact students' ability to regulate themselves, comprehend information, organize their thoughts, and retain information (Wolpow et al., 2009). Although the benefits of trauma-informed practices have been widely cited, little contemporary referencing exists, and their collaborative implementation remains limited (Marsac et al., 2016).

The prevalence of trauma and adverse childhood experiences (ACEs) among preschool-aged children in the United States is startlingly common (Sun et al., 2023; Terrasi & de Galarce, 2017). Terrasi and de Galarce (2017) highlight the surge in the prevalence of trauma among children over recent decades. In conjunction with data from a 2010 survey of American adults in 10 states and the District of Columbia, their research findings shed light on the prevalence of adverse childhood experiences (ACEs). Among these experiences, emotional abuse was reported by 35.0% of respondents, physical abuse by 15.9%, and sexual abuse by 10.9%. Additionally, other ACEs included intimate partner violence (14.9%), household substance abuse (25.1%), household mental illness (16.3%), parental separation or divorce (22.8%), and (5.7%), an incarcerated household member (Terrasi & de Galarce, 2017). These findings underscore the urgent need for addressing and mitigating the far-reaching consequences of childhood trauma.

S. E. Craig (2016) delineates that 26% of children in the United States will face trauma before reaching their fourth birthday. This statistic may be a conservative estimate, as the Adverse Childhood Experiences Study data suggests that the actual rate might surpass this percentage (S. E. Craig, 2016; Jennings & Greenberg, 2009). Given such high prevalence, there is a palpable possibility that every preschool classroom includes children with trauma (Ladhawala, 2021; Stegall, 2020).

Further research, such as the 2017-18 National Survey of Children's Health, accentuates the issue's magnitude. This survey revealed that when economic hardships are excluded, approximately 30% of children have endured one ACE, with nearly 14% having experienced two or more instances. Children from trauma-exposed backgrounds are increasingly being identified with emotional-behavioral labels, necessitating interventions in special education. Economic hardships, an often-overlooked trauma factor, compound the issue. A report by the National Conference of State Legislatures in 2022 cited a Child Trends analysis from 2018, revealing that about 45% of children had encountered at least one ACE (National Conference of State Legislators Report, 2022).

It is important to recognize racial disparities within these statistics. Non-Hispanic Black children lead with 61%, followed by Hispanic children at 51%, non-Hispanic white children at 40%, and non-Hispanic Asian children at 23%. Broadening the scope, a 2019 CDC analysis examined adult data across 25 states and found that 61% had been subjected to at least one ACE during childhood. Notably, almost 16% had four or more ACEs, with a pronounced risk among women and certain racial and ethnic groups (National Conference of State Legislators Report, 2022).

The Imperative of Trauma-Informed Care in Early Education

The aftermath of the pandemic has cast the spotlight on early childhood education as a realm ripe for innovative pedagogical approaches (Bryant et al., 2020; Siegel & Lahav, 2022; Wenner Moyer, 2022). As novice educators navigate their initial training or embark on their inaugural year of teaching, the challenge lies in fostering an optimal environment for the cognitive development of three- and four-year-olds in center-based programs (Bonillaa et al., 2022). Despite a temporary decline in enrollment during the 2021-2022 academic year,

projections from the U.S. Census Bureau (2021) suggest an expected rebound in the upcoming year. This anticipated increase is fueled by President Biden's Build Back Better framework, which has garnered support from both bureaucratic and educational circles. One of its key objectives is to promote equitable access to Universal Preschool and Transitional Kindergarten programs designed for children aged three to four (Burke, 2016). This initiative, as eloquently articulated by Guarino et al. (2021), aims to prepare four-year-olds with the necessary skills to navigate the challenges of the K-12 curriculum effectively. This development signifies a concerted effort to enhance early childhood education and set a strong foundation for future learning and academic success. However, first-year educators grapple with curriculum planning obstacles from classroom management and the increasing prevalence of student risk factors. These hurdles limit beginning teachers' capacity to surpass the training offered by their Educator Preparation Programs (EPPs), a concern underlined by Bonnett et al. (2023).

The surge in preschoolers entering classrooms with multiple Adverse Childhood Experiences (ACES) has profoundly impacted foundational components like early literacy and critical thinking skills (Crouch et al., 2019; Manian, 2021). Early childhood staff must be adept at striking a harmonious equilibrium between cognitively stimulating lessons and Emotional Learning (SEL) strategies. This balance becomes crucial in offering support during heightened vigilance and behavioral disruptions within the classroom (Fefer et al., 2021). Within this context, experts advocate for a transformative educational approach that transcends behavior management to tackle systemic concerns (Gardner, 2014). This paradigm shift targets broader issues within the educational system, transcending a singular focus on individual behavioral challenges.

The Emergence and Role of Trauma-Informed Practices

Historical Perspectives of Adverse Childhood Experiences and Trauma-Informed Practices

The inception of trauma-informed care can be traced back to healthcare settings, particularly in mental health and substance use treatment (Goldberg, 2019; Gomez & Doyle, 2020). Over time, the importance of recognizing and addressing trauma has gained traction in educational settings (Brunzell et al., 2015). A shift in understanding from "What is wrong with you?" to "What happened to you?" encapsulates the essence of trauma-informed approaches (Blitz et al., 2020). Trauma-informed care is a patient care method that considers the effects of trauma when diagnosing, treating symptoms, or delivering services (SAMHSA, 2014).

This practice had its American genesis as early as the 1860s when medical professionals observed trauma's effects on Confederate soldiers' lives (Goldberg, 2019). References to these earlier citations of traumatic impact influenced outcomes and diagnoses in the 1970s, with the study of physical and mental traumas experienced by Vietnam War veterans (Lasiuk & Hegadoren, 2006) increasing awareness of the impact of repeated traumatic exposures and the effect on the entire body, particularly the brain and nervous system (Benedek & Ursano, 2009). As research on trauma's effects grew, trauma-informed care became more widely studied and integrated into medicine, education, social services, and treating those impacted by trauma (SAMHSA, 2014).

Trauma and Trauma-Informed Practices

The latest version of the definition created by SAMHSA's Trauma and Justice Strategic Initiative for Substance Abuse and Mental Health was revised in 2014. This definition is referenced as:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and

that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (SAMHSA, 2014, p. 7)

Toddlers and preschool-age children had the highest rates of reportable trauma in 2020, according to the U.S. Department of Health & Human Services in 2022 (U.S. Department of Health and Human Services, 2022). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, revised by the American Psychiatric Association (2022), attributes the detriment of trauma to the event, the onset of the trauma, proximity to trauma, and the severity of the experience. Wenner Moyer (2022) penned an article that implies the trauma sustained during the pandemic profoundly altered children's brains, suggesting that preschool-age children who were assessed scored lower on aptitude tests than their predecessors. Students coping skills were delayed (Wenner Moyer, 2022). A situation or a set of circumstances can change a person's physiology, causing the sensations associated with a traumatic event to remain present in their body and mind until the healing process is complete (National Association for the Education of Young Children, 2020).

Trauma in School

The effects of childhood abuse or severe stressors on the brain areas responsible for memory, learning, and emotion can be long-lasting (Anda et al., 2005; De Bellis & Zisk, 2014; Suh, 2022). Even after the traumatic event has ended, the child's brain and body may still react as though the stress is present, resulting in constant tension and arousal that can make learning difficult (Martin et al., 2021; Van der Kolk, 2005; 2014; Wenner Moyer, 2022). This state can have adverse effects on various aspects of development. Prolonged stress after a traumatic event can lead to difficulty concentrating, paying attention, and remembering new information. These

challenges, in turn, can negatively impact brain development, cognitive development, and learning (Benedek & Ursano, 2009; Martin et al., 2021; Wenner Moyer, 2022).

Additionally, complications associated with trauma can affect social-emotional development and the ability to form secure attachments with others. Furthermore, it can affect physical health and has even been associated with a shortened lifespan (De Bellis & Zisk, 2014). Various behaviors can signal exposure to trauma, including associative behaviors in the classroom, extreme aggression, or complete withdrawal (E. M. Anderson et al., 2022; Araújo et al., 2021).

The National Association for the Education of Young Children (NAEYC)(2020) published an exposé on trauma in early childhood settings. Often, children enter the educational environment impacted by various Adverse Childhood Experiences (ACEs) (National Association for the Education of Young Children, 2020), and these vulnerabilities may go unnoticed (Statman-Weil, 2015). A significant number of children experience trauma, and the effects can be profound (Statman-Weil, 2015). It is imperative, therefore, that early childhood settings are safe and trauma-sensitive spaces where teachers support children in creating positive self-identities. These environments offer advantages such as improved academic outcomes, reduced behavioral issues, and enhanced social and emotional competencies. Furthermore, educators working in trauma-informed settings report feeling better equipped and experiencing reduced burnout (Bethell et al., 2017).

Collaborating with social workers offers teachers significant advantages, notably in mitigating burnout and enhancing their efficacy in supporting students with traumatic backgrounds (Gherardi et al., 2022; Oliveira et al., 2021). This partnership provides teachers with deeper insights into trauma-informed practices and student-specific strategies, reducing the

stress of managing challenging behaviors alone (C.D. Craig & G. Sprang, 2010).

Interprofessional collaboration broadens their support network, allowing for shared problem-solving and emotional support, increasing job satisfaction and resilience (Austin, 2008; Borg & Drange, 2019; Holmström et al., 2023). Overall, this collaboration enriches the teaching experience by equipping educators with additional resources and a collaborative framework to address the complex needs of their students more effectively (Bryson et al., 2006).

Service Providers and Service Delivery

In recent decades, Trauma-informed practices (TIP) or Trauma-informed care (TIC) have gained significant attention. While the intention of service delivery approaches is similar, it is crucial to acknowledge that the uniformity of terminology varies greatly depending on geographic location. TIP and TIC are often used interchangeably, but the terminology may differ across regions (R. Berger & Quiros, 2014; Howorun, 2021). These approaches extend beyond changing instructional methods; they advocate for creating learning and recreational environments prioritizing secure, physically and emotionally safe, stable, and nurturing conditions. TIP/TIC strategies are designed to foster trusting and positive relationships, mitigate the negative impact of trauma, and promote resilience and healing (Gleaton, 2023; Sciaraffa et al., 2017). Trauma-informed practices explore strategies that recognize and intentionally respond to the effects of "emotions, behavior, and the ability to succeed" in the cognitive and social classroom environment (National Child Traumatic Stress Network/Schools Committee [NCTSN], 2017).

L. M. King et al. (2021) advocated for a systematic approach to developing an infrastructure that explores the learning environment and instructional delivery, gauges its roles in trauma-reductive activities, and fosters resilient, constructive skills. Social-emotional learning

(SEL) has been used to accompany curriculums, bringing direct attention to how a child's social-emotional health sets the atmosphere so that learning can occur (Gleaton, 2023; Overstreet & Chafouleas, 2016). Mindfulness-based activity is an instructional approach that allows students and staff to intentionally identify the source of angst and find restorative ways of directing attention and energy to images, feelings, and activities that mitigate the impact of stress or Trauma (L. M. King et al., 2021). TIP/TIC considers students' and adults' lived experiences and finds ways to enliven the environment to mitigate the impact of trauma productively. Avery et al.(2020) argue that TIP/TIC within the educational system has its ethical limitations and must be considered when implementing interventionalist models. The study summarizes that the function of schools is to qualify the skills children acquire, socialize them into a system of acclimated norms, and offer a platform of subjunctivization that encourages children to embrace the uniqueness of their lived experiences and the evolution of who they are to become (Avery et al., 2020). Trauma-informed practitioners may encounter the intricate task of instituting a balance that cultivates an environment amenable to resilience (Fitzgerald et al., 2013; Gherardi et al., 2022; Isaksson & Larsson, 2017).

Principles of Trauma-Informed Care - Definition and Core Principles

Trauma-informed care (TIC) embodies a holistic approach, recognizing the extensive impact of trauma and aiming not solely for recovery but for the integration of trauma awareness across all aspects of service provision (McKee, 2018; Navarro, 2022). This strategy mitigates re-traumatization risk while promoting healing and recovery (DeNike, 2023; SAMHSA, 2014). As reflected in research and practice, some of the foundational principles encompass safety, ensuring that staff and individuals they serve feel physically and psychologically secure (DeNike, 2023; SAMHSA, 2014).

DeNike (2023) underscores that when school districts embody a trauma-informed approach, they align with the core assumptions and principles set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014). This approach is rooted in four assumptions: a broad understanding of trauma's impact [realization], the ability to recognize signs and symptoms [recognition], the integration of trauma knowledge into practices [responding], and efforts to circumvent additional trauma [avoiding traumatization] (DeNike, 2023; SAMHSA, 2014). SAMHSA (2014) delineates six principal guidelines for enacting this framework. Safety is paramount, with the need for both staff and service users to feel physically and psychologically secure. Trustworthiness and transparency within operations and decisions cultivate trust between the staff and those they support. Peer support emerges as a cornerstone, vital for establishing a foundation of trust, safety, and empowerment. The principle of collaboration and mutuality appreciates the collective healing that occurs through relationships and shared decision-making. Empowerment and honoring the voice of those involved reinforce personal strengths and individualized care. Lastly, attentiveness to cultural, historical, and gender nuances demands an active effort to move beyond cultural biases, offer culturally sensitive services, and address historical traumas (SAMHSA, 2014).

These principles coalesce to form a holistic strategy aimed at aiding students who have encountered trauma, framing the trauma-informed approach as a broad organizational ethos rather than a singular therapeutic intervention (Kerker et al., 2016; Rivard et al., 2005; SAMHSA, 2014, p. 14). However, as with any approach, TIC has its critics. Concerns have been raised about its potential overemphasis on individual trauma, possibly sidelining systemic issues such as poverty and racism (H. R. Han et al., 2021). Critics also point to a potential for over-pathologizing, which may lead to seeing regular challenges as trauma-linked (Thomas et al.,

2019). While beneficial, trauma-informed care (TIC) in early childhood settings faces critiques regarding its implementation and cultural sensitivity (Ališauskiene & Gevorgianiene, 2015; Berliner & Kolko, 2016). The implementation of services for young children in disadvantaged demographics is inconsistent across different settings, leading to potential cultural misunderstandings, tokenism, or superficial adoption of TIC principles (Jee et al., 2020). Concerns also include the risk of re-traumatization due to inadequate staff training and issues with mandatory screenings (Baas, 2022; Dube, 2018). Further critiques highlight an overemphasis on past traumas, possibly hindering progress, and a lack of empirical support for a generalized approach, especially in resource-limited environments (Bartlett et al., 2017; Hanson & Lang, 2016; Martin et al., 2021). Despite these concerns, the field recognizes TIC's merits, advocating for its careful and effective use (Thomas et al., 2019; Vericat Rocha & Ruitenbergh, 2019).

Interprofessional Collaboration and Trauma-Informed Practices

Interagency collaboration in early childhood settings is pivotal in effectively implementing trauma-informed practices, especially in addressing Adverse Childhood Experiences (ACEs) and coordinating services and resources, which is vital in addressing ACEs' multifaceted impact. Research conducted by Jones and colleagues (Jones et al., 2012) underscores the importance of aligning the efforts of various agencies, such as schools, social services, and healthcare providers, to ensure that children who have experienced trauma, including those with ACEs, receive a seamless continuum of care (Jones et al., 2012). This coordination reduces the likelihood of children experiencing systemic oversight and aids in thoroughly addressing their multifaceted needs (Jones et al., 2012; Ruff et al., 2016). Interprofessional and interagency collaboration between agencies promotes the exchange of

information and enhances professional growth, which is essential for addressing the distinct challenges ACEs present (Kohl, 2021). Professionals from different disciplines can share their expertise and knowledge about trauma-informed practices, including those tailored to ACEs, to build a collective understanding of how best to support traumatized children (E. M. Anderson, 2013; Bricker et al., 2022).

Another critical element of interagency collaboration in trauma-informed early childhood practices is the development of protocols and guidelines for identifying and responding to trauma, including that resulting from ACEs. Research from Gomez and Doyle (2020) underscores the importance of agencies adopting standardized protocols to consistently address the trauma-related needs of children, especially those related to ACEs. Such measures elevate the quality of care and reduce the risk of re-traumatization for children seeking support from multiple sources. This collaborative model optimizes resource utilization, fosters innovation, and promotes the exchange of valuable expertise and knowledge among the involved parties, as highlighted by the Trauma and Learning Policy Initiative findings (Atallah et al., 2023). By joining forces and leveraging each other's strengths, these partnerships catalyze sustainable and transformative improvements in the targeted systems, ultimately leading to meaningful and lasting societal impact (D'Amour & Oandasan, 2005; Atallah et al., 2023; D. L. Perry & Daniels, 2016). Effective collaborative models, such as mental health interventions and instructional service delivery models for early childhood programs, have reduced challenging behaviors and improved student outcomes (Melville, 2017).

Interprofessional partnerships are integral to providing wrap-around services for students with ACEs and offering support to teachers. The push-in approach ensures that all involved parties are aligned in their approach, and it also benefits families by providing the necessary

resources within the child's natural routine experience (Whitebook et al., 2008). However, preschool-age children are less likely than their older counterparts to receive mental health services (Child and Adolescent Health Measurement Initiative (2017), leading to significant gaps in services provided to preschool-age children (Loomis, 2018). Children with ACEs associated with the foster care system are less likely to receive wrap-around services in the school setting. If they do, the stigma attached to their placement can potentially trigger traumatic events, perpetuating the negative impact of ACEs (Middleton et al., 2019). Trauma-informed care is recommended to effectively champion preschool-age children with ACEs, and an all-inclusive service delivery approach is broached (Avery et al., 2020). Practitioners caution that trauma-informed practices do not suggest foregoing traditional academic subjects like reading, writing, and arithmetic. These strategies are significant accomplishments for traditional and contemporary thematic units (Koslouski & Stark, 2021). They become even more relevant when an integrated, holistic approach incorporates an interdisciplinary and interprofessional service delivery application (Timonen-Kallio et al., 2016).

Interprofessional Collaborative Agents/Services

Although a universally agreed-upon definition of 'trauma-informed' is currently lacking (Thomas et al., 2019), implicit in being trauma-informed is holding four main premises: (1) that exposure to trauma is widespread and has pervasive impacts; (2) believing that healing from trauma is possible; (3) that relationships play a vital role in the process of change; and (4) that safety is critical for healing and preventing further impact (Bloom, 2016; Chafouleas et al., 2015; The National Child Traumatic Stress Network (NCTSN) 2017). Effective handling of ACEs requires a comprehensive approach, which can be realized best through interprofessional collaborations. These collaborations involve professionals from education, healthcare, child

welfare, and other sectors working together (Nidumolu et al., 2014; Sandar, 2022). This ensures a holistic understanding and tailored interventions that cater to the child's multifaceted needs. Incorporating elements of school-based collaboration as defined by Friend and Cook (1992), it is essential to recognize that trauma-informed care embraces several principles at its core. These principles emphasize the importance of interprofessional collaboration within educational settings as a core element in effectively addressing trauma (Bloom & Sreedhar, 2008; Carey, 2023; Fukkink, 2019). The fundamental tenets of being trauma-informed encompass the following:

Acknowledging the Prevalence and Far-reaching Consequences of Trauma: Trauma-informed care acknowledges that exposure to trauma is widespread, and its impacts can be profound (Bloom & Sreedhar, 2008). This awareness extends to the school environment, recognizing that students may have experienced various forms of trauma (Friend & Cook, 1992). It underscores the need to consider the impact of trauma on students' learning and behavior (Jones et al., 2012).

Belief in the Possibility of Healing: Being trauma-informed means having faith in the possibility of recovery and growth after experiencing trauma. It involves fostering a sense of hope, resilience, and empowerment for those who have experienced trauma (Chafouleas et al., 2015). School collaborative teams, including teachers, counselors, and special education professionals, can support students' healing and growth (Friend & Cook, 1992; National Council for Behavioral Health, 2014).

The Significance of Relationships in the Healing Process: Central to trauma-informed care is the understanding that relationships are paramount in facilitating change and recovery. These relationships extend beyond the therapeutic setting to encompass school-based relationships,

such as those between educators, students, and support staff (National Child Traumatic Stress Network/Schools Committee [NCTSN], 2017). School-based collaborations are vital in creating a supportive environment where students feel safe and nurtured (Friend & Cook, 1992). When professionals collaborate, outcomes are more promising. Such collaborations ensure that children receive consistent care and support, both in and out of educational settings. It fosters resilience, ensures early interventions, and creates a safety net around the child, thereby mitigating the impact of ACEs (Dorado et al., 2016).

The Critical Role of Safety: Ensuring safety is a cornerstone of trauma-informed care. It involves creating a secure and supportive environment within schools where students feel protected and can focus on their education (Chafouleas et al., 2015). School-based collaborations, as defined by Friend and Cook (1992), are instrumental in establishing a safe and inclusive learning space where students can thrive. Being trauma-informed involves recognizing the pervasiveness of trauma, nurturing hope and healing, prioritizing relationships, and ensuring safety. Interprofessional collaboration, especially within educational settings, is integral to these principles, as it enables a holistic and comprehensive approach to supporting individuals who have experienced trauma, particularly students (Carey, 2023; Fukkink, 2019). Schools significantly benefit from interagency collaboration when addressing the multifaceted needs of trauma-impacted students. By partnering with various agencies, schools can adopt a comprehensive approach to trauma that encompasses educational, socio-emotional, psychological, and health-related needs. Teachers frequently perceive such collaborations as pivotal in furnishing holistic student support (Cole Gregory et al., 2013).

Working together across disciplines, educators, counselors, and school support staff can better address the multifaceted needs of students who have experienced trauma, ultimately

creating a more conducive learning environment (Friend & Cook, 1992; Gherardi et al., 2022; Jones et al., 2012). Exploring teachers' professional efficacy in trauma-informed practices, their roles as agents of change, and the significance of collaborative-centric approaches in supporting students who have experienced trauma and improving overall educational outcomes. Effective collaborative models such as mental health interventions and instructional service delivery models for early childhood programs have reduced challenging behaviors and student outcomes (Melville, 2017). Interprofessional partnerships are integral to providing wrap-around services for students with ACEs and providing teachers with outside support. A push-in approach can ensure that all persons involved are speaking the same thing. Families also get the resources needed in the child's natural routine experience (Whitebook et al., 2008). Trauma-informed mental health interventions have been a practical resource for students. However, preschool-age children are less likely than their older counterparts to receive mental health services (Child and Adolescent Health Measurement Initiative, 2017).

Benefits of Implementing Trauma-Informed Collaboration Practices in Early Childhood

As research in the field of interprofessional and interagency collaboration in trauma-informed early childhood practices continues to progress (E. M. Anderson, 2013; Fukkink, 2019; Timonen-Kallio et al., 2016), it becomes increasingly evident that principles and precepts derived from other organizational collaborative models, outside of school-based collaborative models, can be thoughtfully adapted to foster transformative approaches in early childhood care (Hall, 2005; Peck & Freeman, 2006; Reeves et al., 2018). Drawing upon a wealth of collaborative experience, these well-established principles can serve as a compass guiding the evolution of trauma-informed practices tailored to the unique needs of young children (D'Amour & Oandasan, 2005; Sandar, 2022). Abramson (2022) stresses the importance of adopting various

methods to enhance the ability of educators and school personnel to offer support to students during school hours, recognizing that one-on-one therapy is not a feasible option for every child who may be experiencing difficulties.

Enhanced Service Delivery: Drawing inspiration from successful organizational collaboration models, I recognize that interagency collaboration can be the linchpin for a more streamlined and effective service delivery framework, ultimately elevating client outcomes (Poulain, 2018). This collaborative synergy can orchestrate a coordinated approach to early childhood trauma, ensuring that children receive timely, precise, and empathetic trauma-informed care.

Comprehensive Care: Emerging from research into collaborative healthcare paradigms, the study's findings indicate that the concept of comprehensive care seamlessly translates into trauma-informed practices within early childhood (Zuckerman et al., 2004). This inclusive, holistic approach addresses the psychological, physical, and social dimensions of a child's well-being (Gardner, 2014; Zuckerman et al., 2004).

Resource Sharing: In line with efficient resource utilization witnessed in various collaborative models, agencies can pool their resources and expertise to create a tapestry of support for early childhood trauma (Wulczyn et al., 2010). Resource sharing in educational materials or specialized training can significantly optimize the intervention landscape. Making these resources available to those working with traumatized children empowers practitioners to deliver more effective, informed, and sensitive care. Involving multiple agencies promotes a pool of diverse professional experts, each contributing unique skills and insights. Schools entrenched in these collaborative networks often observe enhanced academic and behavioral outcomes among students affected by trauma. This improvement is attributed to the multifaceted interventions that consider the entirety of a child's life and learning environment (Overstreet & Chafouleas, 2016).

Improved Decision-Making: A lesson drawn from multi-agency collaborations is that diversity fosters richer decision-making. Research demonstrates that the infusion of various perspectives and knowledge bases through interagency collaboration can catalyze more informed decision-making, ultimately shaping robust strategies and policies in the context of early childhood trauma (Turrini et al., 2019). By embracing this diversity, one can enrich one's approach to trauma-informed care, ensuring the most comprehensive and effective strategies for young children.

Enhanced Program Effectiveness: Reflecting on public health programs, it becomes evident that interagency collaboration is the secret sauce to enhance the effectiveness of early childhood trauma-informed initiatives (Kerker et al., 2016). By facilitating seamless cooperation among agencies, interventions can be meticulously tailored to align with the unique needs and complexities of trauma. This synchronization allows intervention to be attuned to maximize benefits for the children involved (Melville, 2017; Saint Gilles, 2016; Sun et al., 2023).

Increased Innovation: Drawing inspiration from various innovation models, collaborative approaches catalyze progress in early childhood trauma-informed practices (I. P. Lopez, 2020). The exchange of ideas and best practices among collaborators stimulates an environment of continuous improvement. Promoting a culture of innovation and adaptability allows for the creation of novel solutions tailored to the changing needs of children affected by ACEs or other forms of trauma (Kerker et al., 2016).

Timely Responses to Complex Issues: Just as complex societal issues necessitate multifaceted solutions, early childhood trauma demands a multifaceted response. Collaborative paradigms have shown that interagency collaboration enables rapid and effective responses to the multidimensional challenges of early childhood trauma (Bryson et al., 2017). Through collective

efforts, I can navigate the intricate landscape of trauma and swiftly address affected children's distinct and evolving needs.

Enhanced Accountability: The concept of accountability, long promoted in various collaborative ventures, takes on even greater significance when applied to early childhood trauma-informed care (Austin, 2008). Collaborative models emphasize shared responsibility, encouraging agencies to work harmoniously to attain common goals. In the context of young children affected by trauma, this shared responsibility ensures that agencies are collectively answerable for delivering quality care and support, underscoring the importance of a coordinated, responsive, and sensitive approach (Nidumolu et al., 2014; Reeves et al., 2018).

By weaving trauma-informed practices into the fabric of interagency collaboration, I will embark on a journey to better comprehend the benefits of collaborative effort in addressing the intricate and sensitive needs of young children who have experienced trauma. This integration underscores the urgency of recognizing and responding to the profound impact of trauma on early childhood development in a holistic and sensitive manner (Bilbrey et al., 2022; Bonnett et al., 2023; Bricker et al., 2022; Douglass et al., 2021; Fukkink, 2019; Navarro, 2022).

Challenges of Implementing Trauma-Informed Practices in Early Childhood

Incorporating trauma-informed practices in early childhood, while undeniably beneficial, also presents inherent disadvantages that must be acknowledged. These challenges reflect the complexities of addressing early childhood trauma collaboratively (D'Amour et al., 2005).

Communication Challenges: One of the most significant challenges in implementing trauma-informed practices in early childhood lies in effective communication among professionals from different fields (D'Amour et al., 2005). The intricate web of collaboration can sometimes lead to

miscommunication or a lack of information sharing, potentially hindering the implementation of trauma-informed care in early childhood.

Power Imbalances: In the context of early childhood trauma, implementing trauma-informed practices may inadvertently perpetuate power imbalances. Various agencies and professions may wield unequal levels of influence and resources, impacting decision-making and resource allocation (Goodwin et al., 2004). These power imbalances could hinder the effective implementation of trauma-informed care.

Privacy Concerns: Privacy concerns also emerge when sensitive information related to early childhood trauma must be shared across agencies, necessitating a delicate balance between the need for information sharing and privacy protection (Arksey & Glendinning, 2007). Balancing the requirement for trauma-informed practices with the need for privacy is essential in early childhood care.

Professional Resistance: Implementing trauma-informed practices in early childhood may need more support from professionals and agencies. Some professionals may be hesitant due to a desire to maintain autonomy or skepticism about the benefits of such practices, potentially causing roadblocks in their practical implementation (Austin, 2008; Fitzgerald et al., 2013).

Complex Coordination: Moreover, coordinating services and care encompassing trauma-informed practices in early childhood is an intricate process. Clear roles and responsibilities, protocols, and information-sharing mechanisms are crucial, as the process involves multiple agencies and professionals (Mason & Checkland, 2017).

Differing Organizational Cultures: Early childhood care organizations and agencies implementing trauma-informed practices often have distinct cultures that may need more

alignment (Atkins et al., 2010; Ling, 2002). These cultural disparities can lead to clashes in values, practices, and norms, making implementing trauma-informed care more complex.

Resource Constraints: Resource constraints can also hinder the implementation of trauma-informed practices in early childhood. These endeavors often require additional resources, including time and funding, to succeed (Williams, 2022).

Professional Overburden: Finally, intensively implementing trauma-informed practices can overburden professionals, potentially leading to burnout and stress (Peck & Freeman, 2006). Ensuring that early childhood professionals are adequately supported in implementing these practices is crucial to avoid such negative consequences.

These disadvantages emphasize the intricate nature of implementing trauma-informed practices in early childhood, underscoring the need for meticulous planning and management to address these challenges effectively.

Importance of Interagency Collaboration in Trauma-Informed Practices

Interagency and interprofessional collaborations play critical roles in trauma-informed practices, as they provide a multidimensional approach to addressing the complex needs of individuals affected by trauma.

Interagency Collaboration is emphasized in the literature for its effectiveness in uniting diverse sectors to address the far-reaching impacts of trauma. Goodwin et al.'s work (2004) underscores the significance of such collaboration, particularly in public health and social services, where multiple agencies must coordinate to offer comprehensive support. Their study examined the effectiveness of cross-sectoral partnerships in implementing trauma-informed approaches across community systems. An example of this is the National Child Traumatic Stress Network/Schools Committee [NCTSN] (2017), which merges various agencies to address child trauma.

Interprofessional Collaboration is often cited in healthcare literature as a key factor in delivering effective, patient-centered care. Brandt and associates (Brandt et al., 2023) describe the necessity of different healthcare professionals working together to provide trauma-informed care. They argue that collaborative practice in healthcare settings allows for the integration of diverse expertise, leading to more comprehensive care for patients with trauma histories.

It is crucial to recognize the nuanced differences between these two types of collaboration. *Interagency collaboration* focuses on the partnership between separate agencies or organizations, such as when the Department of Education works alongside the Department of Health and Human Services to implement school-based trauma support services.

Meanwhile, *interprofessional collaboration* centers on the teamwork among individual professionals across disciplines, like when teachers, school psychologists, and counselors within a school collaborate to address the needs of students with traumatic backgrounds (Dorado et al., 2016). Both forms of collaboration are integral in fostering environments where trauma-informed practices can thrive, ensuring that policies and interventions are comprehensive, coordinated, and culturally sensitive to meet the needs of those they aim to serve (SAMHSA, 2014).

Benefits of a Collaborative Approach

Trauma-informed environments in schools not only support children with traumatic histories but also promote safe and nurturing spaces for all students (Sedillo-Hamann, 2022; Wassink-de Stigter et al., 2022; Wolpow et al., 2009). Benefits include improved academic outcomes, reduced behavioral issues, and enhanced social and emotional competencies.

Educators working in trauma-informed settings also report feeling more equipped and less burnt out (Bethell et al., 2017). Collaboration among professionals in trauma-informed early childhood settings has numerous benefits, including improved academic outcomes, reduced behavioral

issues, and enhanced student social and emotional competencies (Bethell et al., 2017; Blodgett & Dorado, 2016). This collaborative effort is essential for early intervention and prevention, allowing for timely support and potential prevention of further trauma-related challenges (Bilbrey et al., 2022).

Professionals conduct comprehensive assessments, providing valuable insights into students' social, emotional, and familial circumstances to inform targeted trauma-informed interventions (Daiban & Efthymiou, 2023; Sedillo-Hamann, 2022). Additionally, interprofessional collaboration contributes to educators' well-being by reducing burnout and increasing job satisfaction (Bethell et al., 2017; Bilbrey et al., 2022). This collaborative effort ensures that students with trauma histories receive comprehensive, individualized support, ultimately fostering safe and nurturing educational environments (Bethell et al., 2017). Interprofessional collaboration in trauma-informed early childhood settings benefits students, educators, and the school environment by promoting early intervention, holistic support, and improved well-being.

Challenges in Interagency Collaboration

Despite the evident benefits, challenges persist. Differences in professional languages, priorities, and methodologies may hinder seamless collaborations. Additionally, logistical issues such as time, resources, and funding can be barriers. However, the consensus remains that the benefits far outweigh these challenges, emphasizing the need to invest in strategies that promote effective interprofessional collaborations (Atkins et al., 2010). Critics of interprofessional collaboration highlight concerns that include the potential loss of professional autonomy, communication challenges, power imbalances, role ambiguity, resistance to change, and resource constraints (D'Amour & Oandasan, 2005). A significant critique is the potential loss of

professional autonomy within collaborative teams, as collective decision-making and shared responsibilities may limit individual autonomy (Berliner & Kolko, 2016; D'Amour et al., 2005).

Effective communication is vital but can be hindered by misunderstandings and differences in communication styles, leading to conflicts (Hall, 2005). Power imbalances within collaborative teams can undermine equality and shared decision-making (Thannhauser et al., 2010). Role ambiguity can result in confusion and inefficiencies (Reeves et al., 2018). Resistance to change, significantly when established routines are disrupted, is a common concern (Avery et al., 2020). Limited resources, including time and funding, can hinder collaboration (Hall, 2005). Proactively addressing these criticisms through leadership, communication training, defined roles, and a shared commitment to collaboration goals is essential for optimizing the benefits of interprofessional collaboration. Ongoing research and efforts aim to enhance collaborative practices across various fields.

Role of Professional Development and Training

Given the intricacies and potential challenges in establishing and maintaining interagency collaborations, the role of continuous professional development becomes paramount. Comprehensive training modules encompassing trauma-specific methodologies and strategies for fostering effective interprofessional collaborations pave the way for superior student outcomes (Dorado et al., 2016; Douglass et al., 2021). In the context of trauma-informed practices in education, continuous professional development, particularly in interagency collaborations, is crucial. Comprehensive training modules that include trauma-specific methodologies and strategies for effective interagency collaborations are key for enhancing student outcomes. This is further supported by incorporating social workers into Professional Learning Communities (PLCs), enriching the scope and quality of professional development, especially in trauma-

informed educational contexts (Douglass et al., 2021). Their social and emotional learning expertise complements educators' skills, leading to more effective student support. Navarro's (2022) study underscores this need, revealing educators' desire for more in-depth and accessible training programs. It highlights that while educators feel supported, they often feel unprepared to address trauma-related issues and stress the necessity for ongoing, mandated education and training (Lombardi, 2019). These insights align with research by Dorado et al. (2016) and Gherardi et al. (2022), emphasizing the importance of specialized, continuous training for successful trauma-informed practices and interagency collaboration.

Resilience in Education

Resilience is the perpetual ability to acclimate to changing environments despite calamity, stress, or trauma (American Psychological Association, 2018). The concept of resilience and its effect on psychological, physical, and cognitive well-being was investigated by Murphy and Moriarty (1976). Since then, much has been studied regarding the prognosis of well-being based on how well an individual copes with adversity and vulnerabilities that may accompany exposure to trauma or adversity. Practitioners have long embraced a holistic approach to the instruction of children in early childhood; among the chaos of busy classrooms and dysregulated children (Fukkink, 2019; Loomis, 2018), they claim that teachers tend to manage disorder instead of the core of the issues. Confounded by student behavior and lack of the resources and skills to bolster children's emerging resilience, resilient education from the lens of trauma-informed practices needs to be better executed in early childhood settings, and student behavior remains the problem instead of a solution (Fukkink, 2019; Loomis, 2018; Nicholson et al., 2019).

Risk Factors and Protective Factors, the Pathway to Resilience

Considering the risk and protective factors is crucial in fostering an environment that enhances student resilience. Risk factors are elements within an individual's home, school, community, or family endorsement that make them more vulnerable to adversity, delays, trauma, or stress (Likhitweerawong et al., 2023; Narayan et al., 2019; O'Meagher et al., 2017). Biological risk factors are associated with organic or internal predispositions to cognitive, physical, developmental, and psychological impairments and delays (Likhitweerawong et al., 2023; O'Meagher et al., 2017; Siegel & Lahav, 2022). Although children and their families may have limited control over environmental and biological risk factors (Lyons et al., 2023; Marie-Mitchell & O'Connor, 2013), interprofessional collaborations significantly proffer opportunities that mitigate continued risks (Sandar, 2022; Thomas et al., 2019). Protective factors offer a buffer to assuage the impression of those risk factors. Protective factors are traits of the child, family, or environmental support systems that reduce the probability of adversity resulting in adverse outcomes and behaviors for children. (Alink et al., 2019; Narayan et al., 2019; SAMHSA, 2014).

Nelson (2021) explored several factors that contribute to establishing an environment conducive to resilience in preschool-age children. One of which is educators embracing the role of supporter and "incorporating mental health as a learning outcome" (Alink et al., 2019, p. 5). Nelson (2021) contends that resilience is part of a developmental continuum, stating that ". . . resilience is a capacity that can be developed. It falls within the realm of holistic education where all aspects of development are nurtured" (p. 35). Resilient education that embraces trauma-informed practices or care (TIP/TIC) must be able to identify the effect of ACEs on the students and, sometimes, those ACEs lived through by the educational staff (Koslouski, 2022). Resilient

classes are intentionally attentive and responsive to the holistic needs of the environment and those who thrive in it (Nelson, 2021).

Collaborative Trauma-Informed Frameworks

At the crux of a transformative early childhood setting is the need for an intricate, collaborative, trauma-informed framework. This framework is not a standalone entity but intricately woven together a multidisciplinary approach. By aligning diverse stakeholders – from the highest echelons of policy formulation to the dedicated educators on the ground – this approach aims to address the multifaceted needs of children scarred by trauma holistically. Delving into the framework reveals several pivotal components:

Interdisciplinary Training & Professional Development: A foundational step equips educators, administrators, and all associated staff with the nuances of trauma-informed practices. Consistent training modules should emphasize the profound implications of trauma on both child development and the learning paradigm, laying the groundwork for an informed approach (SAMHSA, 2014).

Integrated Services: Transitioning from an isolated to an integrated service model, there is an inherent need to cultivate partnerships with social work professionals, healthcare specialists, and psychologists (Carey, 2023; Cook et al., 2015; Kagan & Neuman, 1998; Whitebook et al., 2008). This synergy ensures a comprehensive suite of services laser-focused on the cognitive, emotional, and health trajectories of children impacted by trauma (Bartlett & Smith, 2019).

Safe & Nurturing Environment: Beyond academic pursuits, the setting should resonate with emotional, psychological, and physical safety. The approach fortifies children's sense of security by instilling predictability, consistency, and well-defined boundaries (Oehlberg, 2011).

Strengthen Family-Child Dynamics: Families are not bystanders but active participants.

Incorporating them into the process and providing resources, support, and training accentuates the cornerstone role of parent-child dynamics in trauma recuperation (Bath, 2015).

Culturally Responsive Paradigm: The diverse tapestry mandates the infusion of culturally responsive interventions. By recognizing and validating the cultural identities and experiences of children and families, the way has been paved for effectual trauma-informed approaches (Harris & Falot, 2001).

Regular Screening & Assessment: Like a vigilant sentinel, regular assessments using proven tools can pick up early signs of trauma, ensuring interventions are not just timely but also pertinent (Eklund et al., 2018; Ko et al., 2008).

Community Agency Collaborations: Partnerships should not be limited to within the school's walls. Collaborative liaisons with community agencies, mental health providers, and protective services can magnify the support net for these children (Brunzell et al., 2015).

Child Empowerment: Power dynamics require redefinition. This approach fosters an environment where children have agency—a voice and choice—and empowers them to participate actively in their recovery journey (Cook et al., 2015).

Feedback Ecosystem: A dynamic feedback loop involving educators, children, and families ensures that implemented strategies are continually refined for efficacy and relevance (Felitti et al., 1998).

Policy Advocacy: Engaging at the policy stratum ensures that there is not just vocal but tangible support regarding resources, legislative endorsement, and training for trauma-informed endeavors in early childhood spaces (Bethell et al., 2017).

A collaborative trauma-informed framework for early childhood settings requires an integrative, multidisciplinary approach that aligns stakeholders at various levels, from policymakers to frontline educators, in addressing the complex needs of children affected by trauma (SAMHSA, 2014). An integrated trauma-informed framework is necessary to support the continued well-being of children with ACEs, mitigate re-traumatization, and provide them with lifelong tools and resources to thrive resiliently.

Model Programs

Trauma-informed practices have been designed to cater to the needs of those who have experienced trauma (Pusakulich, 2020). Although numerous programs exist, many are tailored primarily to school-age children and adolescents (Cannon et al., 2020). Consequently, this has led to a significant gap in implementing trauma-informed practices within United States school systems compared to their counterparts in other countries (Gherardi et al., 2021; Kerker et al., 2016; Purtle & Lewis, 2017). Despite this disparity, several noteworthy models of trauma-informed approaches have emerged. Notable models include the Sanctuary, Attachment, Regulation, and Competency (ARC) and the Pyramid Model.

The Sanctuary Model, developed by Sandra Bloom and colleagues (Bloom & Sreedhar, 2008), focuses on creating a trauma-sensitive culture within organizations to aid healing and recovery. It has evolved, integrating feedback and research findings (Rivard et al., 2005). The Attachment, Regulation, and Competency (ARC) Model by Blaustein and Kinniburgh (2017) emphasizes nurturing healthy relationships, emotional regulation, and coping skills and is recognized as a valuable resource in various toolkits and manuals. The Pyramid Model adapts Positive Behavior Interventions and Supports (PBIS) to early childhood settings. It emphasizes supportive environments, nurturing relationships, and a continuum of support to enhance student

social and behavioral outcomes, with implementations of the Teaching Pyramid Observation Tool (TPOT) by Lise Fox (Fox et al., 2009; Hemmeter et al., 2021). Each model supports collaborative efforts to enhance trauma-informed service delivery (E. M. Anderson, 2013; Bricker et al., 2022).

Teachers' Role and Perspectives

Many educators value their role as creators of safe, consistent, and supportive classroom environments (Chafouleas et al., 2015). They prioritize relationship-building and believe in fostering student resilience (Brunzell et al., 2015). In the intricate dynamics of early childhood education, teachers, once primarily revered for their academic instruction, are now recognized for their multifaceted roles within a matrix of trauma-informed care. Traditionally revered as the stalwarts of academic instruction, early childhood education has positioned teachers at the nexus of academic instruction and mental health support within the comprehensive matrix of trauma-informed care. Brunzell et al. (2015) and Hemmeter et al. (2021) have emphasized the significance of this shift, highlighting the need for teachers to adopt a strengths-based perspective. As this landscape changes, the transition calls for educators to move beyond conventional classroom confines, necessitating the establishment of robust interprofessional and interagency collaboration with professionals from diverse disciplines, such as psychologists and social workers, in effectively supporting trauma-affected children (Ališauskiene & Gevorgianiene, 2015; E. M. Anderson, 2013; D'Amour & Oandasan, 2005; Gherardi et al., 2022).

The Teacher's Role in Collaborative Trauma-Informed Care with Social Workers

In the ever-evolving landscape of early childhood education, teachers assume a pivotal role in trauma-informed care (Chudzik et al., 2022; Gherardi et al., 2022; Isaksson & Larsson,

2017). This shift underscores the need for teachers to embrace a strengths-based perspective, transcending traditional academic boundaries and forging robust partnerships with professionals like psychologists, social workers, and healthcare experts (Brunzell et al., 2015; Gilbert et al., 2010; Peabody & Demanchick, 2016). Collaborative efforts with these professionals aim to harness the inherent strengths of trauma-impacted children, nurture resilience, detect trauma early, and create inclusive environments that celebrate classroom diversity (Atkins et al., 2010; Blaustein, 2016; Cole & Scribner, 1974).

Within this collaborative framework, specialized classroom management techniques, including Social Emotional Learning (SEL) strategies and restorative discipline approaches, take center stage. These techniques prioritize empowerment, which is essential in creating a supportive and trauma-informed educational setting (Sasada, 2021). These essential components support children's self-regulation and introduce mindfulness skills that benefit all students, promoting emotional intelligence and resilience (B. D. Perry & Szalavitz, 2006).

Furthermore, insights from experts like Shapiro and Reiff (1993) serve as invaluable guides for educators on this transformative journey. These insights offer tangible evidence of the cascading benefits of specialized training, underscoring its significance in bolstering educator confidence and facilitating the effective execution of trauma-informed strategies. Teachers' roles in collaborative trauma-informed care encompass a holistic approach that nurtures the well-being and resilience of every child in their care, extending well beyond the boundaries of conventional teaching.

Benefits Faced by Educators in Collaboration

The collective wisdom of multiple professionals offers teachers an enhanced understanding and application of trauma-informed practices. This multidisciplinary collaboration

bolsters emotional support for educators and assures a comprehensive address of the diverse needs of trauma-affected students (Almendingen et al., 2021). Southall et al. (2022) accentuates the importance of specialized classroom management techniques tailored for educators navigating the complexities of Adverse Childhood Experiences (ACEs). Beyond mere behavioral strategies, these refined methodologies, supplemented by Shapiro and Reiff's (1993) insights, facilitate a transformative space for teachers to introspect, evolve, and expand their instructional approaches. Central to this framework is the zeal to promote restorative practices, which are integral for engendering lifelong resilience, especially in early childhood settings. Not only did the framework recalibrate teachers' stress perceptions directly associated with students, but it also enhanced prosocial classroom skills—furthermore, their work.

Challenges Faced by Educators in Collaboration

Despite the evident advantages, teachers face several challenges. Notably, time constraints hinder their engagement with other professionals, leading to role ambiguity, wherein the responsibilities of each collaborator remain undefined (Baweja et al., 2016). Furthermore, teachers often feel unprepared for trauma-related challenges, making professional development indispensable (Bilbrey et al., 2022; Chudzik et al., 2022; Lombardi, 2019). As illuminated by C. D. Craig and G. Sprang (2010) and Bryson et al. (2006), teachers deeply engaged in trauma-informed care often encounter the debilitating specter of compassion fatigue. This emerging phenomenon underscores the urgency for both self-care initiatives for educators and systemic institutional support. The symbiotic relationship between education and mental health has become increasingly evident in contemporary pedagogy. Atkins et al. (2010) and Pusakulich (2020) champion teachers' crucial role in the early identification of trauma signs. Beyond mere detection, there is an amplified emphasis on comprehensive, interprofessional collaboration

(Poulain, 2018). The collaborative framework involving teachers, mental health professionals, and families is indispensable and not only supports trauma-impacted students but also champions an environment that resonates with the rich cultural and experiential diversity of the classroom (Blaustein & Kinniburgh, 2023; Caringi et al., 2017).

Secondary traumatic stress (STS) is a significant concern in the realm of early childhood education, as indicated by recent studies (Chinopfukutwa, 2021; Chudzik et al., 2022). STS refers to the emotional and psychological toll experienced by educators, particularly early childhood teachers, who consistently encounter children displaying trauma symptoms due to exposure to traumatic experiences (Chinopfukutwa, 2021; Chudzik et al., 2022). These educators, due to their nurturing roles, are particularly vulnerable to STS, which can manifest as trauma symptoms in response to the traumatic cues presented by the children they work with (Figley & Ludick, 2017). The implications of STS are profound, impacting the overall well-being of teachers and potentially diminishing the quality of their teaching and the depth of their relationships with students (Figley & Ludick, 2017).

However, there is hope in mitigating the effects of STS. Recognizing and promoting protective factors, such as social support and self-care, have been identified as effective strategies for addressing STS (Ormiston et al., 2022). To ensure the well-being of educators and maintain the quality of education they provide, it is recommended that schools take proactive measures. This includes offering targeted training programs on STS recognition and management and providing educators with the support and resources they need to navigate the challenges associated with STS (Caringi et al., 2017; Figley & Ludick, 2017).

Training and Professional Development for Collaborative Frameworks

Given the intricacies and potential challenges in establishing and maintaining interagency collaborations, the role of continuous professional development becomes paramount. Comprehensive training modules encompassing trauma-specific methodologies and strategies for fostering effective interagency collaborations pave the way for superior student outcomes (Dorado et al., 2016). Some teachers express feeling unprepared to handle trauma-related challenges, thus highlighting the importance of professional development (Berlin et al., 2021; Caringi et al., 2017; Lombardi, 2019). Collaborating with external agencies while providing comprehensive support also adds an additional dimension to interprofessional dynamics (Cole Gregory et al., 2013). The need for specialized training in trauma-informed practices and interprofessional collaboration is resounding among educators. Tailored training programs can pave the way for more coherent classroom strategies, leading to fortified support structures for students affected by trauma (Brunzell et al., 2015; Chinopfukutwa, 2021). Navigating the nuanced realm of trauma-informed education, particularly in preschool settings, is not without its emotional and psychological intricacies. Delving deeper into these challenges, Loomis and Felt (2021) presented pivotal findings that underscored the transformative potential of “self-reflection trauma-informed training” (Loomis & Felt, 2021, pp.106-109).

Teachers remain central to the transformative potential of trauma-informed practices in early childhood education (Carey, 2023; Honsinger & Brown, 2019; Kohl, 2021; Montgomery, 2020). While they recognize the challenges, the overarching perception remains: effective interprofessional and interagency collaborations can profoundly alter the educational experiences of trauma-impacted children. Addressing the barriers and constantly updating training methodologies in line with advancements in trauma-informed care remains paramount (E. M. Anderson, 2013; Bricker et al., 2022).

Place of Content and Knowledge: Application of Trauma-Informed Approaches

Training Collaborators

Amidst the cacophony of behaviors preschoolers exhibit as they transition to an educational environment, the underpinning significance of trauma-informed teaching practices cannot be overlooked (Granja et al., 2018). Archard et al. (2022) emphasize that a substantial proportion of preschool-aged children necessitate mental health and behavioral interventions in the aftermath of the pandemic (K. N. Anderson et al., 2022; Archard et al., 2022). Providing early intervention and support is imperative, steering children away from the potential detriments of ACEs. However, an unprepared approach may inadvertently expose these children to re-traumatization, indicating a pressing need for trauma-informed practices (Kerker et al., 2016).

Educator preparation programs (EPPs) and professional learning communities (PLCs) emerge as transformative entities in this complex journey of nurturing young minds. These platforms, drawing inspiration from the andragogical learning principles of Alexander Kapp (Bedi, 2004; Kapp, 1833; Loeng, 2017), instill collaborative, self-directed, and experiential learning approaches, empowering educators to address students' traumas adeptly, thus fostering an optimal learning environment (K. M. Anderson et al., 2021).

The factors contributing to early childhood educators' attrition within the initial years of their careers are multifaceted (Clandinin & Connelly, 1996; Meier & Sankaran, 2021). This unsettling trend encompasses adverse working conditions, a dearth of support, and challenges in managing students' diverse needs, including behavior (National Conference of State Legislators Report, 2022). Within this narrative, Gillani et al.'s study in 2022 resonates, underscoring the imperative of prioritizing teacher well-being to ensure the provision of essential resources and support for young children. Realizing a holistic and impactful early childhood education

framework beckons. This journey necessitates comprehensive training that transcends Adverse Childhood Experiences (ACES) and a collaborative effort encompassing interprofessional collaboration, trauma-informed practices, and a deep-seated commitment to shaping the future of education with resilience and compassion.

Implications for Policy and Practice

The integration of trauma-informed care into early childhood settings is underscored by a profound understanding of trauma's intricate and multifaceted impact on young individuals (Atkins et al., 2010; Bartlett & Smith, 2019; Connors Edge et al., 2022; Montgomery, 2020). Literature substantiates that adversities in early childhood, encompassing abuse, neglect, chronic stress, witnessing violence, and other adverse childhood experiences (ACEs), precipitate enduring deleterious effects on cognitive, behavioral, and emotional domains (Felitti et al., 1998). A paramount strategy for efficacious policy formulation and practice in these settings hinges on robust interprofessional collaboration, especially between early childhood educators and social services agencies. Bethell et al. (2017) highlight the profound implications of ACEs on a child's holistic well-being, reinforcing the need for early childhood environments that are both adeptly prepared and oriented towards strategic collaboration with specialized external entities.

In this collaborative paradigm, stakeholders, with a particular emphasis on administrators, are instrumental. Their leadership is pivotal in cultivating an organizational ethos that recognizes and actively integrates trauma-informed care while forging collaborations with external agencies. Heifetz et al. (2009) posited that these leadership stakeholders wield a distinctive influence in shaping policy and practice, steering them toward a cohesive, trauma-informed approach. Echoing this sentiment, Atwool (2006) emphasizes the imperative of

synergistic policies that foster a mutual understanding of trauma between early childhood educators and social service professionals. This synergism promises a more integrated and comprehensive care framework for affected children. Supporting this collaborative perspective, Cook et al. (2015) offer empirical data suggesting that trauma-informed interventions manifest superior outcomes within collaborative frameworks. Thus, the trajectory of research and practice mandates an integrative approach, accentuating the pivotal roles of stakeholders and administrators. These figures are not mere facilitators but foundational pillars in nurturing and sustaining a trauma-informed culture. The onus falls squarely on these policy architects and practice champions to embed their initiatives within collaboration-centric frameworks, a pivotal step in ensuring the holistic well-being of trauma-impacted children (Atkins et al., 2010; Bowen & Murshid, 2016; Fukkink, 2019; Montgomery, 2020).

Legislative Efforts and ACEs / Policy Recommendations for Collaborative Framework Implementation

Legislative efforts in the United States, particularly since 2018, have actively sought to address Adverse Childhood Experiences (ACEs) within the educational milieu. The nexus between policy frameworks and the research-backed understanding of ACEs' implications on cognitive, emotional, and behavioral development is increasingly coming to the fore (Anda et al., 2005; Felitti et al., 1998). The Childcare and Development Block Grant (CCDBG) Act of 2018 (Pollack, 2018; Purtle & Lewis, 2017) emerged as a significant legislative endeavor, underscoring the importance of infusing trauma-informed practices within early childhood education settings (Bartlett et al., 2017; Pollack, 2018; Purtle & Lewis, 2017). Similarly, the Student Support Act of 2019 fortified the legislative momentum, advocating for enhanced trauma support services across the educational spectrum (Students Support Act, H.R.4525,

2019).

President Biden's American Families Plan is a pivotal stride toward enhancing early education with trauma-informed pedagogical frameworks (Keith, 2021). However, as the shift from conceptual understanding to practical implementation gains momentum, policymakers must consider both the commendations and critiques of these legislative measures. There is a legitimate concern that an overzealous focus on ACEs might inadvertently pathologize normative childhood experiences, thereby misallocating crucial educational resources (Sroufe, 2013). Moreover, the potential for privacy violations looms large, especially with fears that ACE screenings could precipitate unnecessary interventions in familial matters, disproportionately affecting marginalized communities (Eklund et al., 2018; Finkelhor, 2018). Chinopfukutwa (2021) highlights that federal mandates like the *Every Student Succeeds Act*, ESSA Public Law, 114-95, 2015), the updated Individuals with Disabilities Education Act, and the Elementary and Secondary Education Act significantly shape the implementation of trauma-informed practices in schools across various states, as also noted by Chafouleas et al. (2016). These acts are pivotal in providing educators with the necessary training and tools to apply evidence-based methods. The overarching goal of such legislative support is to elevate academic outcomes for all students, transcending barriers such as disabilities or behavioral issues (Plumb et al., 2016; Prewitt, 2016).

Critics advise caution, suggesting practitioners do not strictly adhere to traditional ACE tenets. They argue that these foundational principles, while significant, might only partially encompass the diverse, contemporary experiences of children, especially those of color, necessitating a more inclusive revision (Board, 2022). Given these nuances, policy recommendations emphasize the necessity of a judicious, collaborative approach to implementing trauma-informed frameworks. Stakeholders across the spectrum— from educators

to social service professionals— must collectively craft policies that respect individual and family autonomy while ensuring that the adverse impacts of childhood trauma are effectively addressed. Crucially, any policy implementation needs to be rooted in rigorous research, ensuring that it does not just respond to traumatic experiences but also actively prevents further trauma and its cascading effects on child development.

Enhancing Framework Efficacy legislative actions.

Investigating the roles of legislative actions related to Adverse Childhood Experiences (ACEs) is crucial for understanding their influence on collaborative efforts in trauma-informed education. Research has shown that legislative initiatives have significantly shaped and advanced trauma-informed care in early education (Felitti et al., 1998; Loomis, 2018; Pusakulich, 2020). This is particularly relevant for measures such as the Child Care and Development Block Grant (CCDBG) Act of 2018 and President Biden's American Families Plan (Keith, 2021), which have sparked a growing interest in how they impact interprofessional collaboration and the experiences of educators, students, and communities. Within these legislative interventions, including the CCDBG Act of 2018 and President Biden's American Families Plan (Keith, 2021), an emerging focus is on understanding their long-term effects on childhood developmental outcomes and how they shape collaborative approaches to addressing ACEs.

Preliminary findings suggest that these legislative efforts have significantly enhanced educator awareness and capacity to address trauma, improving student-educator relationships and potentially reducing classroom disruptions (Jones et al., 2012). Nevertheless, while these legislative actions have undeniably emphasized the importance of interprofessional collaboration in trauma-informed education, specific gaps persist. Critics emphasize the need for more robust mechanisms to assess how these policies impact collaborative efforts and legislative decision-

making (Thompson & Pascal, 2012). Additionally, there is a cautionary note about potential disparate impacts, particularly in marginalized communities, which may experience the effects of these policies differently (Finkelhor, 2018). Therefore, a comprehensive analysis underscores the importance of ongoing exploration of legislative actions and their influence on interprofessional collaboration. The effectiveness of these policies is not solely rooted in their enactment but also in their implementation, adaptability, and impact on the collaborative experiences of those they aim to serve (Castañer & Oliveira, 2020; D'Amour & Oandasan, 2005).

Interprofessional Collaboration and Legislative Influence

Logic Models: These frameworks offer a systematic and visual representation of the resources, activities, outputs, and outcomes of legislative actions in trauma-informed education. Logic models can assist in elucidating how legislative initiatives shape collaborative efforts among educators, policymakers, and practitioners. They help stakeholders delineate the intended outcomes and assess whether the implemented strategies align with those goals (Foundation & Cohen, 2005).

Balanced Scorecard: As a performance metric, the Balanced Scorecard is utilized across various sectors, including education, to align activities with organizational vision and strategy. It can be employed within the context of legislative actions to assess how policies influence and enhance interprofessional collaboration. It aids in improving communication and monitoring the performance of collaborative efforts against strategic goals (Kaplan & Norton, 2006).

Outcome-Based Evaluation (OBE): OBE is particularly relevant for evaluating the benefits and changes resulting from legislative actions in the context of trauma-informed education. Its results provide insights into how legislative initiatives shape interprofessional collaboration and bring tangible positive changes in targeted populations (Patton, 2014; Sigle, 2018).

Theory of Change: This comprehensive approach articulates the underlying beliefs and assumptions guiding legislative strategies and their influence on collaborative efforts. It identifies the necessary preconditions for achieving long-term goals and offers a framework for analyzing how interventions shape interprofessional collaboration and desired outcomes (Taplin et al., 2013).

Mixed-Methods Research: Integrating qualitative and quantitative research methods provides a comprehensive view of policy outcomes and their collaborative aspects. Quantitative data offer statistical evidence of effectiveness, while qualitative insights shed light on the lived experiences of collaborative stakeholders. This approach is especially pertinent when analyzing the effects of policies related to ACEs and their influence on interprofessional collaboration (Creswell & Creswell, 2017).

These assessment frameworks not only enhance the evaluation of legislative actions but also provide insights into their influence on interprofessional collaboration in trauma-informed practices. As highlighted in previous research, it is crucial to ensure that evaluations consider the diverse experiences of communities, especially marginalized ones (Carey, 2023; Kagan & Neuman, 1998; Peabody & Demanchick, 2016).

Collaborative Strategies and Policy Advancements

In recent years, there has been a heightened focus on trauma-informed care, reflecting a broader, interdisciplinary recognition of the profound impact of trauma on lifelong health and well-being (Bronstein, 2003; Thomas et al., 2019). As the landscape of trauma-informed care evolves, future directions emphasize the significance of collaborative approaches across diverse sectors (Kagan & Neuman, 1998; Poulain, 2018). A predominant approach adopted by various states involves establishing task forces or work groups dedicated to understanding and advancing

trauma-informed care (Substance Abuse and Mental Health Services Administration, 2021). These bodies often consist of an interdisciplinary array of professionals ranging from educators and healthcare workers to social workers and legal professionals (Almendingen et al., 2021; Department of Health & Human Services, 2014). Their primary role is to identify best practices, provide training, streamline resource allocation, and create policies that foster environments sensitive to the needs of those affected by trauma (Almendingen et al., 2021; Department of Health & Human Services, 2014).

For example, Wisconsin launched a Trauma-Informed Care (TIC) Advisory Group, which made headway in inculcating trauma-sensitive practices in various sectors, including education, healthcare, and justice (Wisconsin Department of Health Services, 2020). Similarly, the State of Oregon established a Trauma Policy Initiative, emphasizing the importance of embedding trauma awareness at every public policy level, ensuring that trauma-informed principles are incorporated into state statutes, administrative rules, and public programs (Oregon Health Authority, 2017). Nevertheless, the evolution does not end here. With the ever-increasing body of knowledge on trauma and its implications, there is a pressing need for task forces and work groups to engage in continual learning. This includes staying updated with the latest research, integrating evidence-based practices, and constantly re-evaluating their strategies to ensure optimal efficacy (Bloom & Sreedhar, 2008).

The broader conversation now also leans towards inclusivity. Recognizing that trauma experiences can be deeply entwined with racial, socio-economic, and cultural backgrounds, future directions are emphasizing the importance of culturally competent trauma-informed care (Board, 2022). Hence, states are beginning to champion diversity within these task forces, ensuring that a wide array of perspectives informs trauma-related strategies and policies

(Chafouleas et al., 2015; Harris & Falot, 2001; Hodas, 2006). As the course of trauma-informed practices is charted into the future, the compass directs toward interprofessional and interagency collaboration, continuous learning, and inclusivity. By adopting such strategies, states can work to ensure that the trauma-informed initiatives not only acknowledge the past but are also resiliently poised for the challenges and opportunities of the future (Suh, 2022).

Organizational Change

Organizational change in early childhood settings, particularly when integrating trauma-informed practices, demands more than isolated interventions. Instead, a holistic organizational transformation is vital, encompassing reimagined pedagogies, enhanced environments, and collaborative stakeholder interactions (Fukkink, 2019; Sun et al., 2023). The multifaceted nature of trauma underscores the need for interprofessional collaboration. By merging expertise from fields like education, psychology, and social work, a comprehensive response to trauma can be crafted. To actualize this, breaking traditional barriers and promoting a culture emphasizing cross-disciplinary engagement becomes pivotal (Almendingen et al., 2021; D'Amour & Oandasan, 2005; Fukkink, 2019).

Continual training and leadership also emerge as keystones in this transformative journey. Staff and educators need consistent training in trauma-informed principles and collaborative strategies. In tandem, leadership must espouse trauma-informed ethos and collaborative culture (D. L. Perry & Daniels, 2016; SAMHSA, 2014). However, challenges like resistance to change and resource constraints can thwart these efforts. Drawing upon proven models of interprofessional collaborations can guide early childhood settings in overcoming these obstacles (Bronstein, 2003). As trauma-informed practices become inextricably linked with organizational change, early childhood settings face both a responsibility and an opportunity for

reformative possibilities. The responsibility is to champion deep-seated change, and the chance is to foster an environment conducive to healing for every child, regardless of trauma background (Crouch et al., 2019; Dube, 2018; Felitti et al., 1998).

The Sanctuary Model

Initially implemented in 1980 by Sandra Bloom, Joseph Foderaro, and Ruth Ann Ryan (Bloom & Sreedhar, 2008), the Sanctuary Model has undergone numerous revisions, integrating various theories and receiving foundational support from different implementations. Endorsed by the National Child Traumatic Stress Network/Schools Committee [NCTSN] (2017) and supported by Rivard et al. (2005), the model is a comprehensive trauma-informed organizational intervention. The model combines constructivist self-development (McCann & Pearlman, 1992; Pearlman & Saakvitne, 1995), burnout (Maslach & Jackson, 1981; Maslach et al., 2001), and systems theories (Bertalanffy, 1974), along with the valuation theory of organizational change (Hermans, 1991; Weatherbee et al., 2009). It aims to educate staff on trauma's impact on behavior, encouraging a shift in perspective towards clients' behaviors as responses to trauma and providing tools for both personal and group behavioral transformation. A collegial approach enhances service delivery and student outcomes (Esaki et al., 2013).

Systems theory is a conceptual framework that aims to study the general properties of systems across various disciplines, emphasizing the interconnectedness and interdependence of components within a system (Bertalanffy, 1974). This concept was introduced by Bertalanffy in 1974 and has found application in biology, psychology, sociology, and management. It has proven valuable in promoting organizational change, leadership, and collaboration. Bertalanffy's systems framework offers a fundamental blueprint for facilitating interprofessional collaboration within organizations. Systems theory provides a holistic approach to comprehending complex

phenomena by studying the interactions and relationships among system components. This approach is crucial in cultivating trauma-informed early childhood practices through interprofessional collaboration and recognizing the importance of avoiding siloed service Delivery (Connors Edge et al., 2022; Daiban & Efthymiou, 2023; Sandar, 2022).

The *valuation theory of organizational change* is a therapeutic approach that helps individuals understand organizational change by examining personal meanings brought into the workplace (Hermans & Hermans-Jansen, 1995). Valuation theory merges psychotherapeutic techniques with clinical research methods to understand organizational culture and change (Kets de Vries, 1991). Self-Confrontation Method (SCM) audits attitudes toward past, present, and future experiences, uncovering elements influencing attitudes to organizational change (Weatherbee et al., 2009). The valuation theory of organizational change empowers practitioners to take ownership of their commitment to driving change for its own sake. This approach necessitates a collegial relationship grounded in a deep understanding of trauma-informed practices and acquiring the necessary skills to ensure professional effectiveness (Nicholson et al., 2019; Thomas et al., 2019; Vericat Rocha & Ruitenbergh, 2019).

Supporting Frameworks

Supporting frameworks emphasize collaborative efforts between early childhood educators and social workers, highlighting the importance of interprofessional collaboration. The pragmatic paradigm, social constructivism, and transformative learning paradigm are essential in this context. The pragmatic paradigm stresses reflective practice and the practical application of trauma-informed theories, ensuring that theoretical insights are effectively translated into everyday practices (Schon, 1983). Social constructivism emphasizes that knowledge is constructed collaboratively through social interactions (Vygotsky, 1978), requiring common

terminology and cultural tools for effective communication to promote a unified approach to trauma-informed practices. The transformative learning paradigm underscores the importance of critical reflection and dialogue (Mezirow, 1990), advocating for adapting approaches based on new insights garnered from engagement and fostering continuous improvement in trauma-informed practices (Mezirow, 1990).

These theoretical paradigms support research by providing a diverse and comprehensive framework for understanding the dynamics of trauma-informed practices and interprofessional collaboration in early childhood education. The Sanctuary Model, with its core components of valuation theory and systems theory, is further strengthened by the additional support of the pragmatic paradigm, social constructivism, and transformative learning paradigm, creating a robust foundation for effective and holistic trauma-informed educational practices.

Gaps in Research and Underexplored Areas

There is a multitude of research studies exploring trauma-informed practices in early childhood education and the incorporation of interprofessional collaboration. However, like all areas of study, some aspects remain underexplored or are emerging as new avenues of interest. Recognizing these gaps is essential to pushing the boundaries of knowledge and enhancing the understanding of collaborative frameworks in trauma-informed education. More research is needed to support a systematic, integrated implementation of services and comprehensive approaches to tackling ACEs for preschool students (Addis et al., 2022; E. Berger & Martin, 2020; Marsac et al., 2016).

- 1. Engaging Non-traditional Stakeholders:* Current research predominantly focuses on the roles of educators, healthcare professionals, and social service providers in collaborative frameworks. The potential contributions of non-traditional stakeholders, such as

community leaders, religious figures, and children, still need to be explored (Nidumolu et al., 2014; Reeves et al., 2018; Thannhauser et al., 2010). By actively involving these overlooked groups and harnessing their unique perspectives, a more holistic and comprehensive approach to trauma-informed practices can be achieved.

2. *Embracing Cultural, Linguistic, and Cross-Cultural Considerations:* Interdisciplinary collaboration in trauma-informed care has acknowledged the importance of various professional perspectives. However, there needs to be more depth regarding cultural, linguistic, and cross-cultural considerations. A deeper exploration of how cultural and linguistic nuances influence trauma manifestation and treatment is essential. Furthermore, understanding and integrating the diverse insights of professionals ensures that trauma-informed care practices are both culturally sensitive and inclusive. Beyond the collaboration of professionals from various disciplines, the cultural, ethnic, and regional differences among students need more attention, amplifying the efficacy of trauma-informed strategies (Vericat Rocha & Ruitenbergh, 2019).

3. *Bolstering Institutional Support Systems:* Interprofessional and interagency collaborations are undoubtedly critical in trauma-informed care. However, the underlying institutional support mechanisms that facilitate these collaborations still need to be recognized. For a truly effective trauma-informed approach, there is a pressing need to analyze and enhance frameworks at the institutional level (Bricker et al., 2022; Carey, 2023). Additionally, the role of parents and guardians should be considered. Their insights and experiences are invaluable for optimizing outcomes in early childhood trauma care. Established works by researchers such as Craig and Sprang (2010) and E.

M. Anderson (2013) offer foundational knowledge in this arena and should serve as a guide for further exploration and understanding.

- 4. *Training and Professional Development:*** Recognizing the need for professional training in trauma-informed practices is only the initial step. The field has yet to research and extensively define the specifics of impactful interprofessional training. An in-depth exploration into what constitutes practical training modules or programs offers opportunities to remain adaptable to the evolving nuances of trauma-informed care (E. M. Anderson et al., 2015; K. M. Anderson et al., 2021; Douglass et al., 2021).

While significant strides have been made in understanding trauma-informed practices in early childhood education, there remains a rich tapestry of knowledge yet to be uncovered. Addressing these gaps will enhance current practices and ensure a holistic, effective, and inclusive approach to trauma-informed care in educational settings (Ališauskiene & Gevorgianiene, 2015; Bilbrey et al., 2022; Block & Block, 2002).

Conclusion

The historical trajectory of trauma-informed care illuminates a transformative journey from 19th-century medical insights to current pedagogical strategies, all aimed at understanding and ameliorating the complex aftermath of trauma (Goldberg, 2019; Nicholson et al., 2019). This progression reflects a paradigmatic shift towards empathy and recognition of individual experiences, encapsulated by the pivotal question, "What happened to you?" rather than "What is wrong with you?" (Blitz et al., 2020). The particular vulnerability of young children to trauma—with toddlers and preschoolers experiencing the highest rates of reportable trauma—signals a critical need for sensitive educational interventions (U.S. Department of Health and Human Services [HHS], 2022). Trauma's potential to disrupt a child's cognitive, emotional, and

behavioral development warrants a robust, unified response (De Bellis & Zisk, 2014; Gleason et al., 2021).

The collective understanding and commitment to trauma-informed care, however, needs to be revised by the need for universally implemented strategies in early childhood settings (Bricker et al., 2022; Connors Edge et al., 2022; Jimenez et al., 2016). This gap necessitates interprofessional collaboration to synergize the expertise of educators, healthcare providers, and other stakeholders. Such alliances are crucial for fostering environments that not only aid in healing but also in bolstering academic, behavioral, and emotional development, consequently mitigating professional burnout (Bethell et al., 2017; Hastings & Brown, 2002).

Furthering this collaborative ethos, qualitative research into the lived experiences of professionals in interprofessional settings is pivotal. This approach seeks to enhance the comprehension of collaborative dynamics, potentially refining trauma-informed practices in early childhood education (E. Berger & Martin, 2020). The perspective of interprofessional collaboration viewpoint underscores the importance of combined wisdom, effort, and compassion from a multitude in navigating towards a future where every child's potential is realized within environments that are not merely trauma-informed but also trauma-responsive and ultimately trauma-transcending.

CHAPTER 3: METHODOLOGY

Chapter 3 begins with a restatement of the purpose of the study, the specific research questions to be addressed, and hypotheses, if applicable. The rationale for the research design, research instruments, and methods of data analysis are presented. The required IRB application components must be described and explained. In the final section, methodological assumptions and limitations are discussed and ethical procedures are enacted for protecting human subjects. The methodology chapter ends with a summary of the material presented. Letters of approval from the various organizations used for collecting data are included in the Permissions and Approvals section in Appendix H.

Purpose Statement

The purpose of this qualitative study was to explore early childhood teachers' perspectives on interprofessional collaboration with social workers in trauma-informed preschool settings for children with Adverse Childhood Experiences (ACEs). This research employed open-ended, semi-structured questions in in-depth interviews to explore the significance of collaborative efforts in developing trauma-informed practices within early learning environments.

Research Questions

How do early childhood teachers perceive and navigate their interprofessional collaboration with social workers in the implementation of trauma-informed practices for preschoolers with Adverse Childhood Experiences (ACEs)?

Protection of Human Subjects

When undertaking non-experimental qualitative descriptive research, the utmost commitment to ethical standards is imperative to safeguard the rights and well-being of human

participants. Demonstrating this commitment, the researcher has undergone comprehensive training through the Collaborative Institutional Training Initiative (CITI), attesting to the dedication to upholding ethical norms within studies involving human subjects. The ethical dimensions inherent in such research are explored within this chapter, guided by principles established by the Belmont Report (1979) of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Key tenets such as confidentiality, risk mitigation, and the meticulous procedures overseen by the Institutional Review Board (IRB) were central to this exploration.

Confidentiality and Privacy Protection

Confidentiality and privacy protection hold paramount importance in ethical research practice. This study aligns with the Belmont Report's guidelines by ensuring participants' anonymity (Belmont, 1979). Participants' identities are dissociated from their data using coding systems and pseudonyms. Thereby safeguarding participants' confidentiality. Moreover, the study adheres to the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) to ensure comprehensive privacy protection (Citro et al., 2010). Identifying information is deliberately avoided during data collection to mitigate the risk of unauthorized disclosure (Hicks, 2021). All data collected was securely filed in a locked filing cabinet. If data was digitally collected, an encrypted procedure was used to maintain the safety of all participant's data and identity.

Mitigation of Risks and Informed Consent

Mitigation of risks and informed consent are integral to upholding the Belmont Report's principles. Before administering interviews, a clear explanation of the research's purpose is provided, and informed consent is secured from every participant. This process emphasizes the

voluntary nature of participation and informs participants about potential risks while also allowing them to seek clarifications. Due to the nature of this study, I cautioned participants about the potential to experience secondary trauma (Chandler, 2022) or be triggered by latent memories of personal ACEs of themselves or family members (Ladhawala, 2021).

Informed and Voluntary: Prospective participants are presented with a clear and comprehensible overview of the research's objectives, procedures, and potential risks. This information enables participants to make informed decisions regarding participation and respect their autonomy throughout the research journey.

Retaliation-Free Withdrawal: A participant may have opted out of the process at any time without penalty, and any data collected from the individual would be discarded and not used in the final reporting. This principle reinforces the ethical commitment to respecting participants' decisions and maintaining trust throughout the study. If any participants have inquiries or apprehensions regarding this process, the team encourages them to voice their concerns. Every effort was made to maintain the confidentiality and confidence of all participants, using encrypted and data de-identification strategies.

The informed consent form underscores the ethical imperatives of qualitative phonological research, drawing from the principles outlined in the Belmont Report and the guidelines established by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Confidentiality protection, risk mitigation, informed consent, and voluntary participation constitute the pillars of ethical practice. Adherence to legal frameworks such as FERPA and HIPAA further reinforces participant protection (Citro et al., 2010). By upholding these ethical standards, researchers ensure the integrity and credibility of

their studies and the rights and well-being of the individuals who contribute to advancing knowledge (Creswell & Creswell, 2017; Maxwell, 2022; Patton, 2014).

Research Design

This study explored teachers' perspectives on interprofessional collaboration with social workers in the context of trauma-informed early childhood practices. A qualitative descriptive methodology is outlined by Lambert and Lambert (2012) and further detailed by Kim (2017). This approach is particularly suitable for capturing the practical aspects of teachers' experiences in collaboration without delving deeply into the emotional and perceptual dimensions typically associated with phenomenological research. As Sandelowski (2000) characterized, qualitative descriptive research emphasizes a straightforward and comprehensive summary of events, allowing for a detailed exploration of the day-to-day interactions, decisions, and practices of early childhood educators in their professional settings. This methodology is adept at capturing the nuanced realities of teachers working with social workers, focusing on how they navigate their roles, challenges, and successes in implementing trauma-informed practices with students who have experienced Adverse Childhood Experiences (ACEs). By adopting this approach, the study aimed to illuminate the multifaceted nature of these experiences in a manner that is both clear and accessible, staying close to the participants' perspectives and experiences. The qualitative descriptive method enabled the study to produce findings that are immediately applicable and understandable in the context of early childhood education, enriching the understanding of this specific area of interprofessional collaboration (Colorafi & Evans, 2016; Doyle et al., 2019; Kim, 2017).

Central to the research are the narratives of participants who share their direct experiences in delivering trauma-informed practices to preschool students with ACEs. These

firsthand accounts are pivotal in generating insights into such practices' challenges, triumphs, and complexities, as highlighted by E. Berger and Martin (2020). The study's design incorporates face-to-face or online interviews via Zoom as the primary data collection method, using semi-structured open-ended questions that encouraged participants to share their experiences, perceptions, and reflections thoroughly. This research approach aimed to capture the depth and complexity of the participants' narratives, providing valuable insights into the intricate dynamics of collaboration and trauma-informed practices in early childhood education.

Population

The study involved approximately ten (10) participants selected from the professional landscape of early childhood education in Southern California or until saturation was achieved. This group comprised early childhood teachers with various experience levels, from first-year educators to those with more than ten years in the field, each contributing different perspectives. The varying career stages of teachers will shed light on the dynamics of coordination, communication, and alignment among diverse stakeholders engaged in trauma-informed practices. Their hands-on experience and insights are essential in comprehending interprofessional collaborations with social workers, healthcare providers, behavioral specialists, and other child-serving agencies that provide trauma-informed or ACEs-related services to preschool-age students. These partnerships contribute significantly to the holistic well-being of children and provide a broader systemic perspective on interprofessional collaboration within the early childhood domain.

To be eligible for this research, individuals must have been credentialed early childhood educators working in public preschool programs. This requirement ensures that participants' contributions and insights were rooted in their professional experiences in these settings.

Additionally, all participants were at least 18 years old, a criterion that guarantees their legal capacity to give informed consent and engage meaningfully in the research process. The study strongly emphasized inclusivity, aiming to represent diverse demographic characteristics. It sought to include participants from varied racial and ethnic backgrounds, cultural affiliations, gender identities, and linguistic groups. This diversity is pivotal in achieving a comprehensive understanding of interprofessional collaboration and trauma-informed practices, as it reflects the multifaceted realities and lived experiences of those working in these early childhood settings. By incorporating such a diverse participant group, the research aimed to capture the breadth of perspectives and experiences in the field. This intentional diversity ensures that the study's findings are relevant and reflect the complex nature of interprofessional collaboration in early childhood settings. Representing a broad spectrum of backgrounds and experiences is crucial in providing insights that apply to a broad audience, thereby contributing to a more inclusive and equitable understanding of trauma-informed practices in early childhood education.

Sample

This research study focused on Southern California's public early childhood preschool programs, specifically addressing Adverse Childhood Experiences (ACEs). This region's unique educational landscapes and diversity made it an ideal setting for investigation. It is projected that teachers who meet this criterion possess a comprehensive understanding of the educational context and qualifications for effective engagement in early childhood practices, essential for fostering interprofessional collaboration, a central theme of the study. The research aimed to explore the extent to which interprofessional collaboration is employed or lacking in trauma-informed practices, particularly when dealing with students who have experienced ACEs. The

study aimed to shed light on how these professionals collectively navigate the intricate terrain of trauma-informed care in early childhood education.

Southern California provides rich and multifaceted contexts for this exploration due to its diverse populations. This diversity presents various experiences and challenges, making the region the ideal backdrop to investigate the nuances of interprofessional collaboration in trauma-informed practices. The insights gained from this study contributed to a deeper understanding of the experiences of these professionals and offered valuable guidance for enhancing collaborative efforts in early childhood education, especially within the framework of trauma-informed care.

Recruitment

In this study, which explores the intricacies of interprofessional collaboration between teachers and social workers in early childhood education, especially in trauma-informed practices, a thorough and strategic participant recruitment process was essential. This approach is guided by Creswell and Creswell (2017). The recommendations for qualitative research emphasize the need for a diverse and inclusive participant group to enrich the study's findings. The recruitment strategy began with purposive sampling, specifically on credentialed teachers with 1-10 years of experience in early childhood preschool programs. This method ensured the deliberate selection of educators who aligned with the study's criteria and brought a range of experiences in collaborating with social workers in trauma-informed settings. The inclusion of teachers in their initial years, particularly those within their first two years of practice, is particularly significant. These teachers offer fresh insights into their experiences and perceptions

of working alongside social workers, shedding light on the challenges and learning curves encountered at the beginning of their professional journey.

Snowball sampling is integrated into the recruitment process to enhance the study's breadth of perspectives further (Creswell & Creswell, 2017). This method facilitates the natural expansion of the participant pool through referrals from initially selected teachers. Such a chain referral system is invaluable for accessing individuals who might have yet to be reachable through direct recruitment strategies. It allows for capturing a broader array of experiences and viewpoints, particularly in how teachers perceive and collaborate with social workers. Moreover, the recruitment extends beyond the immediate networks of the researcher, encompassing a more comprehensive professional sphere within the early childhood education field (Creswell & Creswell, 2017; Maxwell, 2022).

Actively seeking referrals from a diverse range of professionals ensured the inclusion of teachers with unique experiences and insights into interprofessional collaboration, thereby deepening the study's understanding of these dynamics. Purposive and snowball sampling methods highlight the commitment to assembling a comprehensive group of teachers. This multifaceted approach adheres to qualitative research best practices. It is critical to gather rich, nuanced data for exploring the complexities of teacher-social worker collaboration in trauma-informed early childhood education settings.

Instrumentation

The qualitative research focused on instrumentation in data collection. Before conducting face-to-face or virtual interviews via Zoom or Google Meet, informed consent was secured. The semi-structured interview guide, comprising open-ended questions, is tailored to elicit in-depth, participant-driven insights, thereby preserving the data's richness (Creswell & Creswell 2017;

Galletta, 2013; Prior, 2018). Triangulation was achieved through several methods such as member checking, peer review and debriefing, and data triangulation. Digital voice and image recorders were used for accurate data capture, with transcriptions analyzed using cloud-based software like NVivo. This approach, encompassing a range of data collection methods from interviews and online techniques, aligns with the qualitative descriptive methodology (Doyle et al., 2019; Hennink et al., 2020; Kim, 2017; Lambert & Lambert, 2012). The research aimed to thoroughly explore the interaction between interprofessional collaboration and trauma-informed practices in early childhood education

Data Collection

In this study, data collection methods tailored to understand the "who," "what," and "where" of phenomena focus on teachers' perceptions of interprofessional collaboration with social workers in preschool settings (Doyle et al., 2019; Sandelowski, 2000). Creswell and Creswell (2017) emphasized that the data collection process in qualitative research involves a systematic inventory of participants' lived experiences. To acquire insightful information by exploring participants' thoughts, emotions, and actions, researchers use qualitative methods that uncover the reasons and functions behind their experiences (Creswell & Creswell, 2017; Doyle et al., 2019). In this study, semi-structured, open-ended interview questions were utilized to delve into the nuanced aspects of the early childhood teacher's perceptions of interprofessional collaboration in trauma-informed early childhood settings. Once the data was collected, it underwent meticulous organization and compilation to reveal recurring themes, emerging trends, and essential data points with insightful information (Creswell & Creswell, 2017; Doyle et al., 2019). This approach aids in identifying consistent patterns within the data that align with the

research objectives. By adopting this method, a holistic understanding of the phenomenon under scrutiny can be captured.

Furthermore, the systematic organization and analysis of the data pave the way for identifying underlying connections, enhancing the overall validity and reliability of the research findings. This approach ensures a robust foundation for exploring the role of interprofessional collaboration in enhancing trauma-informed practices. The study addresses Adverse Childhood Experiences (ACEs) and aimed to comprehensively understand the phenomenon by analyzing the data collected through semi-structured, open-ended interviews.

Data Analysis

The analysis process employed in this study intricately explored teachers' perspectives on collaborating with social workers in trauma-informed early childhood settings and approaches to data analysis without being tethered to predefined analytical schemes (Doyle et al., 2019; Lambert & Lambert, 2012). Inductive coding is used, evolving from the data (Howitt, 2019; N. King, 2017). While staying true to the data, the findings were interpretive to ensure relevance and applicability for current canon and future exploration (Doyle et al., 2019; Kim, 2017; Saldaña, 2021; Sandelowski, 2009). Braun and Clarke's detailed six-step reflexive thematic analysis process (Braun et al., 2019) was employed. The analytical process for understanding teachers' perspectives on collaborating with social workers in trauma-informed early childhood settings is as follows:

- **Prepare the Data:** Using the transcription feature in Zoom, interviews will transcribed and documented and cross-referenced with field notes, with a meticulous check for accuracy and completeness.
- **Read through the Data:** An in-depth review to comprehensively understand and reflect on the data's meaning.

- **Code the Data:** To streamline the rigor of analysis and ensure more accuracy of documentation, *Dedoose* a cloud-based data collection platform was used, to support manual coding methods.
- **Interrelate Themes and Descriptions:** Utilizing coding to develop descriptions of settings and participants, identifying pertinent and evolving themes.
- **Interpret the Meanings and Descriptions:** Extracting and conceptualizing themes, guided by Braun and Clarke's Reflexive thematic analysis (Braun et al., 2019), integrating reflexivity, and maintaining reflective memos for depth and context.

This process includes peer review for unbiased assessment and credibility enhancement (Creswell & Creswell, 2017)

Limitations

This qualitative descriptive study investigated the dynamics of collaboration between teachers and social workers in implementing trauma-informed practices for preschool children with Adverse Childhood Experiences (ACEs). It focused on understanding teachers' perceptions of this interprofessional partnership and its impact on support systems for young students.

The qualitative descriptive methodology effectively captures personal experiences, making it suitable for investigating teachers' experiences in interprofessional collaboration (Gleaton, 2023; Purtle, 2020; Turale, 2020). While interviews and open-ended questionnaires provide deep insights, they may not capture non-verbal cues essential for understanding complex interactions (Carey, 2023; Kim, 2017). Ethical privacy considerations, particularly audio or visual recordings, are also critical (Creswell & Creswell, 2017).

Participants

The participant group consisted of a diverse range of early childhood teachers selected based on years of experience and interactions with social workers, aiming to capture a wide range of perspectives (Lichtman, 2023). However, this selection may only partially represent the broader educator population. The sample size of ten participants follows Hennink and Kaiser's (2022) guidelines for achieving saturation in qualitative research, although the topic's complexity may challenge this assumption.

Limitations and Biases

Maintaining an unbiased perspective and avoiding assumptions is vital. Special attention was given to the interviewing process to mitigate bias (Lewis-Hickman, 2015). My background and experiences, despite efforts of objectivity, might influence data interpretation (Creswell & Creswell, 2017). With 28 years of experience as an early childhood teacher and resource parent, the researcher may introduce confirmation bias, potentially emphasizing positive aspects of interprofessional collaboration and underplaying challenges. The researcher's tone, question phrasing, and non-verbal cues during interviews could influence participants' responses, and interpretation may selectively focus on supporting data.

Validity and Transferability

Triangulation from diverse data sources validated findings and enhanced their applicability across various contexts (Maxwell, 2022). However, the study's specific focus and small sample size might have limited generalizability. Recognizing these limitations is essential for contextualizing findings and framing implications within applicable scopes.

Framework and Reflexivity

The qualitative descriptive methodology's adaptability integrates various theoretical frameworks, sampling strategies, and data collection methods (Colorafi & Evans, 2016). While this is a strength, the researcher's extensive experience may influence interpretations. A reflexive approach involving peer input and critique is crucial for enhancing the study's credibility and validity. Through its thoughtful methodology and reflexive approach, the study aimed to contribute valuable, objective, and trustworthy knowledge to early childhood education, focusing on enhancing teacher-social worker collaboration in trauma-informed practices.

Summary

Through an immersive exploration of practitioners' diverse lived experiences, this qualitative study unraveled the intricate dynamics shaping collaborative efforts and influencing the implementation of trauma-informed strategies. This exploration carried significant potential, enhancing an understanding of holistic approaches to address the impact of ACEs on preschoolers and fostering more supportive learning and social environments. Against the backdrop of pandemic-born cohorts entering schools and an increased focus on intervention services, the research underscores the significance of addressing ACEs in early childhood education (Bonillaa et al., 2022; Bryant et al., 2020; U.S. Census Bureau, 2021). Amid challenges posed by contagion risks and gaps in conventional strategies, practitioners navigate complex terrains (Araújo et al., 2021). The research highlights the pivotal role of interprofessional collaboration, facilitating collective identification, training, resource mobilization, and collaborative support. This collective endeavor aimed to cultivate a comprehensive knowledge base and propagate trauma-informed practices across the Early Childhood Education (ECE) spectrum. Recognizing the importance of holistic approaches, integrating trauma-informed practices and interprofessional collaboration becomes paramount to

supporting the well-being of young learners. Guided by the evolving education landscape and the significance of ACEs, practitioners' experiences emerge as a catalyst to reshape early childhood education, empowering learners and educators. The synergy between interprofessional collaboration and trauma-informed practices is a cornerstone, contributing to academic dialogue and children's holistic success and well-being. The symbiotic relationship between these aspects stands at the heart of fostering children's success and well-being while contributing significantly to academic discourse.

CHAPTER 4: RESEARCH, DATA COLLECTION, AND FINDINGS

Overview

Chapter 4 offers a comprehensive overview of the data collected in this study, detailing participant demographics, data collection methods, and strategies for ensuring the integrity of the results. This chapter presents the data from a qualitative descriptive inquiry centered on early childhood educators' perceptions of collaborating with social workers in implementing trauma-informed practices for preschoolers with Adverse Childhood Experiences (ACEs). This section reiterates the study's objectives, capturing educators' firsthand accounts and insights (Gomez & Doyle, 2020; Lambert & Lambert). Through detailed semi-structured interviews, the chapter presents the complex dynamics, obstacles, and tactics shaping these interprofessional partnerships from the perspective of early educators. Data is presented thematically, illuminating how teachers' experiences, perceptions, and strategies are documented within these collaborations, aiming to deepen understanding of the collaborative endeavors underpinning trauma-informed care in early childhood settings.

Purpose Statement

The purpose of this qualitative study was to explore early childhood teachers' perspectives on collaborating with social workers in trauma-informed preschool settings for children with ACEs, using in-depth semi-structured interviews to uncover the value of these collaborations in shaping trauma-informed practices. This study is a response to the increasing need for preschool intervention for children with ACEs and traumatic experiences, as documented by Cannon et al. (2020), Giano et al. (2020), and Keeker et al. (2016), seeking to enhance an understanding of interprofessional collaborative dynamics between early childhood educators and social workers.

Research Questions

How do early childhood teachers perceive and navigate their collaboration with social workers in implementing trauma-informed practices for preschoolers with ACEs?

Research Methods and Data Collection Procedures

Participant Selection and Profiles

For this study, I recruited ten participants through platforms like Facebook, Instagram, LinkedIn, Research Gateway, and a restricted Facebook group. I disseminated virtual recruitment materials using my social media accounts and targeted Facebook groups for early childhood teachers (Appendix A and Appendix B). I employed purposive and snowball sampling techniques and received referrals from professionals, including social workers collaborating with early childhood educators. All the eligible participants completed an eligibility questionnaire (Appendix C) designed to gather their demographic information and preliminary data on their experiences collaborating with social workers to deliver trauma-informed practices. They also submitted signed digital consent forms (Appendix D), as approved by the University's Institutional Review Board (IRB) committee, confirming their agreement to participate in this research.

Following the approval from the IRB (Appendix G), recruitment fliers and letters were distributed on various platforms. Participants were identified, scheduled, and interviewed for the qualitative study exploring early childhood teachers' perspectives on collaborating with social workers in trauma-informed preschool settings for children with Adverse Childhood Experiences (ACEs) and traumatic experiences. There was no financial compensation for participating in this study. This study involved fastidious preparation of raw and descriptive data, ensuring the

research findings' reliability, credibility, and trustworthiness. Initially, 12 participants were scheduled for 30-minute interviews through the Zoom platform over four weeks, but two declined participation before the interview. The target and saturation count were effectively met with the 10 participants who consented to continue the research.

Changes and Updates to Information in Chapters 1-3

During the analysis phase of this research, a change was made to the analytical process compared to what was initially proposed in the methodology plan for this qualitative descriptive study. Initially, I planned to use a dated version of Braun and Clarke's (2013) six-step method for coding and analysis while employing a thematic analytic approach. However, after conducting field tests and initial participant interviews, the revised 2019 version offered a broader perspective and added a reflexive aspect, enhancing my engagement with the data and allowing for a more personal interpretation of the findings (Braun & Clarke, 2019). Although there were minor differences, I wanted to be transparent about this change and its relevance.

Descriptive Data

Table 3 below provides demographic information about participants, including their years of experience, age, race or ethnicity, gender identification, and linguistic identification. For this study, a diverse panel of participants with varying experience levels were selected. The participants included two individuals with two to five years of experience, two with six to 10 years, two with 11 to 15 years, and four with 16 or more years of teaching experience. The age range of the participants was between 25 and 54 years old, with two falling within the 25-35 age bracket, three aged 35-44, and five aged 45-54. The sample included a variety of ethnic and cultural identifications, with two identifying as Hispanic or Latinx, one as Asian or Pacific Islander, three as African American or Black, one as White or Anglo, two as Multiracial, and one

identifying as another ethnicity. Participants identified as female. Linguistically, eight were monolingual English speakers; one was bilingual in Spanish, and one was bilingual Arabic; a language not listed in the eligibility questionnaire. Table 1 is an illustration of participant demographics.

Table 1

Participant Demographics

Participant	Years Experience	Age	Race/Ethnicity	Gender	Linguistic
Participant1	6–10	35-44	Hispanic/Latinx	Woman	Bilingual/Spanish
Participant2	2-5	25-35	Asian/Pacific Islander	Woman	English
Participant3	More than 15	45-54	White/Anglo	Woman	English
Participant4	More than 15	45 54	African American/Black	Woman	English
Participant5	11-15	35-44	Multiracial	Woman	English
Participant6	2-5	35-44	Other	Woman	Bilingual/Other
Participant7	11-15	45 54	Multiracial	Woman	English
Participant8	More than 15	45 54	Hispanic/Latinx	Woman	English
Participant9	More than 15	45-54	African American/Black	Woman	English
Participant10	6–10	23-34	African American/Black	Woman	English

Note. Names have been replaced to maintain anonymity.

Semi-Structure Interview

An initial eligibility questionnaire was administered to potential participants to gather data for this dissertation. This brief questionnaire took approximately one minute and 15 seconds to complete, efficiently collecting essential demographic information and gauging participants' experiences with collaboration involving social workers. Ten participants completed the questionnaire. Upon establishing eligibility, participants received a follow-up letter detailing the next steps in the research process, including a hyperlink to a consent form and a Calendly link to schedule their one-on-one interviews. An automatic email confirmation, including a thank you

note and a Zoom link for the virtual meeting, was sent upon participant self-scheduling. This streamlined communication process ensured that participants were well-informed and prepared for their involvement in the study.

One-on-one interviews using nine semi-structured interview questions specifically designed to address the research question. These questions allowed for flexibility, enabling follow-up questions for clarification when necessary and eliciting rich, detailed responses from the participants (Galletta, 2013). The core of the data collection, the interviews, yielded substantial data, resulting in 117 pages of transcripts, with each single-spaced Times New Roman transcript averaging 11.7 pages. Care was taken to maintain the 30-minute time allotment for each interview, respecting participants' time while adequately addressing the study's needs. Each interview was within the allotted time frame.

The semi-structured interview protocol, detailed in Appendix E, facilitated the extraction of meaningful codes for analysis. This structured approach streamlined the interview process and ensured consistency across all sessions. For accuracy, the interviews were recorded using digital voice and image recorders, with an additional device as a backup for technical issues (Noor, 2008). Confidentiality was maintained through secure online sessions and password-protected external drives for storing recorded data. After each interview, recordings were downloaded from the Zoom platform and manually compared against transcriptions and reflexive journal reviews to ensure verbatim documentation. Transcripts were meticulously reviewed to correct errors, clarify accents and colloquialisms, and remove sensitive information to protect participant anonymity. To address transferability, multiple strategies were employed, such as methodology, diverse population sample, and geographical location (Creswell & Creswell, 2017). This comprehensive approach,

encompassing various data collection methods from interviews and online techniques, aligns with the qualitative descriptive methodology (Doyle et al., 2019; Hennink et al., 2020; Kim, 2017; Lambert & Lambert, 2012). Table 2 illustrates the semi-structured interview logistics summary, detailing the parameters of participants, time of interview, and setting.

Table 2

Interview Logistic Summary

Preparation of Raw Data for Analysis

Participant	Setting	Date	Duration	Transcribed Pages
Participant1	Zoom Conference	3/14/2024	28 minutes	12
Participant2	Zoom Conference	3/16/2024	26 minutes	10
Participant3	Zoom Conference	3/17/2024	30 minutes	14
Participant4	Zoom Conference	3/18/2024	21 minutes	9
Participant5	Zoom Conference	3/19/2024	26 minutes	11
Participant6	Zoom Conference	3/20/2024	23 minutes	10
Participant7	Zoom Conference	3/20/2024	30 minutes	13
Participant8	Zoom Conference	3/21/2024	27 minutes	11
Participant9	Zoom Conference	3/22/2024	30 minutes	14
Participant10	Zoom Conference	3/27/2024	29 minutes	13
Mean	N/A	N/A	27 minutes	11.7
Total	N/A	N/A	297 minutes	117

**For simplicity, all times have been rounded to the nearest minute, omitting seconds.*

The eligibility questionnaire (Appendix C) and interview transcripts (Appendix E) were reviewed and uploaded into Dedoose, a cloud-based tool supporting systematic storage, for analysis. In the first phase of the analysis process, I focused on the initial engagement with the data (Braun et al., 2019). After each Zoom interview, I reviewed the transcription for accuracy, addressing any errors related to accents or misinterpretations of participant speech, such as incorrect words or fillers like "ummm." I revised the transcripts to rectify these inaccuracies (Antonio et al., 2020), ensuring that the text faithfully represented the audio and visual recordings. Subsequent meetings with participants were scheduled to review the written transcripts. After revising the transcripts, I confirmed the accuracy and intent of the participant's transcribed dialogue. Revised transcripts were uploaded to Dedoose to support systematic storage, efficient organization, coding, and easy access to raw data. I focused on participants' responses to interview questions, identifying words, phrases, or recollections of particular interest. During each review, I noted recurring topics and relevant words.

I utilized Braun and Clarke's (2019) reflexive thematic analysis, an extension of their original framework (Braun et al., 2013). This approach builds upon the flexible and systematic foundation of the original six-phase framework (Braun & Clarke, 2013) by emphasizing the researcher's reflective engagement with the data. The reflexive thematic analysis places the researcher's role and influence at the heart of the analytic process, enriching the interpretative depth of the findings (Braun et al., 2019). This methodological adaptation is vital for exploring trauma-informed collaboration, facilitating a deeper, empathetic understanding of teachers' perspectives. It ensures the findings are empirically grounded and contextually informed and maintains interpretive validity while bridging thematic analysis that are theoretical and practical applications in contemporary research (Braun et al., 2019).

Triangulation was achieved through member checking, cross-analysis with my researcher notes and journal entries, and peer review. Member checking involved participants confirming the validity and intent of transcripts and findings. I intentionally sought their input and requested valuable feedback on my interpretations and conclusions from the data. I ensured the accuracy and organic authenticity of the study's outcome. Triangulation was also achieved using cross-analysis with notes from journal entries. I kept a journal to document the dissertation process and enter reflections to ensure reflexivity. These supplementary sources provided valuable context, capturing my reflections, deepening my understanding of the data, and enriching the interpretation process. There were moments during the interview process when I referred to the journal to note reflections that were not observable during the Zoom interview or moments of personal reflections during the analysis during my day when I was away from the computer that I wanted to address. Peer review allowed for an evaluative review of the research findings by fellow colleagues, experts, and cohorts. The outside perspective validates this study's credibility and identifies potential biases. Adherence to this observance ensured the findings were reliable and reflected the participants' experiences and perceptions, mitigating researcher bias (Braun & Clarke, 2013; Braun & Clarke, 2019).

For this qualitative study, the data provides rich descriptions of early childhood teachers' perspectives on interprofessional collaboration with social workers in delivering trauma-informed practices in early childhood settings. Data from interviews were initially coded, separated, combined, categorized, and analyzed to determine the final codes and themes. Using a descriptive coding method (Saldana, 2016), I reviewed and extracted texts from transcribed interviews to clarify the data through open coding (Braun & Clarke, 2013; Saldana, 2016). Codes evolved from systematically identifying transcript text relevant to the research question

(Braun & Clarke 2013). I analyzed the text to identify codes that captured key elements of the research topic. Interview collective data rendered 39 initial codes (Appendix G). Table 3 illustrates the correspondence between the interview question and the initial codes.

Table 3

Interview Questions & Initial Codes

Teacher Experiences - Questions	Initial Codes
1. Memorable collaboration with challenges	pull out negative, push in negative, did not get support needed, different strategies, social worker overwhelmed / heavy caseload, perceived challenges (RQ1)
2. Rewarding moment in trauma-informed practices	pull out positive, push in positive (1), rewards of collaboration (RQ1), social workers came when needed / got the support needed
3. Valuable insights or changes in approach	collaborative interactions, family support/involvement/resources, foster child / CPS case
Teacher Perceptions - Question	Initial Codes
1. Role of collaboration in trauma-informed care	concerns with working with social workers, not knowing the job of the social worker, what do you think you need from social worker?
2. Role and abilities within the collaboration team	felt unprepared to manage trauma/collaboration, child got what they needed, social workers roles, what are the roles of the teachers in collaboration, what do social workers do for teachers
3. Thoughts on social worker(s) expertise and contributions	Teachers' perception of social workers, The value of social workers in collaboration, new teacher (3)/young teacher, teacher perception
Teacher Navigations	Initial Codes
1. Strategies for effective communication and collaboration	communication, other collaborators, routine, need for earlier intervention
2. Obstacles in collaboration and overcoming them	alignment'-lessons/environment, other considerations
3. Alignment between teaching strategies and social workers' goals	timing, training, wish for better process, teacher navigation. what do you do

I used both semantic and latent coding techniques. Semantic coding involves taking data at face value, while latent coding requires reading between the lines to uncover hidden meanings (Braun & Clarke, 2020; Byrne, 2022). Using latent coding, similar characteristics within the codes are formulated and chunked into categories. Table 4 illustrates the emergence of categories from the identified chunked codes.

Table 4

Category/Code

Category	Codes
Collaboration & Communication	Collaboration interaction, collaborative interactions, communication, teacher experiences with collaborations, teacher navigation - what do you do, teacher roles in collaborations (RQ1), teachers' perception of social workers, the value of social workers in collaboration (RQ1), what are the roles of the teachers in collaboration (RQ1), what do social workers do for teachers (RQ1), other collaborators, other considerations, rewards of collaboration (RQ1)
Challenges & Concerns	Policies & procedures, concerns with working with social workers, perceived challenges (RQ1), did not get the support needed, social worker overwhelmed / heavy caseload, not knowing the job of the social worker, social workers came when needed / got the support needed(3), push in negative, pull out negative, felt unprepared to manage trauma/collaboration
Teachers and Social Worker Roles	Teacher roles in collaborations (RQ1), social workers' roles, teacher navigation—what do you do, training, resources, and support systems necessary / did not get what was needed (RQ1)
Support Systems & Resources	Resources and support systems necessary / did not get what was needed (RQ1), different strategies, Social workers came when needed / got the support needed(3), child got what they needed, family support/involvement / resources, treatment / directives, need for earlier intervention, wish for better process
Specific Situations/ Extenuating Circumstances	Foster child/CPS case, environment, push in/pull out service delivery
Training & Expectations	Training, felt unprepared to manage trauma/collaboration, wish for a better process.
Policies and Procedures	Alignment, routines, timing, lessons

Note. Codes are listed in alphabetical order in Appendix E.

The next steps in the analytic process involved identifying themes from the categorized codes to represent patterns within the data. I used a reflexive thematic analysis to identify, analyze, and report these patterns (Braun & Clarke, 2013). Reviewing the categories helped determine similarities that provided central concepts to answer the research question. After refining the themes, five key themes were identified through the data analysis process.

Qualitative data analysis was supported using a cloud-based technical software, Dedoose. The results presented include findings from the participant eligibility questionnaire, semi-structured interview questions, themes, and participant conclusive input.

Audio-recorded conversations of participant interviews were cross-analyzed with my journal entry notes. Reviewed transcripts were shared with participants for member checking, allowing them to confirm accuracy. Follow-up meetings confirmed the transcription accuracy

with eight out of ten participants. For the two participants who declined to review their interviews, I re-checked by listening to their interviews again and doing a peer review to ensure precision, reinforcing credibility. Trustworthiness, defined as the study's rigor and confidence in the data and methods used (Creswell & Creswell, 2017; Theofanidis & Fountouki, 2018), was supported by member checking and triangulation to enhance the findings' validity and reliability.

Data Analysis Procedures and Steps

Given the prevalence of ACEs among children, the research seeks to explore the nature and significance of these collaborations to contribute to the development of comprehensive, trauma-informed educational programs. The adoption of reflexive thematic analysis endeavored to capture the dynamics of early childhood teachers' collaborations with social workers in trauma-informed practices for preschoolers with ACEs and traumatic exposure. The data analysis procedures encompass a systematic approach guided by Braun and Clarke's (2019) reflexive inductive thematic analysis framework. These procedures unfold in six sequential phases: Familiarizing yourself with your data, generating initial codes, generating themes, reviewing themes, defining and naming themes, and culminating in producing the report (Braun and Clarke, 2013; 2019).

In the first phase, familiarizing myself with the data involved reviewing the interview transcripts multiple times. This process allowed me to become thoroughly acquainted with the content and to identify initial patterns and insights. Next, I systematically generated initial codes from the data (See Appendix G). This iterative process highlighted significant phrases and concepts relevant to the research question about teachers' perceptions and experiences with social worker collaboration. Once I explored the codes derived from the data, I grouped these codes into similar categories. From these categories emerged themes. These themes represented

underlying patterns in the data that addressed the research question RQ: How do early childhood teachers perceive and navigate the interprofessional collaboration with social workers in implementing trauma-informed practices for preschoolers with Adverse Childhood Experiences (ACEs)?

I used both semantic and latent coding techniques. Semantic coding involves taking things at face value, while latent coding requires reading between the lines to uncover hidden meanings (Braun & Clarke, 2020; Byrne, 2022). This step also involved cross-checking themes against the coded data to ensure they accurately represented the participants’ perspectives. Phase five, involved assigning descriptive names that reflect concepts germane to the analysis and research question (Bruan & Clark, 2019; 2020; Byrne, 2022). This phase included elaborating on the themes by incorporating participant quotes and contextual details, providing a foundational platform for ongoing dialogue regarding early childhood teachers' experiences, perceptions, and how they have to navigate interprofessional collaboration with social workers in implementing trauma-informed practices for children with ACEs in early childhood settings. Table 5 illustrates the refinement of the themes, offering a more comprehensive perspective on the data.

Table 5

Theme Refinement Table

Original Themes	Refined Themes	Sub-Theme	Justifications
Collaboration & Communication	Teachers Navigate Advocacy and Referral	Cross-functional support	The refined theme highlights the proactive role of teachers in advocating for children with ACEs and supporting interprofessional collaboration with social workers. emphasizing the necessity of partnerships to secure support for students.

		Role Clarity	Teachers found part of their duty to support students and navigate systems to get services.
Support Systems & Resources	Teacher Experience Benefits of Collaboration with Social Workers		The refined theme highlights the benefits acknowledged of collaborating with social workers.
Training & Expectations	Teacher Experience Challenges in Collaboration and Systematic Barriers		The refined theme consolidates the nature of challenges encountered in the pursuit of collaboration, including concerns, expectations and timing, resources, communication, and consistency.
Challenges & Concerns		Communication breakdown Resource Constraints Sporadic Support	Poor information exchange challenging collaboration in trauma-informed care Limited resources impede effective trauma-informed practices Inconsistent aid that leads to fragmented progress in supporting children with ACEs.
		Performative Engagement	Superficial involvement that limits to meet deeper needs of children with trauma, and teachers in need of support.
		Caseload Management Institutional policies	Classroom and caseload sizes large, impact coordination for collaboration Organizational guideline and difference in execution of management of services impact collaboration
Policies and Procedures Teachers and Social Workers Roles	Teacher Navigate Adjustment and Adaptability		The refined theme captures how adjustments and adaptability support social workers' recommendations when creating trauma-informed practices within the early childhood environment.
Specific Situations/Extenuating Circumstances	Teacher Perceptions about Early Intervention		This refined theme articulated the participants' claims that early intervention was an experience, perception, and goal of navigation.

Phase six involves producing a comprehensive report detailing the themes and sub-themes supported by participant exceptions. This report provides a snapshot of the results of the early childhood teachers' experiences, perceptions, and navigational recollection with social workers regarding the delivery of trauma-informed early childhood practices.

Presentation and Analysis of Data

The results are organized thematically to reflect the core aspects of the collaborative efforts as described by the participants. Each theme is supported by direct quotes and examples from the interviews, ensuring that the voices of the early childhood teachers are prominently featured. The presentation of the results, the identified themes are elaborated on by exploring their characteristics, incorporating participant input and examples, and highlighting their relevance to the research question (RQ1): How do early childhood teachers perceive and navigate their interprofessional collaboration with social workers in the implementation of trauma-informed practices for preschoolers with Adverse Childhood Experiences (ACEs)?

Presenting the Results

The themes and sub-themes are as follows: 1. Teachers navigate advocacy and referral. Sub-themes were role clarity (advocacy) and cross-functional support. 2. Teacher experience challenges in collaboration and systematic barriers. Sub-themes were communication breakdown, resource constraints, sporadic support, performative engagement, caseload management, and institutional policy differences. 3. Teacher experience benefits of collaboration with social workers 4. Teacher navigate adjustment and adaptability, and 5. Teacher perceptions about early intervention.

Themes and Sub-Themes

Theme 1: Teachers Navigate Advocacy and Referral

Advocacy highlighted the participants' perceptions and roles in collaborating with social workers in service delivery for students with ACEs or traumatic experiences. This advocacy involved acting on behalf of students to access necessary services and resources that supported their mental, emotional, and educational outcomes. This theme highlights teachers' reliance on

support systems to implement trauma-informed practices for preschoolers with ACEs or traumatic experiences. Teachers described their collaboration with social workers and the establishment of support networks that promote access to resources and guidance. Participants described actively collaborating with other professionals like behaviorists, psychologists, and "teacher3" (teacher coaches or master teachers) to access instructional, behavioral, and referral support.

Participant 1 stated, "Advocating for children with ACEs requires clear communication with both parents and social workers to ensure that everyone is aligned with the child's needs and educational goals." At times, referrals must be made with passionate resolve, as illustrated by Participant 3: "I had to call the district to come in and evaluate the child, and I worked with a social worker to get the child support for therapy and an IEP. It worked out because the social worker could bring in the appropriate people to support this kid". Participant 10 clarified how the communicative aspect of advocacy has been satisfied in the facilitation efficiency. "My communication with them, like I said, is to always do my assessments, and to have the correct language, and to be able to do things in a timely manner, so we can get things handled quickly, especially in adverse situations. It's a must that you don't drop the ball and wait. It's like, you gotta get it going, you know. And yeah, I have a lot going on in my classroom. I have a lot of kids, and I have a lot to do. But if it's my responsibility to communicate with the social workers, then I need to get them the proper information in due time so they can do their job effectively".

Sub-theme: Cross-functional support. Cross-functional support emerged as a sub-theme, indicative of direct trauma-informed assistance from other professionals beyond social workers. Teachers describe their proactive collaboration with other professionals and establishing support networks to ensure access to resources and guidance for student support.

The emergence of cross-functional support illustrates the direct trauma-informed assistance from other professionals beyond social workers. Participant 2 narrated this experience: "We regularly coordinate with social workers, therapists, and behavioral specialists to tailor support to each child's specific needs." Participant 10 confirms these sentiments:

Effective support systems involve multiple professionals working together seamlessly to support the child's development. Like "teacher3s" are lifesavers, they are easily accessible and sometimes have great ideas as to what to do in a clutch. Not only that, they get to see these students on a weekly basis, so they are not as likely to trigger them, like seeing their social worker at school might.

Several participants introduced the term "teacher3," which defines the title and duties of a specific type of master-level preschool teacher who has been charged with the task of intervening, supporting, and training early childhood teachers with challenging behaviors, including those with identified ACEs or traumatic experiences.

Sub-theme: Role Clarity. Some participants aligned their advocacy with role clarity, stating that their partnership with social workers is a duty they need to fulfill to get services and things done for their students. Participants describe how they navigate the systems and secure support for their students. They perceive themselves as essential in connecting student needs to social workers to ensure children receive the necessary support. Participant 2 said:

I feel like my role is to give insight into what's really going on. There's always a reason behind a certain kid doing something different. My role is to contribute to making them understand what's going on and to ensure that I am painting a clear picture of the situation so that students can get the help they need.

Participant 8 confirmed the role of clarity as an advocacy element by stating, "As teachers, we need to be clear about what interventions work best for our students and advocate for these methods to be implemented consistently." Participant 7 asserted the mediating piece of the collaboration in their statement:

I see myself as the glue. Okay? And you know, it's like glue to a broken vase that can be fixed. You know what I mean, like a delicate, fragile vase, but it can be put back together if we all work together at it. And I am the adhesive. I helped to mend all the cracks that need intervention.

Communication goes from me to the parent, the social worker, the aunt, and beyond if needed.

Theme 2: Teacher Experience Challenges in Collaboration and Systematic Barriers

Theme 2 emerged as challenges in collaboration and systemic barriers. Teachers reported significant challenges that impede effective collaboration. Common obstacles included inadequate support due to staff shortages for both agencies, inconsistent involvement, insufficient observation time, and differing interpretations of classroom behavior. Social workers suggest solutions without fully grasping the classroom context or do not stay long enough to understand the behaviors of concern. Sub-themes emerged around experience, perception, and navigation of collaboration with social workers, including communication breakdown, resource constraints, sporadic support, performative engagement, caseload management, and institutional policy differences.

Sub-theme: Communication breakdown. Communication breakdown was a consistent concern of the participants. Participant 5 confirmed the difficulty in establishing communication and updates, stating, "It is difficult to establish clear communication with some social workers. I

try to keep them updated, but they can be hard to reach when needed.” Another participant is quoted saying, "It's really challenging when social workers don't communicate. You might send emails or leave voicemails, but you don't always get a response . . . “ Sometimes, communication is one-sided. We don't always hear back from the social workers when we reach out for support.” Participant 9 contends that the state of urgency or the response time constitutes levels of challenges that occur when collaborating with social workers. “Social workers are often difficult to get in touch with. It can take days to hear back, which isn't ideal when you have urgent concerns.” Participant 10 echoes the sentiments of the others, stating, “When you're dealing with social workers, they're not always on the same page as you are. It can be hard to get them to understand what you're dealing with because they don't always see what you're seeing. It's challenging when social workers are busy, and they brush me off, dismissing my concerns as less severe.”

Sub-theme: Resource Constraints. Many teachers shared their discontentment with the lack of resources in the classroom. One participant shared concern over not having the resources needed to execute the suggestions of the social worker: “It's challenging because I share with them my concerns, and they are like, 'Oh, I've seen this before; all you have to do is THIS or THAT.' I'm like, ‘Great idea, now where do you think this or that is coming from?’ When we ask them for things, they just shrug their shoulders, write in their little pad, and they are on to the next.” Participant 8 clarifies these sentiments shared by most respondents, stating, “But they don't stay long enough to see and understand the impact of the concern. I'm like, ‘Great, and where’ . . . We are short-staffed, which affects the kind of attention we can give to each child. Sometimes, social workers have their own resource constraints, making it hard to get support.

We need more support. There's not enough funding for additional staff, which makes it difficult to address every student's needs. It also affects the kind of help social workers can provide.”

Sub-theme: Sporadic Support. Teachers highlighted the unpredictable nature of support from social workers, making it challenging to plan and rely on their assistance. They emphasized the frustration of inconsistent availability, where sometimes help is immediate and helpful, and other times it is absent when it is needed the most.

Participant 3 said, “Social workers can be in and out, and you don't always know when they'll be around. It makes it hard to plan and get the support we need.” Participant 4 confirms this sentiment, speaking to the inconsistency of the support in their recollection of experiences, stating, “There's inconsistency when it comes to support from social workers. Sometimes you get lucky, and they're right there when you need them. Other times, you're left waiting for help that never comes.” collaboration is a desirable option for teachers who want help. As was testified by Participant 9, “It would be great if we could get more consistent support. Right now, it feels like we get sporadic help, and it leaves us feeling unsupported.” Participant 10 offers a sympathetic lament, “Sometimes, social workers are too busy, and they don't come when you need them. It can be sporadic, and you have to manage on your own . . . Social workers' involvement is not consistent. Sometimes, they're helpful, but other times, you feel like you're on your own. It's hard to rely on support that's not always there.”

Sub-theme: Performative Engagement. Other teachers shared that they do get the support they need, but the challenge is that it appears to be performative, does not meet the entire needs of the student, or is shortsighted and short-lived. Participant 4 confirms these sentiments stating, “It's like they're just going through the motions. I wish they would really engage and try to understand what we're dealing with in the classroom.” Participant 6 offers a nod to the

proverbial check mark, confirming, “They sometimes come in just to check a box and don't really engage with what's happening in the classroom. It feels like they're doing the minimum.” Participant 7 has experienced this type of support, stating, “It's like they come in, do their check, and leave. They don't really seem to engage with the kids or understand what's happening in the classroom.” Participant 10 affirms the casualty of such practices, stating, “They don't stay long enough to see and understand the impact of the concern. They just dictate some things to do, leave, and expect you to follow through, not realizing where this kid is coming from.”

Sub-theme: Caseload Management. While these challenges exist, teachers sympathize and recognize that the caseloads shared by both parties impact the level of collaboration provided to them. Participant 3 states, “The social workers have too many cases to handle effectively. They seem overwhelmed, and it shows in their engagement with us.” Participant 7 laments, “They don't have enough time to give each case the attention it needs. It's hard when you have a heavy caseload and not enough support . . . The heavy caseloads are a real problem. It impacts the quality of support they can offer, which in turn affects our ability to help students with ACEs.” Participant 10 recalls one situation: “One social worker in particular, I could tell he was very stressed out. They had a very heavy caseload, so when it came to supporting the child in my class, he was just very laissez-faire or barely there.”

Sub-theme: Institutional Policies. Conflicts in interprofessional collaboration are also impacted by the differences in ideology and institutional policies. Participant 2 and Participant 5 confirm the noticeable differences in alignments saying, “Different departments have different policies. It's hard to navigate when the rules don't align between the two entities” and “Social workers and teachers have different guidelines, which can make collaboration difficult. It can be hard to find common ground.” In agreeance with these experiences, Participant 6 confirms,

“Social workers don't always align with our policies and procedures. There are times when they have their way of doing things, and it doesn't match with what we're trying to do.” Participant 10 speaks to the issues this disconnection creates in collaboration. “The conflicting policies create confusion. It would be easier to collaborate if there were more consistency across departments.”

Though participants contend that there are challenges and barriers to collaboration with social workers, when asked about their perception and value of social workers' contributions to the trauma-informed practice process, they all agreed that social workers are a valued asset to the trauma-informed team.

Theme 3: Teacher Experience Benefits of Collaboration with Social Workers

The third theme was the benefits of collaboration with social workers and the perspectives, experiences, and navigation of the benefits of collaboration between early childhood teachers and social workers, delivering trauma-informed practices for ACE-impacted preschool-age children. Though challenges were identified throughout the study, participants were overwhelmingly optimistic and resolute about the benefits of collaboration. Their perceptions of the value of collaboration with social workers were unanimously positive, and they all valued the level of expertise they brought to the educational perspective.

Collaboration with social workers can yield valuable insights and positive changes in classroom dynamics. Social workers provide strategies to help teachers manage the impact of ACEs or trauma and foster safe environments. Social workers suggest approaches teachers can use to create a calm and safe environment. Behavior specialists guide teachers on strategies to help children with traumatic backgrounds. Teachers use these insights to improve classroom dynamics and manage challenging behaviors. Participant 1 carols the insight and expertise of social worker collaboration, stating:

Social workers bring a different perspective. They can see things from a different angle and offer insights that we, as teachers, might not have. It's valuable to have their expertise. It's nice when social workers come into the classroom and provide useful suggestions that make a difference.

Participant 3 continues this dialogue by stating:

When social workers collaborate effectively, it makes a huge difference. They have the skills to assess situations and connect us with resources. This is critical for helping students with ACEs. I often have to collaborate with social workers because we have many students with different backgrounds and family structures. I had one that comes in regularly, and she's a great help because she tells me what steps we need to take to get help . . . The social worker was much more persistent and wanted to communicate with me. She asked me for my information. We spoke about some concerns and her goals. She was very much like I could get in contact with her when I needed her. This allowed me to communicate regularly with someone who understood the complexities of the child's situation.

Participant 10 summarizes this benefit's sentiments by stating, "Collaboration with social workers is invaluable. They have the knowledge and training to deal with specific issues. When we work together, we can create a more supportive environment for the children."

Theme 4: Teacher Navigate Adjustment and Adaptability

Theme four is teacher navigate adjustments and adaptability. This theme underscores the need for flexibility in teaching strategies and classroom management to accommodate the unique needs of children affected by trauma. Participants have discussed the need to adjust teaching

strategies based on classroom dynamics and individual student needs. Teachers shared that they often had to adjust their approaches to align with the feedback and suggestions from social workers. The role of adaptability in creating supportive environments for children with ACEs was a confirmed outcome of a byproduct of collaboration as perceived, experienced, and navigated by teachers in their pursuit of collaboration with social workers.

The quote by Participant 2 highlights the importance of collaboration with social workers in understanding the needs of children with ACEs and adapting teaching strategies accordingly.

Working with social workers helped me understand that children with ACEs might need a different approach. I had to be flexible and adapt my teaching styles to meet the needs, provide additional support or modify classroom activities, or allow extra eyes to observe what takes place in my class.

Participant 6 stated the importance of adaptability in creating supportive environments for children with ACEs. They said, “I found that adaptability was crucial. You need to be willing to adjust classroom management styles to accommodate children with unique needs.

Collaborating with social workers helped me understand how to create a more flexible and supportive classroom environment.” This participant emphasized the need to be willing to adjust classroom management styles based on each child's needs and the importance of collaboration with social workers in achieving this goal.

The participants agreed that flexibility and adaptability are key to creating supportive and effective learning environments for children with ACEs. Teachers need to be willing to adjust their teaching strategies based on classroom dynamics and individual student needs and collaborate with social workers to understand better how to support children with ACEs in the classroom.

Theme 5: Teacher Perceptions about Early Intervention

The last theme to emerge is early intervention. This theme suggests that early childhood teachers view collaboration with social workers as essential for early intervention, aiming for the prompt identification and support of preschoolers with Adverse Childhood Experiences (ACEs). Teachers assess that achieving this goal relies on effective interprofessional collaboration to ensure timely and appropriate responses to the needs of these children. Early intervention was a desired outcome that was emphasized across the data. Some participants emphasized that they felt the importance of addressing issues before they escalate, or teachers inadvertently present programming that triggers or re-traumatizes children, unaware of effective strategies, or if the behaviors they are attempting to manage are results of trauma and not typical childhood challenging behaviors.

Participant 1 stated, “Understanding what triggers a student is so important. We need to know ahead of time so that we can create an environment where these triggers are recognized and addressed without making the child relive their traumas, you know?” Participant 7 confirmed these sentiments, recognizing that early intervention and early detection can help them to differentiate between a need for behavior management or more therapeutic approaches garnered by mental health and social services. Participant 7 recounts a situation, stating:

I had a student who was acting out, and I tried everything I knew to do. I finally made a referral to a student study team and found out that the poor dude was watching his older brother be murdered right in front of him. I felt so bad when I found out and wondered why no one had shared this before and why was he not getting any counseling.

Teachers work to foster positive relationships to create a supportive environment. Collaboration with social workers aids in early identification of issues and timely intervention. Most participants agree that early identification and service delivery can support the student's well-being and future outcomes (Bilbrey et al., 2022; Bricker et al., 2022; Marsac et al., 2016)

Participants 3 and 4 support the ideals of early intervention and the importance of these services in early childhood settings. Participant 3 states:

I wish that we could get children's mental health services sooner and get involved much earlier. Because I've had it said, 'Oh no, you have to wait until the kid gets older.' But you need to get on the ground level. When you see that a child's behavior changes because they have been exposed to something horrible, get them services then. It can change as early as two years old.

Participant 4 confirms these claims, stating:

We talk about early intervention when it comes to education but neglects to take care of mental health services. We put in referrals, and by the time we get someone to come out, the kid is gone to the next program, and a new wave of students comes in with a new set of traumas in need of a new set of social workers and services. Then the cycle continues.

Participant 7 recalls an experience of collaborative experiences that highlights the triad of support needed to promote positive outcomes for students when early intervention is in place:

A social worker who knew their stuff would be priceless. We could meet, the three of us. I hear what the social workers and parents are saying. The parent hears what the teachers and social workers are saying, and the social worker hears from both areas where the child spends the greatest amount of their time. Home and school. The sooner we start these services, the better chances we give these little ones to thrive.

Other Key Findings

Upon reviewing the data, other key findings emerged. While not directly addressed in the initial codes, themes, or sub-themes, these findings were intricately woven into the interview dialogue and represent significant elements of participants' experiences. Although these findings may not have been prominent enough to warrant inclusion as a theme or sub-theme, they contribute to the overall scope of the results. They offer an additional layer of understanding regarding early childhood teachers' perspectives of collaboration with social workers when delivering trauma-informed practices in early childhood settings. These key findings included cultural competence, foster care or foster status, and teachers who have a history of childhood traumatic experiences or ACEs as children.

Teachers' Perception on the Need for Cultural Competence. Although not explicitly mentioned in every excerpt, the diversity of the teacher and student population hints at the need for culturally informed practices that respect and respond to varied cultural backgrounds and norms. Participant 5 stated, "Addressing cultural differences openly has helped resolve many misunderstandings and fostered a more inclusive classroom environment." Participants 2 and 3 admitted that they have been reluctant to contact social services or address behaviors for fear that they might be "reading" the situation incorrectly. Participant 3 recounts an encounter, stating:

Once, I thought I misread the behavior by this boy as problematic and thought it needed to be addressed. I took it to my director, and she almost bit my head off, saying that I read the situation wrong and that it was just the way "they are." From then on, I always second guess myself, like, is it a problem, or is it a part of their culture?

Foster Care Referral or Foster Care Status. Another key finding that emerged was foster care referral, or foster care status. When addressing the concept of teacher collaboration

with social workers, each participating teacher confided that it was about a child who was a client of social services or a child being referred to social services. Social workers were generally called upon to investigate a violation or to manage an open case regarding a child. This backdrop to collaboration implies that social workers' presence alone can be triggering, put the families at odds with the school, or even change the dynamics of engagement with the early childhood teacher. Participant 10 shared:

My role is to get the social worker what they need to do their job. I am a mandated reporter, and it is my job to report. That is it. The more efficient I am with my reports, the better services my students get.

Other participants have shared that their engagement with social workers has varied from helpful to performative when it comes to serving children in the system. This also becomes a concern when trying to secure services in early childhood settings because enrollment is not required, and some teachers fear that if they get social workers involved, they may not see the children again. Participant 4 laments:

One story that sticks out in my mind is I had this little girl who I tried to get services for. When I finally got someone to come out, the mother found out we called, and she pulled her from school. I never saw her again. I still wonder how she is doing.

Teachers with Childhood Traumatic History. Many participants shared personal stories of growing up in environments similar to those of the children they teach. They confide that it is one of the reasons they decided to teach when asked about their experiences. Of the 10 participants interviewed, four shared that if they reflected on their childhood, they would have an ACE score of 3 or more, and two additional participants admitted to being clients of Child Protective Services (CPS) sometime during their childhood. One other participant was a resource

parent for children in the foster care system. Exposure to ACEs or traumatic experiences causes these participating teachers to be more sensitive to the needs of the students in their programs or have different perspectives on the process. Participant 1 states that, “Foster children often come with unique emotional and educational needs, which require unique approaches and support.”

Participant 8, speaking from a deeply personal perspective, shared:

I personally know what it is like to have a social worker come to your class and pull you out in front of your friends. I have been there. I was in the system for six years. I have seen the good, bad, and ugly parts of the system. Looking back, I wish me and my siblings would have gotten the help we needed sooner.

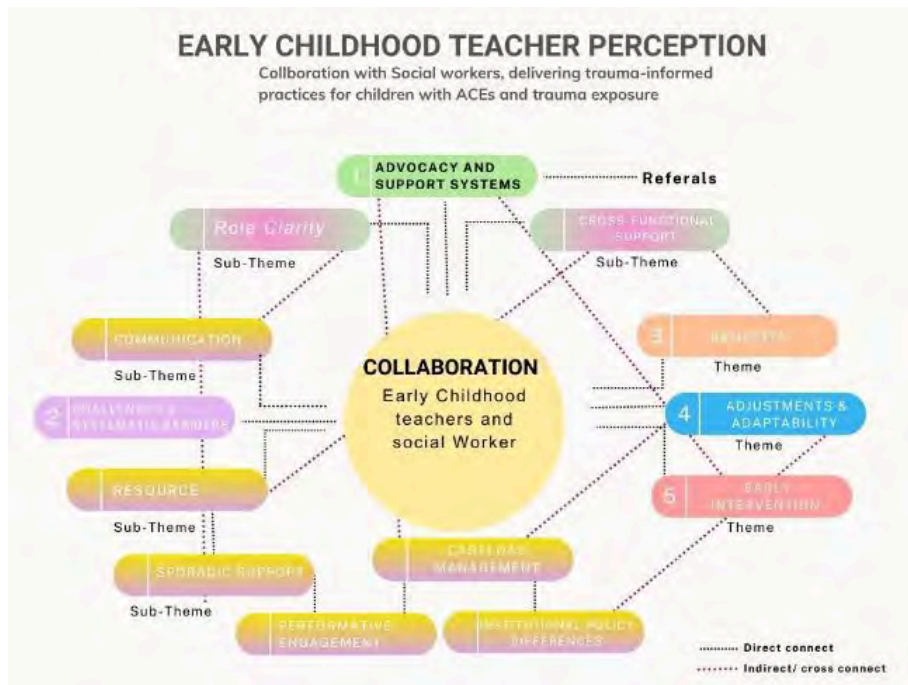
I am the kind of teacher I wanted for myself.

This poignant reflection underscores foster children's exceptional challenges and needs and the crucial role that teachers can play in their lives.

Figure 2 is a pictorial representation of connections between the themes and sub-themes around the concepts of early childhood teachers’ perceptions of collaborations with social workers delivering trauma-informed practice for children with ACEs in preschool settings. The dotted black lines represent direct connections between the themes and sub-themes, and the dotted red lines represent indirect connections or cross-connections.

Figure 1

Result Diagram



Summary

Chapter 4 presents a thematic analysis of a qualitative study that explores the collaboration between early childhood educators and social workers in implementing trauma-informed practices for preschoolers who have been affected by Adverse Childhood Experiences (ACEs) and traumatic experiences. Utilizing qualitative descriptive research, this chapter details the methodology, data collection, and analysis procedures supporting the findings' reliability and trustworthiness. This analysis provides a nuanced understanding of key findings, challenges, and relevance of interprofessional collaboration.

CHAPTER 5: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this qualitative study was to explore teachers' perspectives on collaborating with social workers in trauma-informed preschool settings for children with Adverse Childhood Experiences (ACEs). By examining the perspectives of early childhood educators, this study aimed to understand the dynamics and navigational experiences of interprofessional collaboration in implementing service delivery for this population of students. To achieve this, the study examined these collaborations' dynamics, challenges, and strategies through in-depth semi-structured interviews with ten early childhood teachers in Southern California.

The research revealed that while significant challenges exist, the potential benefits of interprofessional collaboration with social workers are immense. Educators highlighted the importance of clear communication, robust support systems, and early intervention to improve children's educational and emotional outcomes with ACEs. The participants, all early childhood teachers working in public preschool settings, provided valuable insights into their experiences, perceptions, and strategies for managing and implementing comprehensive ACEs interventions.

This study addresses the critical necessity of understanding how early childhood teachers perceive and navigate collaborative efforts with social workers in implementing trauma-informed practices for preschoolers with ACEs. Given the prevalence of ACEs among children, the research seeks to unravel the nature and significance of these collaborations to contribute to the development of comprehensive, trauma-informed educational programs.

Through thorough semi-structured interviews, this study includes insights from diverse participants, providing a layered understanding of interprofessional collaboration. The study aimed to illuminate the intricacies of interprofessional collaboration in early childhood education

and its impact on the well-being of both students and educators. By delving into these dynamics, the study offers insights into teachers' experiences, perceptions, and strategies for navigating interprofessional collaboration with social workers.

Significant Findings

The narratives shared by the participants offer a comprehensive view of early childhood teachers' experiences, perceptions, and navigation within the framework of supporting children with ACEs and collaborating with social workers. The testimonies shared by participants illustrate the roles of early intervention, the desire for early identification, and coordinated approaches that integrate education, mental health, and familial support. The participants' accounts demonstrate a dedication to collaboration and adaptability in creating supportive student environments. The findings support ongoing advocacy, concerted collaboration efforts, adaptability, and early intervention that will ultimately mitigate the influences of challenges and systematic barriers that impede collaboration between early childhood teachers and social workers to deliver trauma-informed early childhood practices. A detailed discussion on the summary and conclusions of the study's findings provided insights into the research question: **RQ:** How do early childhood teachers perceive and navigate interprofessional collaboration with social workers in implementing trauma-informed practices for preschoolers with ACEs?

Demographics

The study included ten early childhood teachers from Southern California with at least two years of experience in public preschool settings. The participants ranged in age from 23 to 54 years old. They represented a diverse mix of ethnicities, including Hispanic/Latinx (20%), Asian/Pacific Islander (10%), African American/Black (30%), White/Anglo (10%), multi-racial (20%), and other (10%). This demographic distribution may reflect the broader representation of

the teacher population that mirrors the student population of students enrolled in income-eligible programs, English language learner programs, or urban neighborhoods. Some teachers noted that the cultural diversity within their classrooms could influence reluctance to collaborate with social workers. One teacher expressed concerns about the potential of alienating families due to cultural differences between themselves and the families they serve.

Linguistically, most participants were monolingual English speakers (90%), with two individuals bilingual in Spanish (5%) and one bilingual in Arabic (5%). This indicates that language proficiency could affect how teachers handle interprofessional collaboration, especially when interacting with social workers and families from varied linguistic backgrounds. It was confirmed that 100% of the teachers identified as female, reflecting the 2022 demographic report of the Early Childcare Workforce study (Powell et al., 2021).

Experience Level and Age Distribution

According to the initial observation, the teachers who participated in the study represented diverse experiences. Specifically, 40% of teachers had 15 or more years of experience, 20% had 11–15 years, 20% had 6–10 years, and 20% had 2–5 years. This distribution shows that there was a significant number of seasoned professionals, as well as a balanced representation of mid-career and newer teachers. In terms of age, 50% of the participants were between the ages of 45-54, 30% were between the ages of 35-44, and 20% were between the ages of 25-34. These figures suggest that the study's participants were mostly experienced teachers, but there was also a notable inclusion of younger teachers, potentially reflecting different approaches to interprofessional collaboration. The preliminary findings suggest that the participants had diverse teaching experiences. 40% of teachers had 15 or more years of experience, 20% had 11–15 years, 20% had 6–10 years, and 20% had 2–5 years. This

distribution reveals a significant presence of seasoned professionals and a balanced representation of mid-career and newer teachers.

Regarding age, 50% of participants were aged 45-54, 30% were between 35-44, and 20% were between 25-34. These figures indicate a more experienced demographic, with a notable inclusion of younger teachers, potentially reflecting varying approaches to interprofessional collaboration.

Key Themes

The study's results provide valuable evidence that enhances the understanding of how teachers perceive collaboration with social workers in delivering trauma-informed early childhood practices. Organized around the key themes, the findings encapsulate early childhood educators' experiences, perceptions, and strategies as they navigate this phenomenon. The themes reflect the critical aspects of advocacy and referral, challenges and systematic barriers, benefits of collaboration, adjustments, and adaptability, and the importance of early intervention.

Teachers Navigate Advocacy and Referral

At the heart of this narrative lies the theme of advocacy and referral, wherein early childhood teachers emerge as staunch advocates for the well-being of their students (Bowen & Murshid, 2016; Esaki et al., 2013). Teachers stress the significance of clear communication in their advocacy roles. Effective communication with social workers and collaborative partners aligns with the child's needs and educational goals. Clear communication ensures that the right services and interventions are provided. Additionally, the sub-theme of role-clarity also aligns with clear communications and expectations of participants (Mason & Checkland, 2017). Participants emphasized their role in offering insights into the students' situations to social workers, ensuring accurate information informs interventions. This clear communication is

crucial for timely and effective support (Dorado et al., 2016; Gherardi et al., 2022). These findings are consistent with the teachers' perspectives on the importance of clarity in their advocacy efforts.

Experience plays a significant role in navigating these collaborations. More experienced teachers often become advocates for their students, resisting suggestions that do not align with classroom realities. They utilize their knowledge to navigate challenging situations and secure their students' necessary support and resources. By advocating for their students, teachers work tirelessly to provide the assistance needed to help children with ACEs thrive.

Cross-Functional Support. Cross-functional support teachers reported regularly collaborating with professionals other than social workers, such as master teachers called “Teacher 3,” therapists, and behavioral specialists to tailor support for student's needs, which was beneficial for trauma-informed assistance (Nidumolu et al., 2014; Sandar, 2022). This interdisciplinary approach was a notable enhancement, for providing comprehensive care. Research emphasizes the importance of interdisciplinary collaboration in trauma-informed care. This collaboration ensures a holistic approach to addressing the multifaceted needs of children affected by ACEs (SAMHSA, 2014; Jones et al., 2012). Integrating various professional insights and resources enhances the support provided to children, resonating with teachers' experiences of cross-functional support in their practice.

Teachers navigate their advocacy roles by actively engaging in clear and consistent communication with social workers and cross-functional support providers. They emphasize the importance of providing detailed and timely information to social workers to enable effective support and intervention. Teachers value interdisciplinary collaboration that involves various professionals in the pursuit of managing resources for students with ACEs to get what is needed

in the preschool setting. A coordinated support system involving different professionals enhances the effectiveness of trauma-informed practices, for which teachers feel they are orchestrated advocates.

Teacher Experience Challenges in Collaboration and Systematic Barriers

Challenges in collaboration and systemic barriers are marked by significant obstacles, which include communication breakdowns, resource constraints, and differing institutional policies. These barriers often hinder effective collaboration, leaving teachers feeling unprepared to manage trauma without additional support.

Communication Breakdown. Communication stood out as a major challenge experienced by teachers in their collaborative pursuits with social workers. Teachers highlighted the difficulty in establishing communication with social workers. They noted challenges such as social workers being hard to reach or not responding promptly, which complicates urgent situations or trust. The literature confirms that effective communication is critical in interprofessional collaboration but can be hindered by differences in communication styles and miscommunication, leading to conflicts (D'Amour et al., 2005; Goodwin et al., 2004). This aligns with the teachers' challenges in maintaining consistent communication with social workers.

Resource Constraints. The teacher expressed discontentment with the lack of resources, affecting the execution of social workers' suggestions and the overall support provided to students. The literature notes that these constraints, including time and funding, can significantly hinder collaboration (Williams, 2022). Teachers' experiences with inadequate resources to support trauma-informed practices echo this challenge.

Sporadic Support. Sporadic support was described as the unpredictability of support, making it difficult to consistently rely on their assistance. Inconsistent involvement and sporadic support from social workers create significant barriers to effective trauma-informed care (Melville, 2017).

Performative Engagement. Teachers noted that performative engagement was an unfortunate causality of resource constraints, as social workers made suggestions and seemed to check boxes. Teachers noted that some social workers appear to engage in a perfunctory manner, providing minimal engagement that fails to meet students' comprehensive needs. Service delivery was superficial and not deeply involved, undermining the effectiveness of trauma-informed practices (Berliner & Kolko, 2016). This could have been due to caseload management. Teachers sympathized with social workers' heavy caseloads, recognizing that it impacts the quality of support provided, reducing the quality of support and collaboration (Peck & Freeman, 2006).

Institutional Policy Differences. Institutional policy differences are articulated differences between educational institutions and social services that create confusion and hinder effective collaboration. The literature contends that differing organizational policies and cultures can create significant barriers to seamless collaboration (Atkins et al., 2010; Ling, 2002). These elements answer the research question of recognizing significant challenges, including communication breakdowns, resource constraints, and sporadic support, which hinder effective collaboration. Early childhood teachers perceive interprofessional collaboration with social workers as crucial but fraught with challenges that need strategic navigation. This comprehensive understanding helps in implementing trauma-informed practices effectively, ensuring that the needs of preschoolers with ACEs are met.

Teacher Experience Benefits of Collaboration with Social Workers

Despite the challenges expressed by the participants, educators acknowledged the perceived, experienced, and navigational benefits of collaboration. They recognized the critical value of working with social workers, noting that effective collaboration often leads to better support for children by aligning their educational and emotional needs more cohesively. In trauma-informed early childhood settings, collaboration among professionals reduced behavioral issues and enhanced student social and emotional competence (Bethell et al., 2017; Blodgett & Dorado, 2016). Collaboration with social workers provided valuable insights into the student's social and emotional familial circumstances, which informed targeted trauma-informed interventions (Gherardi et al., 2022; Isaksson & Larsson, 2017; Sedillo-Hamann, 2022). Teachers emphasized that the specialized training social workers receive to recognize and manage ACEs is often beyond the scope of the classroom teacher, making this collaboration an essential asset (Briggs-Gowan et al., 2019). Additionally, teachers noted that having an external perspective to support student goals was beneficial, and this collaboration also provided families with resources and needed support (Berliner & Kolko, 2016).

The research question was addressed through the perception and navigational strategies shared by the participants in this study. Early childhood teachers perceive interprofessional collaboration as highly beneficial. Teachers recognized that working with social workers and other professionals allows for interventions addressing the multifaceted needs of students affected by ACEs. Teachers shared that they work to maintain a collaborative environment that directly relates to a system of advocacy and proper use of the resources that are available to them.

Teacher Navigate Adjustment and Adaptability

Teachers share that they often must adjust and adapt their approaches to align with the feedback and suggestions from social workers. The role of adaptability in creating a supportive environment for students with ACEs supports a collaborative network of interprofessional and interagency committing to the goals and strategies to navigate the dynamics of interprofessional collaboration, often learning and modifying their instructional approaches (E. M. Anderson, 2013; Bricker et al., 2022). Collaboration with social workers provided valuable insights that necessitated adjustments in teaching methods and mindsets, where teachers had to be flexible and adapt their teaching styles to meet the needs of children with ACEs. Often, classroom activity management styles are modified to accommodate unique needs or schedules based on feedback from social workers (Blodgett & Dorado, 2016). Push-in or pull-out techniques may require teachers to change perspectives, share spaces and concepts, as well as adapt lesson plans or incorporate unfamiliar methods.

Participants' navigational strategies and experiences effectively address the research question. Teachers emphasized flexibility and a willingness to adjust their teaching methods and classroom management based on recommendations from social workers and other cross-functional partners. By integrating feedback from social workers, teachers modify their approaches to better support children with ACEs, enhancing the efficiency of the trauma-informed practice. Teachers noted flexibility in teaching strategies to accommodate the unique needs of children affected by ACEs and trauma and often adjusted their approaches based on classroom dynamics and student needs. The flexibility, informed by interprofessional collaboration, creates a supportive learning environment (Briggs–Gowan et al., 2019). Ultimately, the participants' perceptions and strategies demonstrate how these collaborations

moderate trauma-informed practices for preschoolers with ACEs. This adaptability, supported by positive resolve, emphasizes the role of interprofessional collaboration between early childhood teachers and social workers in early childhood trauma-informed settings.

Teacher Perceptions about Early Intervention

Teachers emphasized how addressing issues early before they escalate provides children support that helps them develop skills to manage mental health and social well-being (Bethell et al., 2017; Marsac et al., 2016). They noted that early intervention can prevent the development of more severe behavioral and emotional problems in children with ACEs and give teachers the needed tools to facilitate environments that do not re-trigger or exasperate already sensitive response systems (Benedek & Ursano, 2009; Kerker et al., 2016; Martin et al., 2021; Wenner Moyer, 2022). The necessity of early intervention was a recurring theme, highlighting the importance of timely support to mitigate the long-term impacts of ACEs on children's development (Bilbrey et al., 2022; Dorado et al., 2016). This collaborative effort is essential for early intervention and prevention, allowing for timely support and potential prevention of further trauma-related challenges. It provides timely support and reduces the potential for further trauma-related challenges (Bilbrey et al., 2022). Research emphasizes the need for early childhood educators and social workers to collaborate in providing comprehensive support and interventions when signs of trauma-related issues emerge (Bilbrey et al., 2022; Dorado et al., 2016).

The research question has been addressed by acknowledging that teachers view early intervention as vital, providing timely support to children with ACEs. This proactive approach is seen as key to mitigating the adverse effects of trauma. Teachers navigate their roles as early interventionalists by coordinating services and mediating interventions that respond to early

signs of trauma-related issues. Effective early intervention, facilitated by teacher-social worker collaboration, ensures that trauma-informed practices are implemented at the earliest stages of a child's development. This approach helps address the root causes of behavioral and emotional challenges, providing children with the support they need to thrive (Dorado et al., 2016; Friend & Cook, 1992). Early intervention is considered a preventative measure that enhances the effectiveness of trauma-informed practices.

Early childhood teachers view interprofessional collaboration with social workers as crucial for the timely and effective implementation of trauma-informed practices. This perception is supported by the participant's navigational strategies and the positive outcomes of early intervention, highlighting how these collaborations improve the support provided to preschoolers with ACEs. However, the results indicated that while early intervention is highly desired, collaboration between teachers and social workers often occurs if the child is in the foster care system or is a referred client of child protective services. Consequently, by the time services are rendered, if they are rendered, they could be more timely and become the responsibility of the responsibility of the next teacher, rather than an immediate concern for early intervention, and the cycle for advocacy begins all over again.

This understanding of the challenges and benefits of early intervention and collaboration underscores the importance of timely and coordinated support for children with ACEs, ultimately enhancing the implementation of trauma-informed practices in early childhood education.

Conclusions

The study's results presented many challenges to interprofessional collaboration between early childhood educators and social workers. However, it also holds significant promise for enhancing trauma-informed practices. The findings reveal teacher perspectives and navigational

experiences, highlighting the critical need for clearer communication, better resource allocations, and standardized training to support these collaborative efforts due to teachers feeling unprepared to manage ACEs alone. Despite encountering significant obstacles, including communication breakdowns, resource constraints, and differing institutional policies, educators recognized the substantial benefits and value of interprofessional collaboration with social workers in early childhood-informed practice in preschool settings.

This collaboration leads to better support for children, aligns their educational and emotional needs more cohesively, and enhances early intervention efforts of practitioners entrusted to their care and consultation. Teachers value the specialized expertise of social workers and the external perspectives they provide, which are instrumental in addressing the multifaceted needs of children with ACEs. The dedication to advocacy, adaptivity, and early intervention among educators underscores the potential of interprofessional collaboration to create supportive environments that foster children's well-being and development in preschool settings.

The study's conclusion emphasizes that while significant barriers exist, the collaborative efforts between early child teachers and social workers can lead to profound improvements in trauma-informed educational practices in early childhood settings. Clear communication channels, adequate resource allocation, and comprehensive training are essential to overcoming these challenges and maximizing the benefits of such collaborations. Ultimately, this research highlights the value and desirability of interprofessional collaboration in providing holistic support to children with ACEs, advocating for ongoing efforts to improve these collaborative frameworks to serve preschool children's educational and emotional needs.

Implications for Action

Organizational Implications

The Sanctuary Model, developed by Sandra Bloom, Joseph Foderaro, and Ruth Ann Ryan in 1980, is a trauma-informed organizational intervention designed to facilitate systemic change within organizations (Bloom & Sreedhar, 2008). This collegial approach educates staff on trauma's impact, promotes a shift to view behaviors as trauma responses, and provides tools for behavioral transformation, thereby enhancing service delivery and outcomes (Esaki et al., 2013). The model is an organizational change framework that integrates various theories to address the complex needs of trauma-affected individuals and foster a supportive, trauma-informed culture. The Sanctuary Model emphasizes the importance of creating trauma-informed, supportive environments for individuals affected by ACEs or traumatic experiences. The framework integrates systems theory and valuation theory to facilitate organizational change and enhance interprofessional collaboration.

Systems theory, introduced by Bertalanffy in 1974 and incorporated into the Sanctuary Framework, emphasizes the interconnectedness and interdependence of components within a system, promoting a holistic and interconnected approach to support (Bertalanffy, 1974; Bloom, 1980). This approach is crucial for effective trauma-informed practices. The analysis illustrates how this theory can facilitate interprofessional collaboration between early childhood educators and social workers, creating a cohesive support network. This collaborative approach avoids siloed service delivery and enhances care for trauma-affected children (Connors Edge et al., 2022; Daiban & Efthymiou, 2023; Sandar, 2022). The implications of systems theory align with several emerging themes, including advocacy and support systems, challenges in collaboration and systemic barriers, benefits of collaboration, adjustments and adaptability, and early

intervention. These themes highlight the importance of interconnected and integrated efforts within the educational system, reflecting the core principles of systems theory and demonstrating that a holistic and coordinated approach is essential for effectively supporting children with ACEs.

Valuation theory, developed by Hermans and Hermans-Jansen in 1995, merges psychotherapeutic techniques with clinical research methods to understand organizational culture and change, another important tenet of the Sanctuary Framework. Valuation theory empowers practitioners to take ownership of their commitment to driving organizational change. This approach necessitates a collegial relationship grounded in a deep understanding of trauma-informed practices and acquiring the necessary skills to ensure professional effectiveness (Nicholson et al., 2019; Thomas et al., 2019; Vericat Rocha & Ruitenbergh, 2019). The findings from Chapter 4 reflect the principles of valuation theory by emphasizing the importance of educators' and social workers' understanding of their roles and personal contributions to organizational change. The practical implications of this study assist the collaborative team in understanding organizational change by examining personal meanings and fostering commitment to trauma-informed practices. The analysis highlights the importance of reflective practice and continuous professional development, which align with valuation theory's emphasis on personal and professional growth within trauma-informed settings (Hermans & Hermans-Jansen, 1995).

The Sanctuary Framework's focus on safety, emotional management, and future planning aligns with the analysis' findings on the need for comprehensive, empathetic support systems in educational settings. By fostering a trauma-informed culture based on safety, trust, collaboration, and empowerment and advocating for continuous education and reflective practice, the framework supports individuals and organizations in effectively addressing and overcoming

trauma (Bloom, 2013). Through reflective practice and continuous professional development, practitioners can develop a deeper understanding of trauma-informed practices, fostering a supportive and effective educational environment. This alignment helps educators and social workers feel more committed and connected to their work, driving positive organizational change and enhancing the support provided to trauma-affected children.

Practical Implications

The findings suggest that educational institutions should invest in training programs that equip teachers and social workers with the skills needed for effective collaboration. Policies should be developed to facilitate better communication and resource sharing between professionals. This approach supports the integration of trauma-informed practices into educational settings, ensuring that children with ACEs receive comprehensive and coordinated care. The analysis highlights the importance of reflective practice and continuous professional development, which align with valuation theory's emphasis on personal and professional growth within trauma-informed settings (Hermans & Hermans-Jansen, 1995).

Future Implications

Future implications herald a need for ongoing efforts to implement trauma-informed practices in early childhood settings. These practices involve teachers and social workers collaborating to create environments for children who have experienced ACEs, which is essential for helping children academically and emotionally (Esaki et al., 2013). Looking ahead, the study on interprofessional collaboration between early childhood teachers and social workers emphasizes that preschool teachers should continue to be early interventionists and advocates for

collaborative opportunities. This includes engaging in professional development to effectively use trauma-informed strategies (Hermans & Hermans-Jansen, 1995).

The study further underscores the importance of continuous professional development and reflective practice. Educators should consistently improve their skills and understanding to effectively integrate trauma-informed strategies into their work (Fukkink, 2019). By fostering a culture of safety, trust, collaboration, and empowerment, schools can better support children who have faced traumatic experiences, helping them build resilience and succeed (Bloom, 2013). Moreover, Gherardi et al. (2022) highlight that effective interprofessional collaboration can mitigate the adverse effects of trauma on children by creating a support network that addresses their educational and emotional needs. Their work indicates that such collaborative efforts are crucial in providing holistic care and ensuring the well-being of children with ACEs.

The organizational, practical, and future implications of this research point towards systemic changes in educational and social service systems to promote continuous professional development, reflective practice, and comprehensive support systems. These changes benefit children and enhance the professional growth of educators and social workers, leading to more effective and sustainable trauma-informed care. Integrating trauma-informed principles into everyday practice is essential for addressing the complex needs of children with ACEs, ensuring they receive the holistic support necessary for their development and well-being (Esaki et al., 2013; Fukkink, 2019; Gherardi et al., 2022).

Recommendations

Based on the findings and implications of this study, it is evident that addressing the systemic barriers to interprofessional collaboration between early childhood teachers and social workers can significantly improve the implementation of trauma-informed practices. The study

emphasized the critical need for clearer communication, better resource allocation, and specialized training to support collaborative efforts. Considering these findings, the following recommendations focus on cross-disciplinary training, the impact of socioeconomic factors, policy implementation, and dedicated collaboration time. These recommendations are intended to bridge the gaps identified in the research and foster a cohesive support network that prioritizes the well-being and development of children with ACEs. These areas can promote a more integrated and responsive approach to early childhood education and social work collaboration, ultimately enhancing the support provided to educators and students and systematically enhancing service providers' infrastructure.

Recommendations for Practice

Based on the findings of my study and recommendations for future research, I have drafted two recommendations for future practice aimed at enhancing interprofessional collaboration between early childhood teachers and social workers in implementing trauma-informed practices. These recommendations are designed to address future needs, build upon the results of my research, and fill the gaps identified in the literature. They are as follows: Policy implementation and effectiveness and dedicated collaboration time.

Policy Implementation and Effectiveness

Evaluating the implementation and effectiveness of specific policies designed to support interprofessional collaboration in trauma-informed care is essential (Atallah et al., 2023). Current trauma-informed practice policies, such as those outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2021), emphasize creating environments that recognize and respond to the impact of traumatic stress (Bowen & Murshid, 2016; Manian, 2021; Navarro, 2022). These policies advocate for training educators and social workers to identify and

address trauma, promoting safety, trustworthiness, peer support, collaboration, empowerment, and cultural competence (Purtle, 2020; Pusakulich, 2020; Substance Abuse and Mental Health, 2021).

Research has highlighted the challenges posed by differing institutional policies and resource limitations (Atwool, 2006; Bethell et al., 2017). For instance, consistency in policy implementation across institutions can hinder the effectiveness of trauma-informed practices. Participants in my study noted that such differences significantly impacted their collaboration experiences, indicating a need for standardized approaches.

Identifying best practices and potential gaps in existing policies is necessary to enhance trauma-responsive education (Chafouleas et al., 2015; Harris & Fallot, 2001; Hodas, 2006). Best practices include comprehensive training programs, consistent communication protocols, and integrated support systems. Effective trauma-informed education helps by improving student-teacher relationships, reducing behavioral issues, and enhancing students' social and emotional competence (Dorado et al., 2016; Blodgett & Dorado, 2016).

Collaboration can be improved by assessing policy effectiveness and implementing supportive frameworks. These frameworks should promote consistent training, resource allocation, and policy alignment across institutions, leading to more effective trauma-informed practices. By addressing these gaps, educators and social workers can better support children with ACEs, ultimately fostering a more supportive and responsive educational environment (SAMHSA, 2014; Jones et al., 2012).

Dedicated Collaboration Time

According to my study, setting aside specific time for collaboration is crucial to improving the effectiveness of interprofessional collaboration between early childhood teachers

and social workers when implementing trauma-informed practices. My research shows that communication breakdowns and inconsistent involvement were major impediments to effective collaboration. Participants frequently mentioned these issues, emphasizing the necessity for clear communication protocols and dedicated collaboration time. The literature shows the importance of creating an organizational shift that promotes dedicated camaraderie (Almendingen et al., 2021; D'Amour & Oandasan, 2005; Fukkink, 2019).

To effectively address these challenges, practice recommendations should include regular meetings, clear documentation processes, and digital platforms for seamless information sharing and comprehensive care (Gardner, 2014; Zuckerman et al., 2004). This will ensure that all parties are consistently informed and can respond promptly to the needs of children with ACEs.

Regular, structured meetings facilitate timely updates (Bryson et al., 2017) and coordinated strategies, crucial for effective trauma-informed care (Nidumolu et al., 2014; Reeves et al., 2018).

Instructional time is a commodity. Educators and social workers should have specific schedules allotted to manage case reviews, plan interventions, and discuss strategies without encroaching on regular classroom responsibilities. This dedicated time allows for comprehensive planning and reflection, significantly improving trauma-informed practices (Atkins et al., 2010; Hall, 2005; Isaksson & Larsson, 2017; Williams, 2022). Participants noted that having scheduled time to meet without classroom distractions would allow for more effective strategy development and ensure everyone is on the same page to address issues promptly. Implementing these recommendations will create a supportive framework, promoting effective collaboration and improving trauma-informed practices to meet the needs of children more cohesively with ACEs

(Bilbrey et al., 2022; Bonnett et al., 2023; Bricker et al., 2022; Douglass et al., 2021; Fukkink, 2019).

These recommendations are intended to expand on the insights gained from my study. The recommendations offer practical strategies to improve support for children with ACEs. Focusing on policy implementation and creating dedicated collaboration time can promote more effective interprofessional collaboration between early childhood teachers and social workers. This will ultimately lead to better implementation of trauma-informed practices.

Recommendations for Future Research

Based on the findings of my study, several key areas warrant further investigation to enhance the understanding and effectiveness of interprofessional collaboration between early childhood teachers and social workers in implementing trauma-informed practices in preschool settings. These recommendations build on the gaps in the literature that my research has begun to address and can expand upon the foundational insights I have presented. I have included two recommendations for future research. They are as follows: Cross-disciplinary training and education and the impact of socioeconomic factors.

Cross-Disciplinary Training and Education

The potential benefits of cross-disciplinary education programs that train educators and social workers together are significant. My study highlighted the need for clear communication and mutual understanding in successful collaboration (D'Amour & Oandasan, 2005; Hall, 2005). Joint training sessions and shared learning experiences can improve this collaboration by fostering mutual respect and comprehension between professionals from different disciplines (Cannon et al., 2020; Gherardi et al., 2022; Manian, 2021). Future research should explore how socioeconomic factors influence the effectiveness of interprofessional collaboration.

Practitioners such as early childhood teachers, administrators, mental health professionals, and social workers should investigate whether schools in different socioeconomic contexts face unique challenges and opportunities in implementing collaborative trauma-informed practices. This examination will provide valuable insights into promoting strategies for specific socioeconomic environments in preschool settings (Douglass et al., 202; Nicholas et al., 2019; Pantry, 2020). This recommendation can expand upon my findings by providing empirical confirmation of the benefits and challenges of integrated training programs.

Exploration of Technology Integration in Collaborative Practices

Future research should investigate the role of technology in enhancing interprofessional collaboration between early childhood teachers and social workers. Practitioners such as early childhood teachers, administrators, mental health professionals, and social workers should explore how digital platforms and tools can facilitate communication, resource sharing, and coordinated intervention strategies in trauma-informed preschool settings. Given the increasing reliance on technology, it is crucial to understand its impact on collaboration efficiency and effectiveness, particularly in managing cases involving children with Adverse Childhood Experiences (ACEs). This examination provides valuable insights into promoting strategies for specific technological environments in preschool settings.

Investigating how technology influences the effectiveness of interprofessional collaboration is crucial. My research indicated that resource constraints and differing institutional policies pose significant challenges. Schools in various technological contexts may face unique obstacles in implementing trauma-informed practices. Future research should focus on whether schools with limited access to technology encounter barriers and how these factors affect the implementation of trauma-informed practices. Researchers have acknowledged the disparities in

service delivery in urban communities (Giano et al., 2020). Research by A. Board (2022) cautions that current ACEs indicators do not address the adversities of children of color realities and those in income-eligible environments (Board, 2022). Understanding how varying technological contexts impact the roles and interactions of educators and social workers will provide valuable insights into tailored approaches for different settings (Atkins et al., 2010; Chafouleas et al., 2015; Poulain, 2018), building on the contextual challenges identified in my study. These recommendations can prompt future researchers to build on the insights from my study, offering strategies to improve support for children with ACEs and fostering more effective interprofessional collaboration through technology between early childhood teachers and social workers.

Concluding Remarks and Reflections

Reflecting on this dissertation process is one of sweet resolve and a pang of wonder for what comes next. The anticipation I felt about the potential collaboration between teachers and social workers was immense. Throughout the research process, I hoped that the interviews with social workers would confirm the existence of a promising frontier introduced by the pandemic where both professions would eagerly join forces to address the traumas of preschool children affected by ACEs (Gherardi et al., 2022; McKee, 2018; Sedillo-Hamann, 2022). Although the desire for collaboration is strong, the reality presented by the research indicates significant challenges (Gherardi et al., 2022). What remains evident in education is that the desire for interprofessional collaboration is often hindered by several impediments, including the availability of resources, mismatched policies, differing terminologies, conflicting priorities, and limited availability of time (Atkins et al., 2010; Isaksson & Larsson, 2017; Manian, 2021).

The collaboration between teachers and social workers in schools continues to carry a significant stigma (McKee, 2018). Social workers are often viewed solely as foster care workers or Department of Social Services reporters, and families rarely see the broader spectrum of resources and support that can arise from these collaborations (McKee, 2018; Sedillo-Hamann, 2022). Through this process, I learned that while collaboration is powerful, progress is impossible without it. Advocacy has emerged as a teacher's greatest tool, with teacher 3 and other cross-functional support providers, standing out as unsung heroes in the educational landscape in the battle for trauma-informed practices in early childhood settings. Early intervention remains the goal of preschool teachers, and the advocacy for early ACE intervention is a campaign (Act, ESSA Public Law, 114-95, 2015).

During my time at California Baptist University, I am reminded of my faith and biblical connection to the foundations of this journey. Reflecting on the Biblical ethos of partnership and mutual support, this topic of interprofessional collaboration is exemplified in the verse, "Two are better than one because they have a good return for their labor" (Holy Bible, New Living Translation, 1996/2015, Ecclesiastes 4:9). This scripture embodies the spirit of interprofessional collaboration, where combined efforts lead to more significant outcomes than individual endeavors. Through this lens, we are reminded that collective wisdom, effort, and compassion can propel us toward a future where every child's potential is unlocked in environments that are not just trauma-informed but also trauma-responsive and, ultimately, trauma-transcending. Reflectively, this dissertation's impact has revitalized my passion and instilled a newfound purpose for advocacy, cross-disciplinary training, and education in trauma-informed practices in early childhood settings. There is still so much more to explore and accomplish. If ten teachers in Southern California can share their perceptions and experiences, it sparks the possibility of

expanding this concept further, potentially influencing broader educational policies and practices. This journey has highlighted the critical need for early intervention and consistent support systems, advocating for better resources and training to enhance the collaborative efforts between teachers and social workers.

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APPENDICES

Appendix A

Interview Cover Letter

Dear Perspective Participant,

I am Angela Calloway-Thornton, a doctoral candidate at California Baptist University, embarking on a journey to explore the perspectives of early childhood educators regarding interprofessional collaboration with social workers in support of preschool-age students with Adverse Childhood Experiences (ACEs) through trauma-informed practices. This qualitative study aims to delve into your lived experiences and the collective wisdom of educators in the field. Your insights as an educator are invaluable to this study.

Participation will involve capturing your unique experiences, perceptions, and how you navigate interprofessional collaborative engagements, with the initial interview lasting no more than 30 minutes. We have thoughtfully considered the time commitment for these activities to accommodate your professional responsibilities. The goal is to enhance trauma-informed practices, and enrich the dialogue in early childhood settings. Please know that your contribution is entirely voluntary, and you can withdraw without any obligation. The confidentiality of your insights and experiences will be treated with the utmost care. All data collected during this study will be anonymized and used exclusively for educational and scholarly purposes.

While there's no financial compensation, or foreseeable risks associated with your participation in this research, I assure you that participants will be provided safeguards and mental health support resources, as your experiences will provide valuable insights. Your well-being is of utmost importance.

Informed consent will be provided, ensuring you are fully aware of the study's nature and your rights as a participant. If you have questions or seek further details, please do not hesitate to contact me. By proceeding with the initial interview, you express your consent to participate, and you may retain this letter for your records. Upon receipt of the consent form, you will be contacted to schedule a time for the interview and/or other interview activities. Thank you in advance for considering participation in this study, and I look forward to meeting you soon.

Appendix B

Infographic Interview Cover Letter

TEACHER'S Perspectives MATTER

Exciting Opportunity for Early Childhood Educators!

I am a doctoral candidate at California Baptist University and I am embarking on an exciting research journey! My project delves into the collaborative dynamics between early childhood educators and social workers in implementing trauma-informed practices and supporting children who have encountered Adverse Childhood Experiences (ACEs) or other traumatic experiences. I am actively seeking participants for this insightful research, and your involvement could make a significant impact!

Why You Should Join Us:

- Your Voice Matters: Share your unique stories and experiences.
- Make an Impact: Your insights could shape the future of trauma-informed practices in early childhood settings.
- Be a Part of Something Bigger: Help us understand the challenges and solutions of working within this critical area.

What is in it for You?

- Incentive: There is a \$1,000 cash reward, plus optional focus groups and mentoring.
- Certificate of Change: Your participation will directly influence a new edition of practice environments and supports.
- Confirmed and Successful: Your project is valued. Your input will be shared for educational purposes.

📅 Flexible Scheduling: I know you are busy, so we will work around your schedule.

📍 Show up for Us: This is not just research, it is a movement to improve early childhood education. There is no financial compensation. However, the experience is priceless!

Interested?

- Let us chat more deeply to the details, and let us schedule a convenient time for you. Your courage, knowledge, and passion are exactly what we need.
- Join us on this journey to enlighten, empower, and enhance the world of early childhood education. Your contribution can light the path forward!

Angela Calloway - Thornton
AngelaSharon.CallowayThornton@calbaptist.edu

Appendix C

Participant Eligibility Questionnaire

**Please answer the following questions to determine your eligibility to participate in our research on interprofessional collaborative practices in early childhood education.

The virtual form can be located at the link:

<https://forms.office.com/r/Zv8cy0Va23?origin=lprLink>

1. Are you a teacher employed in an early childhood preschool program in Southern California?

- Yes
- No

2. How many years of experience do you have in your current position?

- Less than 2 years
- 2-5 years
- 6 -10 years
- 11-15 years
- More than 15 years

3. What age category best describes you?

- 20-25 years
- 25-34 years
- 35- 44 years
- 45-54 years
- 55 years and older

4. Which of the following best describes your racial or ethnic background? (Please select all that apply)

- African American / Black
- Hispanic or Latinx
- Asian / Pacific Islander
- Indigenous / Native American
- White /Anglo
- Decline to Identify
- Other (please specify) _____

5. Which gender identity do you most closely identify?

- Man
- Woman
- Non-binary/genderqueer
- Transgender
- Prefer not to say) _____

6. What is your primary language or linguistic orientation?

- English
- Spanish/Latin

- French
- Mandarin
- Other (please specify) _____

7. Do you have direct experience in interprofessional collaboration with social workers, in the context of trauma-informed practices or ACEs-related services for preschool-age students?

- Yes
- No

9. Are you willing to participate in a 30 minute interviews as part of this research project? –

*Please note, all reports are anonymous – and Zoom reports are encrypted transcriptions.

- Yes
- No

10. Preferred Contact platform

- Virtually only
- Traditionally. In-person
- Hybrid Virtual and (in person)
- Best time of day to reach you _____

11. Please provide your contact information (email address and phone number) if you are interested in participating.

Email Address: _____

Phone Number / WhatsApp contact: _____

Appendix D

Informed Consent Form for Participation in Research Study

<https://form.jotform.com/233301002359038> - digital consent form

Dear Participant,

Thank you for considering participation in our study. Your insight into this phenomenon is invaluable to the continued dialogue on Interprofessional collaboration in Early Childhood Trauma Informed Practices.

Title of Study: A Qualitative Study of Teachers' Perspectives on Collaborating with Social Workers for Trauma-Informed Early Childhood Practices.

Researcher: Angela Calloway-Thornton

Faculty Sponsor: Cammy Purper, Ph.D.

Purpose of the Study The purpose of this study is to explore teachers' perspectives on collaborating with social workers in the implementation of trauma-informed practices in early childhood education settings, for children with Adverse Childhood Experiences (ACEs).

Procedures and Duration Your participation will involve a 30-minute interview, with the total expected time commitment not exceeding 45 minutes for all study-related activities.

Risks - There are no anticipated risks from your participation in this study. However, should any risks associated with this research arise, resources will be available to ensure the confidentiality and the mental health of all participants.

Benefits - While there is no direct personal benefit, your input is vital for the continued dialogue on Trauma Informed Practices, contributing to this significant body of research.

Confidentiality - Your information will remain confidential and used solely for educational and publication purposes. Data and identifiers will be encrypted, and Records will be securely kept for three years post-study before destruction.

Compensation - There is no financial compensation for participating in this study.

Right to Withdraw - Participation is voluntary, with the option to withdraw without penalty.

Contact Information - Should you have any questions or concerns, please contact:

- Researcher: Angela Calloway-Thornton

- Phone: 909-499-5847
- Email: AngelaSharon.CallowayThornton@calbaptist.edu
- Faculty Sponsor: Cammy Purper, Ph.D.
 - 951-343-3935
 - Email: cpurper@calbaptist.edu
- Institutional Review Board (IRB): **Erin I. Smith, Ph.D.**
 - Phone: 951-552-8626
 - irb@calbaptist.edu
 - California Baptist University 8432 Magnolia Ave, Riverside, CA 92504

Statement of Consent:

I have reviewed the information provided and confirm that I understand its contents. Any questions I had have been satisfactorily addressed. With my signature on this consent form, I willingly agree to participate in this research study.

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

Audio Recording Consent:

Please indicate your agreement for audio recording during the study:

Yes, I consent to being audio-recorded.

No, I do not consent to being audio-recorded.

Please print your name: _____

Please sign here: _____

Date (MM/DD/YYYY): _____

I value and appreciate your unique perspective and commitment to improving educational outcomes. Thank you for your participation. The attached link will direct you to my calendar to

select the best date and time to schedule your participatory interview. I look forward to your insight. <https://calendly.com/d/3hn-gp4-3fn/one-off-meeting>

Appendix E

Interview Questions

Teacher Experiences:

1. Can you tell me about a memorable collaboration with a social worker to support a preschooler with ACEs? What challenges did you face, and how did you handle them?
2. Share a rewarding moment from your work with social workers on trauma-informed practices for preschoolers. What made it stand out to you?
3. Have your experiences collaborating with social workers in trauma-informed care for preschoolers led to any valuable insights or changes in your approach? Can you share an example?

Teacher Perceptions:

1. How do you see the role of collaboration with social workers in providing trauma-informed care for preschoolers with ACEs? What do you think makes this collaboration effective or challenging?
2. How do you perceive your role and abilities within the collaboration team when addressing preschoolers' needs with ACEs? What responsibilities do you see for yourself?
3. What are your thoughts on the social worker(s) you work with? How do you view their expertise and contributions to trauma-informed care for preschoolers? Can you provide specific examples?

Teacher Navigations:

1. Tell me about your strategies for effective communication and collaboration with social workers when working with preschoolers with ACEs.
2. Have you faced any obstacles in your collaboration with social workers? How did you overcome them?
3. How do you ensure alignment between your teaching strategies and the goals of social workers when supporting preschoolers with ACEs?

Appendix F

Interview Protocol for Qualitative Study on Interprofessional Collaboration in Trauma-Informed Practices in Early Childhood Settings

Researcher: Angela Calloway-Thornton

Faculty Sponsor: Cammy Purper, Ph.D.

Date: November 15, 2023

Introduction

This interview protocol encompasses the entire process of participant recruitment and data collection. It will be applied consistently to each participant to ensure the highest level of data integrity throughout the study. This comprehensive approach includes detailed guidelines for my role as the researcher, the initial outreach to potential participants, and the execution of semi-structured interviews.

Role of the Researcher:

- **Data Collection Integrity:** As the researcher, I am committed to maintaining data integrity. I will conduct all interviews following this standardized protocol to ensure consistency and avoid bias.
- **Relationship with Participants:** I have no personal or professional connections with the study's participants. They will be recruited from various social and professional networks, including LinkedIn, a restricted Facebook group, and through referrals from other professionals. The participant sample will be strategically identified using purposive and snowball sampling methods to ensure effective outreach and selection.
- **Neutral Data Collection and Reflexivity:** During interviews, I will employ journaling to actively set aside any preconceived biases or prior knowledge related to the study. This will be complemented by practicing reflexivity, which involves heightened self-awareness, critical reflection, and seeking peer input to ensure an unbiased approach.
 - **Initial Contact**
- **Invitation to Participate:** I will post the invitation (as outlined in Appendix A) on LinkedIn and a closed Facebook group, directing interested individuals to Google/Microsoft Forms to complete a Participant Eligibility questionnaire (as outlined in Appendix B).
- **Informed Consent:** Interested individuals will receive an email containing the informed consent form. They will provide electronic consent by replying with "I consent." (as outlined in Appendix D).

- **Scheduling Interviews:** Upon receiving consent, participants will be assigned a unique code for anonymity. A follow-up email will be sent to schedule the semi-structured interview, offering time slots within 7 - 14 days.
 - **Semi-Structured Interviews**
- **Setting Up Interviews:** Interviews will be scheduled via *Calendly Appointment Scheduler* at a mutually agreed-upon date and time.
- **Interview Process:**
- **Introduction and Rapport Building:** I will establish rapport with the participant by introducing myself. I will confirm their informed consent and review the Participant Eligibility questionnaire responses.
 - **Recording Consent:** Participants will be requested to consent to audio and video recordings, although participation is allowed without these recordings. I will take detailed notes as an alternative.
- **Conducting the Interview:**
 - **Open-Ended Questions and Probing:** I will ask open-ended questions, probing for more detail when needed, and journal my observations during the interview.
 - **Time Management:** I will inform the participant of the interview's scheduled duration, provide a 5-minute warning before the end, and discuss the need for extended time or a follow-up interview if required.
- **Closing the Interview:**
 - **Member Checking Process:** I will invite participants to engage in member checking for data accuracy. I will interpret the interview data, synthesizing responses in a document sent to participants for their review and feedback.
 - **Referrals:** I will thank participants for their time and contribution and ask for referrals to potential new participants.
- **Ending the Interview:** Once the interview is complete, I will confirm that the call, along with any audio and video recordings, are properly terminated. Additionally, I will seek the participant's permission for potential future contact should there be any clarifying questions or a need to follow up to ensure that the interview process has not resulted in any unforeseen harmful effects.

Appendix G

Initial Codes/Codes and Themes

alignment'-lessons/environment	pull out negative
Child got what they needed	pull out Positive
collaboration interaction	push in negative
collaborative interactions (RQ1)	push in positive (1)
Communication	resources and support systems necessary / Did not get what was needed (RQ1)
concerns with working with social workers	rewards of collaboration (RQ1)
Did not get support needed	routine
Different strategies	Social worker overwhelmed / Heavy Caseload
Family support/involvement/Resources	Social workers came when needed / Got the support Needed(3)
felt unprepared to manage trauma/collaboration.	social workers roles
foster child / CPS Case	Teacher Experiences with collaborations (RQ1)
Need for earlier intervention	Teacher Navigation '- What do you do
new teacher (3)/Young Teacher	Teacher roles in collaborations (RQ1)
Not knowing the job of the social worker	Teachers perception of social workers

Other collaborators	The value of social workers in collaboration (RQ1)
Other considerations	timing
Perceived Challenges (RQ1)	Training
Family support/involvement/Resources	What are the roles of the teachers in collaboration (RQ1)
felt unprepared to manage trauma/collaboration.	what do social workers do for teachers (RQ1)
foster child / CPS Case	What do you think you need from social worker?
Need for earlier intervention	Wish for Better Process
new teacher (3)/Young Teacher	Teacher Experience
Not knowing the job of the social worker	Teacher Perception
Other collaborators	Teacher Navigation

Appendix H

IRB Approval

CC: Institutional Review Board

RE: IRB Review
IRB No.: 094-2324-EXP

Project: A Qualitative Study of Teachers Perspectives on Collaborating with Social Workers for the Delivery of Trauma-Informed Early Childhood Practices

Date Complete Application Received: 2/13/24
Date Final Revision Received: NA

Principle Investigator: Angela Calloway-Thornton
Co-PI: NA
Faculty Advisor: Cammy Purper

College/Department: School of Business

IRB Determination: Expedited Application **Approved** – Student research using confidential interviews; no minor participants; no more than minimal risk/risk appropriately mitigated; no deception utilized; acceptable consent procedures and documentation; acceptable data protection procedures. Data collection may begin, in accordance with the final submitted documents and approved protocol.
Future Correspondence: All future correspondence about this project must include all PIs, Co-PIs, and Faculty Advisors (as relevant) and reference the assigned IRB number.

Approval Information: In the case of an unforeseen risk/adverse experience, please report this to the IRB immediately using the appropriate forms. Requests for a change to protocol must be submitted for IRB review and approved prior to implementation. At the completion of the project, you are to submit a Research Closure Form.

Researcher Responsibilities: The researcher is responsible for ensuring that the research is conducted in the manner outlined in the IRB application and that all reporting requirements are met. Please refer to this approval and to the IRB handbook for more information.

NOTE: Please change the IRB contact email to irb@calbaptist.edu on the informed consent for accuracy.

Date: March 4, 2024