ARE SOME FEELINGS JUST TOO BIG FOR CHILD CARE?: AN EXPLORATORY STUDY OF EARLY CHILDHOOD EDUCATOR'S INTERPRETATION OF INTERNALIZING AND EXTERNALIZING BEHAVIOURS

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ABSTRACT

Are some feelings just too big for child care?: An exploratory study of Early Childhood Educator's interpretations of internalizing and externalizing behaviours

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Young children are at high risk for exposure to trauma and adverse childhood experiences, yet mental health services are limited for this age group. Children's emotional pain is manifested in their behaviours, which are referred to as externalizing (e.g., aggression) and internalizing (e.g., anxiety) behaviours. Early Childhood Educators (ECEs) are bound to encounter children who exhibit this type of behaviour without knowing what it could mean. Therefore, this online mixed method pilot study examined the interpretations that ECEs used to determine the causes of behaviour, and their awareness of emotional distress in very young children in three written case vignettes. It also explored the strategies that ECEs engage in when responding to a child in distress. The findings provide insight to the gaps in pre-service education on children's emotional health, and communicates the need for a trauma-informed approach to childcare.

Keywords: children's mental health, behaviour, interpretation, trauma-informed approach

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CHAPTER 1: INTRODUCTION

The work of Early Childhood Educator's is mostly associated with care or education, but what is the role of the practitioner in supporting the emotional health of children and how do they promote mental health? To untangle this it is necessary to first explore the degree to which practitioners view themselves as intervening with emotional related behaviours. Practitioner interventions are determined by the interpretation of the behaviour. Therefore, determining how practitioners interpret emotional related behaviours and untangling the process of meaning making that they undertake can help inform efforts at providing trauma informed care.

What is Pain-Based Behaviour?

Children's reactions to feelings of pain tend to be characterized as internalizing, externalizing, or a combination of the two behaviours. Internalizing behaviours are experienced internally, where the child may express anxiety, depression, and withdrawal. While externalizing behaviours are projected externally, such as aggression, non-compliance, and hyperactivity (Achenbach, 1991; Achenbach, 2016; Chen, 2010; Edwards & Hans, 2015). When children display externalizing or internalizing behaviours, they are often identified as having an emotional and/or behavioural difficulty (Pastor, Reuben, & Duran, 2012; Poulou; 2015).

Macleod's (2006) research draws on an older classification system that was originally used in psychiatry and criminology, where "bad, mad or sad" was used to designate criminal responsibility, and was later used by the general population. Their research recognized that young people who presented with internalizing behaviour (sad) were perceived as "victims of circumstance" and not held responsible for their behaviour (Macleod, p. 162). Young people who displayed externalizing behaviours (bad) were held responsible and blamed for their behaviour,

as they were perceived to be in control of their actions. Lastly, those who identified as experiencing an emotional or behavioural difficulty (mad) were perceived to need treatment. In this case, the behaviour was excused as it was out of the person's control. Macleod (2006) argues that regardless of the label, the individual's agency is lost.

It is seldom taken into consideration that a young child's behaviour (internalizing, externalizing) may be a manifestation of their pain. Contrary to popular perception, when a child behaves in this manner they could be experiencing what James Anglin refers to as *pain-based behaviours*, which are behaviours that are the by-product of unresolved trauma (Anglin, 2002, 2014; Brendtro, 2019; van Der Kolk, 2014). The term emerged from a study that Anglin conducted where he interviewed youth and staff from 10 Canadian residential group care programs, and found that young people in the study "had experienced deep and pervasive psycho-emotional pain" (Anglin, 2002, p. 111). Significantly, Anglin noted the focus by staff on controlling the behaviours, as opposed to responding to them empathetically and addressing the pain that was reflected in the young people's behaviour (Anglin, 2002).

Brendtro (2019) explains that when humans experience *painful emotions*, which are commonly referred to as negative emotions (e.g., anger, fear, sadness, shame, etc.), they are usually accompanied by *painful thinking* (e.g., worrisome thoughts, blame, denial, etc.). In order to escape this duo, individuals direct their efforts to altering the feeling by engaging in behaviour that tends to be perceived as disruptive. For instance, engaging in an act of physical aggression by attacking someone can relieve pain in that moment. Why? Because it "provides proof that you are more powerful and competent than you feel" (Bath, 2019, p. 131).

Socially, humans are accustomed to mirror others' emotions, whereby reactive behaviour is met with a reactive response. This is also referred to as a "tit-for-tat" approach (Brendtro,

2019; Long, 2014). When this is the case for pain-based behaviour, escalation occurs and negative feelings intensify for both parties. When responding to pain-based behaviours, individuals who work with children should especially be trained on how to engage in an approach that goes against their instinctual reaction, to help de-escalate the situation and support the child rather than perpetuate their pain.

What is Trauma and How Does it Relate to Pain-Based Behaviour?

Trauma. What do we mean when we refer to trauma? The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) reviewed several definitions of trauma from various disciplines and created a concept that could be used by members of services and agencies, practitioners, researchers, and the like. SAMSHA (2014) provides the following definition for trauma: "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" (p. 7).

Traumatic events can be isolated in nature, such as car accidents, natural disasters, painful medical procedures, and more (Melville, 2017; Walkley & Cox, 2013). Alternatively, they can be chronic and prolonged, such as physical, sexual, emotional abuse and neglect, personal loss, or indirect in nature, such as witnessing abuse (Loomis, 2018; Small & Huser, 2019). People interpret events differently, where one individual may experience a particular situation as traumatic and another might not (Bartlett, Smith, & Bringewatt, 2017; SAMSHA, 2014). This is dependent on many factors such as one's perception of the event, their physical and psychological response, as well as the cultural and societal factors that are at play (Masten, 2011).

An extensive body of research has documented the short-term and long-term impacts of early childhood trauma, which demonstrate the differences between experiencing trauma early and later in life. This includes alterations in brain development (Dye, 2018), academic achievement (Jimenez, Wade, Lin, Morrow, & Reichman, 2016), and behaviour (Briggs, Gowan, Carter, & Ford, 2012) to name a few.

Trauma and pain-based behaviour. It is crucial that we discuss the effect that trauma has on the body, mind and brain, to understand the relationship between trauma and pain-based behaviour. The following passage draws on van Der Kolk (2014) for an explanation of this relationship. Trauma can interfere with parts of the brain that are in charge of detecting and responding to threats in our environment. When we encounter a perceived threat, the body activates a self-protective mechanism called the *fight, flight or freeze* response. Initially, our eyes, ears and other senses send the information about our environment and our bodily reactions to a brain structure called the thalamus. While processing the incoming sensory information, we can experience as if time is frozen. Our senses become isolated and exacerbated, we can dissociate from the event, and find it difficult to retrieve memories. This is why sensory memories of traumatic events are vivid when people have flashbacks of what happened to them.

Once the information is processed by the thalamus, it is sent to the amygdala for interpretation. The amygdala's interpretation is influenced by the hippocampus, which associates past experiences with new events. If the amygdala interprets a threat, the hypothalamus becomes activated and stress-hormones (i.e., cortisol, adrenaline) are released, so that the person can defend themselves. Stress hormones trigger a number of physiological reactions, such as increased heart rate, breathing, sweating, and tightening of the muscles as the blood rushes towards them and other vital organs. This reaction prepares the body to fight or flight.

It's important to note that this entire process happens very quickly. The amygdala receives the information a few milliseconds before the frontal lobes. This is important because our amygdala may have already determined that the stimulus is dangerous before we can consciously come to the conclusion that it is in fact not threatening. The body retreats to its regular state unless the fight, flight or freeze response is unsuccessful. For instance, during a rape, a car accident, or parental abuse the response is hindered since the person is unable to escape danger. As a result, the body continues to produce the same stress response even when the danger is no longer present. Therefore, trauma and the resulting perpetual stress response will lead the individual to feel like they are in danger when in actuality they are safe. Additionally, since the individual's body is constantly in this state they are more easily agitated and aroused, which makes it difficult to interpret whether another person's actions are harmless or dangerous. This is why people respond "to some minor irritations as if they are about to be annihilated" (van Der Kolk, p. 66). Can you blame them? Their bodies are incessantly in survival mode, and as such their reactions are defensive, and therefore they respond with panic or rage.

"Collapse" or "freeze" is another reaction towards trauma. This system is controlled by the dorsal vagal complex (DVC), and instead of preparing the body for fight or flight it does the opposite, it shuts down. When activated we will have shallower breaths, a slower heart rate and digestive reactions (e.g., diarrhea, nausea). This is more likely to occur during a traumatic event where an individual is physically prevented from moving (e.g., they are pinned down during a rape). This response continues to exist even when the threat is gone, and as a result the person feels a sense of numbness or disengagement.

When you have experienced trauma and your fight, flight or freeze system is in overdrive, it's easy to misinterpret whether something in the environment is dangerous, thereby

causing intense reactions. Trauma can instil a range of negative emotions such as fear, shame, guilt, and helplessness. The emotions are so painful that we engage in pain-based behaviours to try and eliminate our emotional distress. For a practitioner on the receiving end of the pain-based reaction, it may seem out of proportion to the reality of the situation. Without knowing that the child is engaging in this type of behaviour to cope and protect themselves, they are likely to 1) think there is something abrnomal about them because their behaviour seems to come out of nowhere and 2) reciprocate the reaction with hostility. However, when a practitioner mirrors a child's pain-based behaviour, conflict erupts and emotional distress escalates (Brendtro, 2019; Long, 2014).

It is rare that practitioners are trained to recognize and respond to pain-based behaviour in ways that will support the child. Typically, practitioners have been taught about behaviour from a narrow lens. It is believed that the child's behaviour will change so long as it is met with harsh discipline. However, engaging in these practices are counterproductive, as they do not take into account the child's interpretation of such practices. For instance, when a child is subjected to a time-out for misbehaving the intention is that the child reflects on their behaviour and learns to not do it again. However, the child may interpret the time-out as separation and rejection for being upset (Brendtro, 2019). Rather than punishment, a child in distress requires emotional support. Responding with empathy and respect is more likely to foster a positive response, which is one of the many reasons why the childcare system should adopt a trauma-informed approach to care.

What is Trauma Informed Care?

Young children below the age of six are at high risk for exposure to abuse, violence and other forms of trauma, and are exposed to traumatic experiences at disproportionate rates in

comparison to their older counterparts (Lieberman, Chu, Van Horn, & Harris, 2011; Loomis, 2018; Neitzel, 2019). In fact, nearly 50% of young children residing in the United States have been exposed to one or more types of trauma (Bartlett, Smith, & Bringewatt, 2017). Despite this, mental health services are limited for this age group, and are typically accessed by older children (De Young, Kenardy, & Cobham, 2011).

Recently, there has been a call to implement a trauma-informed approach to early childcare in order to support children who have experienced trauma and engage in pain-based behaviours (Loomis, 2018; Neitzel, 2019). A trauma-informed approach, also referred to as trauma-informed care, is not a specific intervention or service, and it can be implemented in an array of settings. According to SAMSHA (2014), organizations that adopt a trauma-informed approach realize trauma by understanding what it is, the effects that it can have, and understand that behaviours are forms of coping. They recognize the signs of trauma in all members of the system and respond to it by incorporating trauma-informed knowledge into multiple aspects of the system (e.g., policies, practices). Lastly, they withstand re-traumatization by eliminating practices (e.g., restraints) that could potentially trigger traumatic memories and histories (Bartlett et al., 2017).

There are a number of effective trauma-informed interventions that exist and help children sustain their well-being, however a majority of the children accessing these services are older (Loomis, 2018). For instance, trauma-informed school systems have gained attention, as they work towards addressing the impacts that trauma can have on their students academically, psychologically, and behaviourally (Ridgard, Laracy, DuPaul, Shapiro, & Power, 2015; Walkley & Cox, 2013; Chafouleas, Johnson, Overstreet, & Santos, 2016; Thomas, Crosby, & Vanderhaar, 2019). It is encouraging that school systems have begun to embrace this approach, however it is

equally if not more important that the early childcare system makes the same effort. It is rare that early childcare systems have adopted a trauma-informed approach (Loomis, 2018), and doing so would help solve some of the accessibility challenges that infants and toddlers face in receiving support.

Implementing this approach to care would not only support children who have experienced trauma, but children's mental health on a larger scale. Children who are in emotional distress or who are facing mental health difficulties that are unrelated to trauma can display externalizing and internalizing behaviours as well. Thus, a trauma-informed approach can help support children's emotional and mental health overall, as practitioners engage in strategies that best respond to these types of behaviours.

Why Does It Matter how Early Childhood Educators Interpret Behaviour?

The interpretations that we generate about a stimulus or an event are what drive our perception of it. For instance, if you see someone yawning you might interpret this action to mean that they are tired. During the interpretive process, we subconsciously draw on prior knowledge, experiences, values and beliefs, and since our knowledge backgrounds differ, the same stimulus or event may appear to have very different meanings to different people (Degotardi & Davis, 2008). In an early childcare context, the same principles apply when ECEs interpret children's behaviour and infer reasons about why they are behaving as such. Sometimes interpretations are based on informed beliefs, which are embedded in theoretical and professional knowledge, or naïve beliefs, which are rooted in personal experiences and culture (Degotardi & Davis, 2008).

When ECEs interpret children's behaviour they are able to gather information about the child's wants, needs, and interests (Degotardi & Davis, 2008; Forman & Hall, 2005). In turn,

they are able to provide relevant support. Research by Degotardi and Davis (2008) provide an example of an ECE's interpretation of a child's wants when they said, "She's pulled the cloth away from me showing me that she doesn't want to play the game" (p. 227).

An ECE's perception of the child's emotion (i.e., whether it is a positive or negative emotion) can influence whether they interpret the related behaviour as "good or bad" (Pirskanen et al., 2019.) Furthermore, the literature reveals that ECEs who included explanations for the behaviour often mention parental blame (e.g., parental style, parental mental health difficulties, lack of involvement), as well as violent video games and experiencing physical violence (Giannakopoulos et al., 2014; Davis et al., 2012; Stefan, Rebega, & Cosma, 2015). In one study, ECEs interpreted behaviours that spanned from shyness to aggression as challenging, and their explanations for the behaviours were rooted in the child or in the structure of the daycare (Pihlaja, Sarlin, & Ristkari, 2015).

As mentioned previously, interpretation is based on prior knowledge. If ECEs are unaware of pain-based behaviour and that it may manifest from trauma, then they are unlikely to draw the conclusion that the child is in pain and that punishment may not be the most effective approach. That being said, it's important to understand how ECEs interpret behaviour to gauge what they know and what may be needed to be included in pre-service education and training programs.

Does Culture Factor Into Interpretation?

Culture is important when considering how behaviour is interpreted, as behaviours that are deemed "normative" or "abhorrent" are largely shaped by one's cultural context. A particular behaviour that is valued and expected within one cultural context may not be prioritized within another. For instance, eye contact is valued within Western culture, and when lacking may

garner attention by adults for being “atypical”. However, in some non-Western cultures children are taught that eye contact with adults is disrespectful and not age-appropriate (Friesen, Hanson, & Martin, 2015). Ethnicity and race also influence interpretation, and children who are not part of the dominant culture face higher rates of referral to medical professionals for behavioural difficulties. For instance, Skiba et al. (2014) found that non-White children are more likely to be referred and identified as having behavioural difficulties than White children. This may be partly due to the fact that they have learned cultural values and norms that are not part of the dominant culture, and the individuals providing the referrals are unaware that this may be the cause for their behaviour.

Gender norms, which are socially constructed, are also part of the cultural context and shape how behaviour is interpreted. For instance, traditionally female gender norms are not in line with externalizing behaviour, therefore it is often viewed more severely when girls display this type of behaviour (Soles, Bloom, Heath, & Karagiannakis, 2008). In contrast, externalizing behaviours are more in line with male gender norms, which may influence why there tends to be a greater amount of boys that display this type of behaviour than girls (Chen, 2010).

Are Children’s Emotions Viewed From A Mental Health Lens?

Although ECEs emphasize the importance of supporting young children’s emotions (Pirskanen et al., 2019; Zinsser, Shewark, Denham, & Curby, 2015), knowledge on this topic is lacking in pre-service early childhood education (Buettner, Hur, Jeon, & Andrews, 2016). When it is discussed, it is often referred to as children’s socio-emotional development. This is not surprising as the developmental perspective is the dominant discourse that prevails in pre-service education. Under this view, it is recognized that children experience a range of emotions and emotional expressions, and they are often categorized as falling into two

categories, positive emotions, such as joy and pride or negative emotions, such as anger and sadness (Prosen &Vitulic, 2018). It is believed that to support the child's socio-emotional development ECEs are expected to set rules and behavioural expectations to reduce negative behaviour, enhance emotional competence (i.e., emotional regulation, emotional knowledge, and emotional expression), manage challenging behaviour, and talk about emotions (Garner, Bolt, & Roth, 2019).

Prosen and Vitulic (2018) found that preschoolers experienced both positive and negative emotions, at a ratio of 1:1. It is evident that since emotions are rooted in a developmental perspective, the disciplinarian approach to managing negative behaviour takes precedence over addressing the child's emotional needs, nor does it work towards understanding why the child may be experiencing such emotions and related behaviour in the first place. This view of emotions does not consider the link between emotions and mental health, and supports the claim that very young children are seldom viewed as having mental health difficulties to begin with. The consequences of viewing emotions and mental health separately can result in inappropriate interventions or care.

The Present Study

An ample amount of research has been conducted on whether educators can identify signs of children's mental health disorders, which manifest in the form of externalizing and internalizing behaviors (Cunningham & Suldo, 2014; Davis et al., 2012; Loads & Mastroyannopoulou, 2010; Neil & Smith, 2017; Stefan et al., 2015). Few studies have explored ECEs understanding of young children's externalizing and internalizing behaviour, and those that have, look at perceptions of mental health more globally. When exploring what ECEs think are the causes of children's mental health difficulties, studies report that they

have limited knowledge and often blame parents (Davis et al., 2012; Giannakopoulos et al., 2014; Stefan et al., 2015). It is expressed in the literature that there is a need to re-configure pre-service education to include knowledge on children's mental health (Heo, Cheatham, Hemmeter, & Noh, 2014; Sims, 2010).

Research is needed to explore the interpretations that ECEs use to determine the causes of behaviour and their awareness of emotional distress in young children. Research is particularly warranted for investigating this topic of study in support of a trauma-informed approach to care. The present study is a pilot study and will determine whether there is a need for further investigation on implementing a trauma-informed approach to care with a larger sample. It is important to explore how ECEs understand the meaning of behaviour, as this can shed light on the gaps in pre-service education.

CHAPTER 2: LITERATURE REVIEW

The following literature review integrates research on children's mental health and ECEs educational preparedness on the subject. The impacts of trauma and a trauma-informed approach to care are also discussed. While examining the literature, the following dominant themes emerged: externalizing and internalizing behaviours, long-term impacts of trauma and adverse childhood experiences, educator's training on children's mental health and educator's knowledge on children's mental health. This literature review will be organized into sections based on these themes.

Scope of the Review

This literature review incorporates peer-reviewed journal articles that have been published in English from 2009 to the present, not including seminal articles. Journal

articles were searched in the following databases: Sage, ERIC, Proquest Research Library, and PsychINFO. Articles were also hand-searched. The main keywords that were used to select articles included: “early childhood educator and mental health”, “early childhood educator training and mental health”, “early childhood trauma”, “trauma-informed approach”, and “externalizing and internalizing behaviour”.

Externalizing and Internalizing Behaviours

Externalizing and internalizing factors refer to a range of behavioural, emotional and social difficulties, and are often referred to when identifying children’s ill mental health (Achenbach et al., 2016). Externalizing factors are directed in an outward manner such as physical violence, lying, and bullying, while internalizing factors are described as emotional distress that manifests internally, such as loneliness, anxiety, and withdrawal (Achenbach, 1991; Achenbach et al., 2016). It’s important to note that externalizing and internalizing factors can co- occur, whereby the child displays both types of behaviours (Edwards & Hans, 2015).

Externalizing and internalizing factors have been used to assess mental health disorders in children such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), depression, anxiety, etc (Beauchaine & Hinshaw, 2017). Some of the well-known assessment tools that measure children’s externalizing and internalizing behaviour include, the Child Behavior Checklist (CBC) (Achenbach & Rescorla, 2000), the Behavior Assessment System for Children (BASC) (Reynolds & Kamphaus, 1998), and the Infant Toddler Social Emotional Assessment (ITSEA) (Carter & Briggs-Gowan, 1998).

What Happens If We Do Not Address Externalizing and Internalizing Behaviours?

In view of the fact that externalizing behaviours are expressed in an outward fashion they garner more attention than internalizing behaviours, which tend to be more easily concealed. Thus, it's not surprising that it is more difficult for adults to identify children who display internalizing versus externalizing behaviours (Poulou, 2015). It's important that internalizing behaviours are recognized at the same rate as externalizing behaviours, as they are both related to mental health difficulties later in life.

Research that has explored the developmental trajectories of internalizing and externalizing problems are inconsistent. Some studies have found that internalizing behaviours in early childhood have been associated with persistent internalizing difficulties later in life (Korhonen, Salmelin, Helminen, & Tamminen, 2014; Wang, Williams, Shahaeian, & Harrison, 2018; Gerstein et al., 2017). While others have found a decrease in internalizing problems (Hauser-Cram & Woodman, 2016; Meagher, Arnold, Doctoroff, Dobbs, & Fisher, 2009). It is possible in some studies that the discrepancy may be due to an inaccurate assessment by adult informants who reported young children as has having internalizing behaviours when in fact they did not. Similar inconsistencies exist in the literature for longitudinal studies that examined externalizing trajectories. Some studies found evidence for behaviour that had escalated or persisted since early childhood (Galambos, Barker, & Almeida, 2003; Petersen, Bates, Dodge, Lansford, & Petit, 2014) and others found it to decrease (Bailey, Totsika, Hastings, Hatton, & Emerson, 2019; Fanti & Henrich, 2010; Goh Kok Yew & O'Kearney, 2015). It's important that research considers the contextual risk factors that may remain stable during the child's life that may be allowing the behaviours to persist.

What are the long-term consequences of externalizing and internalizing behaviours if they carry on? Research has examined their association with poorer academic achievement (Pol et al., 2012), health damaging related behaviours (Pedersen et al., 2018), and impacts on other social determinants of health. This highlights the importance of adequately preparing educators to recognize emergent mental health concerns in young children, as they can be a source of providing the child with adequate support, so that the distress that is manifested through externalizing and internalizing behaviours ceases and/or ceases from escalating in the future.

Why do Children Display Externalizing and Internalizing Behaviours?

Alongside the research on the trajectory of internalizing and externalizing behaviours are the many predictive risk factors that are associated with the development of behavioural difficulties. Risk factors specific to childhood have been referred to as adverse childhood experiences (ACEs). Seminal research by Felitti et al. (1998) entitled the Adverse Childhood Experiences study, defined ACEs to include traumatic events (i.e., physical, sexual, emotional abuse and neglect), and household dysfunction (i.e., domestic violence, family members with mental illness, incarceration). Research that has built on the ACEs study have broadened the construct to include additional adversities, such as neighbourhood violence, bullying victimization, poverty, and more. Although children from a range of socio-economic backgrounds experience ACEs, poverty increases one's chances of experiencing them (Ferraro, Schafer, & Wilkinson, 2016; Maggi, Irwin, Siddiqi, & Hertzman, 2010). For instance, community violence is higher for children who live in low-income areas (Ridgard et al., 2015).

The family environment plays a significant role in a child's life, especially since this is the primary context where they are socialized and acquire knowledge of values and beliefs, develop trust and experience warmth and affection. It is only to be expected that the empirical

literature has found evidence for an array of family characteristics that influence the child's emotional and behavioural development. Maternal mental health (e.g., depression, anxiety, substance misuse) is a prominent risk factor that has been researched on that predicts children's behavioural difficulties (Bayer et al., 2012; Edwards & Hans, 2015; Goodman et al., 2011; Hser, et al., 2015; Wang et al., 2018). Although both maternal and paternal ill mental health contributes to the development of children's behaviour, a large bulk of the research has exclusively focused on the mother's role. More recently, research has begun to examine the involvement of both parents and their children's behavioural difficulties (Hautmann et al., 2015; Yap & Jorm, 2015; Carneiro, Dias, & Soares, 2016).

Other factors within the family context that have been found to influence children's behaviour include parenting behaviour (e.g., hostile parenting, warmth, over-involvement, permissiveness) and marital conflict. For instance, Bayer et al., (2012) found that hostile parenting had one of the strongest associations with both internalizing and externalizing behaviour in very young children (i.e., seven months – five years of age). Similarly, Ciciolla, Gerstein and Keith (2014) found that parents who were less sensitive to their children had a higher chance of developing internalizing and externalizing behavioural difficulties. On the contrary, Edwards and Hans (2015) found that hostile parenting was associated with internalizing behavioural difficulties, and was related to co-occurring behaviour when the infant displayed high levels of anger only. There is also some research that shows that parental warmth is involved with lower internalizing difficulties, anxiety in particular (Yap & Jorm, 2015). In their review Yap and Jorm (2015) reveal a small effect size for studies on this topic. Other variables can mediate or moderate the relationship between parenting and children's behaviour, which may account for the discrepancies in the findings.

Long-Term Impacts of Trauma and Adverse Childhood Experiences

A large body of research has been conducted on the long-term effects of early childhood adversity and trauma. Particularly, association between ACE and health outcomes in adulthood have been well documented. Early research by Felitti et al. (1998) found that ACEs have a strong impact on health, and the more ACEs that individuals were exposed to, the more health risk behaviours (e.g., smoking, physical inactivity, depressed mood) and diseases (e.g., ischemic heart disease, liver disease) they had. Recent research that has built on the construct to include additional adversities draw the same conclusion, that ACEs result in poorer physical and mental health outcomes (Crouch et al., 2019; Finkelhor, Shattuck, Turner, & Hamby, 2015; Gilbert et al., 2010; Greeson et al., 2014).

Early adversity and trauma have profound effects in other domains as well. In particular, research has found that structures of the brain, such as the amygdala, the hippocampus, the prefrontal cortex and hypothalamic-pituitary-adrenal axis are often altered in shape and size, which can influence memory, emotional regulation, executive functioning, and more (Dye, 2018; Shonkoff & Garner, 2012). Children who had experienced ACE below the age of 5, were more likely to score below average in academic skills (e.g., poor literacy, inattentiveness) and behaviour difficulties (e.g., social difficulties, aggression) (Jimenez et al., 2016). Research has also found a strong link between ACE and poor socio-emotional development (McKelvey, Whiteside-Mansell, Connors-Burrow, Swindle, & Fitzgerald, 2016), and as previously mentioned, internalizing and externalizing symptoms (Briggs-Gowan, Carter, & Ford, 2012).

Early Childhood Educator's Training on Children's Mental Health

ECEs are in a prime position to meet the emotional needs of young children experiencing a mental health difficulty, yet they have not been equipped with the adequate knowledge and

preparation to effectively appraise or respond to it (Loomis, 2018; Neitzel, 2019). Pre-service education is a strong contributor for this, as it focuses on developmental and educational outcomes (Buettner et al., 2016; Elfer, 2010), which can downplay the importance of social-emotional well-being (Temple & Emmette, 2013).

In pre-service education, children's emotions are rooted in a child development perspective (Buettner et al., 2016; Denham, Basser, & Zinsser, 2012), which value positive emotions over negative ones and as such, characterizes children's negative emotion-related behaviour that is externalizing as a deficit. When the behaviour is conceptualized as a deficit, child development theory assumes behavioural management through reinforcement and punishment. Under this view, the child is "disruptive", "non-compliant" or "bad" (Macleod, 2006). This view does not regard children's negative emotion-related behaviour as potentially being pain-based behaviour, thereby providing ECEs with knowledge that may lead to harming a child in distress.

Interestingly, research by Lang, Mouzourou, Jeon, Buettner and Hur (2017) identified that ECEs with bachelor degrees vs. associate diplomas or high school diplomas, differed in their socio-emotional responsiveness. ECEs with bachelor degrees were more likely to adopt child-centered beliefs and encourage children to express their emotions, whereas those without bachelor degrees were more likely to engage in negative punishments and suppress children's emotions. The researchers stress the significance of providing training on children's social emotional development, so that practitioners are aware of their responses to negative emotions. They explain that by punishing children's emotion-related behaviour, which can be perceived as disruptive, it may disregard the child's emotions. It's important to point out that this research

was correlational and does not suggest that there is a causal relationship between education and responsiveness. There could be other factors that accounted for this relationship.

To make up for the lack of mental health learning in pre-service education, workshops are sometimes available for ECEs to attend that are specific to enhancing their knowledge on this topic. Research that has explored the outcomes of mental health workshops have revealed an increase in mental health literacy and an ability to identify mental health difficulties (Askell-Williams & Murray-Harvey, 2016; Desta et al., 2017; Carr, Kutcher, & Heffernan, 2018; Hussein & Vostanis, 2013). However, the workshops mainly focus on identifying the signs and symptoms of mental health difficulties and do not provide trauma-related explanations for the behaviour. This is important information for educators to know as it could shift how they view and respond to behaviour and encourage a respectful approach rather than a punitive one.

Although professional development workshops are offered, there are significant barriers that prevent their engagement, such as time, cost, not being aware that professional learning exists and directors perceiving them to be irrelevant (Askell-Williams & Murray-Harvey, 2016; Davis et al., 2010). This emphasizes that knowledge on young children's mental health should be embedded in pre-service education to begin with. Indeed, Sims (2010) found that ECEs expressed that mental health was one of the many topics that they believed all ECEs should be knowledgeable about, and that it should be included in their training.

Standards of Practice College of Early Childhood Education

The Code of Ethics and Standards of Practice (2017) for registered Early Childhood Educators (RECEs) in Ontario rarely mentions the practitioner's role in supporting children's mental health, in fact the following quote is the only one that alludes to it. Registered Early Chilldhood Educators (RECE) are to: "Promote physical and mental health and well-being by

encouraging good nutrition, physical activity and providing daily opportunities for children to connect and interact with the natural world and the outdoors" **(**The Code of Ethics and Standards of Practice, 2017, p. 13). This quote fails to discuss actions that are related to promoting mental health, rather it mentions the term and focuses on the physical activities that ECEs can engage in. Moreover, the document does not address that ECEs are to support children experiencing emotional distress.

The Early Childhood Education Program Standard (2018) for Ontario College and Universities mention mental health at the same rate. They mention that ECEs should use observation strategies to understand behaviour, for instance by utilizing developmental screening tools. However, screening tools classify behaviour and do not get at the root cause of why the behaviour may be happening. With pre-service training that views emotions from a developmental perspective and not a mental health lens, how is the behaviour to be interpreted? In order for ECEs to be adequately prepared to support young trauma-exposed children, there must be a shift from valuing development milestones and educational achievements towards putting the mental health of children, families and educators at the forefront.

Educator's Knowledge of Mental Health

Teachers. A large amount of research exists on teacher recognition and identification of signs and symptoms on children's mental health disorders, such as anxiety, depression, attention deficit hyperactivity disorder (ADHD), oppositional defiance disorder (ODD), separation anxiety disorder (SAD) and more (Cunningham & Suldo, 2014; Loades & Mastroyannopoulou, 2010; Moldavsky, Groenweald, Owen, & Sayal, 2013; Neil & Smith, 2017). Research findings on this topic emphasize the importance of the teacher's role in identifying and recognizing mental health difficulties in children, and argue that they are in a

unique position, as they can observe children's behaviour and compare it to other students in their class. Moreover, teachers are sometimes the first to bring this to the parent's attention, and they often act as a source of information for mental health professionals for reporting on the child's behaviour and daily functioning in a setting separate from the home.

Research reveals that teachers are able to identify emergent mental health disorders, however they do it at a rate that is not 100% accurate. For instance, Neil and Smith (2017) found that teachers were able to recognize signs and symptoms of anxiety, but did so poorly. Similarly, Cunningham and Suldo (2014) found that teachers identified students that reported depression at a rate of 50%, and 41% for anxiety. However, they falsely identified depression 16% of the time and anxiety 18% of the time. This study used a teacher nomination and self-report technique, whereby fifth grade elementary students completed two measures that assessed depression and anxiety (i.e., the Multidimensional Anxiety Scale for Children and the Children's Depression Inventory), and teachers nominated students they thought had depression and anxiety. A social desirability bias may have taken effect, as respondents may not have answered truthfully to maintain desirable responses, therefore excluding a number of children that may have been depressed or anxious. The researchers also failed to mention the limitations of the teacher nomination method, and did not seem to consider how this might impact the teacher's perception and responses to the child after the study was done. Furthermore, they did not mention that any safeguards had been put in place to protect the child after the study had been conducted.

It is interesting to note that, teachers are better at recognizing externalizing behaviours than they are at identifying internalizing behaviours (Moldavsky et al., 2013; Groenewald, Emond, & Sayal, 2009; Neil & Smith, 2017). Moreover, Loades and Mastroyannopoulou (2010) revealed that teachers were more concerned for the child who was experiencing ODD

than SAD, and who were expressing more extreme externalizing behaviours. They incorporated a vignette methodology, and although they mention the strengths of this approach they touch on the ecological validity that is taken away by using it. This may have affected their results, as the participant's responses may have differed if the scenario occurred in the real world.

Early Childhood Educators. What does the literature say about ECEs and their recognition of mental health difficulties in young children? There is fewer research on this topic for ECEs than there are teachers, for that reason we have included research that uses the term preschool teacher or family daycare educator. The literature reveals that preschool teachers have limited knowledge of the causes, risk and protective factors for children's mental health difficulties. Preschool teachers often mention that parents were the cause for their children's behaviour, particularly explaining that it was a result of the parenting practices that they engaged in (i.e., authoritarian parenting, a lack of involvement or permissive parenting), (Davis et al., 2012; Giannakopoulos et al., 2014; Ştefan et al., 2015; Türkoğlu, 2019). It was difficult for preschool teachers to identify signs of early mental health difficulties, particularly the younger that children were (Davis et al., 2012), and had more difficulty identifying internalizing behavioural difficulties than externalizing behavioural difficulties (Stefan et al., 2015; Giannakopoulos et al., 2014). They attribute this to the fact that internalizing behaviour is more difficult to identify because the behaviours are not as obvious, since they are not externally projected.

The literature calls for stronger training in awareness and knowledge on young children's mental health and how and why behaviours might develop, as well as deterring a strong focus on the child's symptom-related behaviours (externalizing and internalizing behaviours), in order to also focus on the child's strengths (Armstrong, Price, & Crowley, 2015;

Davis et al., 2012; Giannakopoulos et al., 2014; Ştefan et al., 2015; Heo, Cheatham, Hemmeter, & Noh, 2014). Preschool teachers engage in a range of different responses when they suspect a mental health difficulty. Typical responses include discussing with parents or consulting a fieldworker if they perceive it to be serious (Davis et al., 2012; Giannakopoulos et al., 2014; Türkoğlu, 2019; Stefan et al., 2015). In response to externalizing behaviours, disciplinary approaches are popular, such as establishing rules and clear expectations, setting consequences, withdrawing privileges and verbally explaining why misbehaving was inappropriate (Stefan et al., 2015; Türkoğlu, 2019). Less is known about responses towards internalizing behaviours, or mixed externalizing and internalizing behaviours. Research by Davis et al. (2012) mention the barriers that prevented preschool teachers from promoting mental health, which included a lack of funding, a lack of training around social and emotional well-being and time consuming paper work. Similarly, Heo et al. (2014) found that barriers included a lack of support from program admin, an inconsistent ECE to child ratio, lack of knowledge on how to implement effective strategies, and a lack of preparation in pre-service education.

Summary of Literature Review

In conclusion, the literature reveals that there are a number of risk factors that predict children's behaviour, and the risk factors are often referred to as adverse childhood experiences (ACEs). Although trauma and ACES are associated with children's externalizing and internalizing behaviour, they are also related to poor long-term outcomes in a range of domains (e.g., physical and mental health, academic achievement, lower SES) (Felitti et al., 1998; Ferraro et al., 2016; Maggi et al., 2010; Pol et al., 2012). The training on children's emotional development and mental health is lacking for ECEs. This is demonstrated by research that has explored ECEs' perceptions of young children's mental health, and found that their

explanations tend to be focused on the family (e.g., parenting) (Davis et al., 2012; Giannakopoulos et al., 2014; Stefan et al., 2015). The review demonstrates that there is research needed to understand what meanings ECEs give to children's externalizing and internalizing behavior, how they determine the causes of the child's behaviour and how they would respond to them.

CHAPTER 3: THEORETICAL FRAMEWORK, RESILIENCE THEORY

This study investigated the interpretations that ECEs draw on to identify the causes of three different types of behaviour (externalizing, internalizing and mixed externalizing/internalizing) in three written case vignettes. It employed resilience theory as a theoretical framework, as this view provides a unique perspective that differs from the dominant deficit-based lens that is often ascribed to children's mental health. Under this view, the child is not blamed for experiencing trauma or adversity, nor are they doomed for life. Rather, resilience theory allows us to ask, what is gained from traumatic and adverse experiences?

When resilience is applied in the context of human development, it refers to an individual's ability to maintain their well-being in a particular context despite encountering risk (Lerner et al., 2013; Masten, 2011; Ungar, Ghazinour, & Richter, 2013). Rutter (2007) stresses that resilience is not to be confused with positive mental health or social competence. In the literature, risk or risk factors encompass a range of socio-demographic factors (e.g., income/unemployment) and adverse life experiences (e.g., abuse) (Masten, 2011).

Resilience has been used as a theoretical framework in behavioural science research for over half a century, and it originally stemmed from research that investigated ways in which to promote resilience for individuals who were exposed to high risk (Masten, 2001, 2011). It remains a complex phenomenon and a subject that is quite debated in the literature;

is it an individual trait amongst many (Bonanno, 2008), or something that only occurs in the context of significant adversity (Rutter, 2006, 2007)? There is research to suggest that resilience is not a trait, because there may be individual differences that lead individuals towards resilience in the face of adversity (Rutter, 2006, 2007). If two people are faced with the same risk, the factor(s) that lead them towards resilience could differ (Masten & Narayan, 2013; Masten & Osofsky, 2010). The individual differences could be biological or cognitive, as there could be a genetic predisposition that aids the individual respond to certain risk factors, or it could be the cognitive coping strategies that they engage in to handle the stressor (Rutter, 2007). On the other hand, there is also evidence that demonstrates that experiencing some risk earlier in life better equips the person when facing adversity later in life (Lerner et al., 2012; Serry & Holman, 2010).

A bi-directional relationship exists between an individual and the systems within their environment (i.e., family, school, political system, etc.), where the individual influences the context and vice versa (Bronfenbrenner, 1979). Resilience is also understood as stemming from the relationship between the child and the many system that they interact with (Ungar, 2013). This account of resilience proposes that, "the child's resilience depends on the quality of the environment (rather than individual qualities) and the resources that are available and accessible to nurture and sustain well-being" (Ungar, 2013 p. 3).

CHAPTER 4: METHODOLOGY

This mixed method online pilot study examines the interpretations that ECEs use to determine the causes of young children's behaviour, and their awareness of emotional distress in three written case vignettes. It also investigates the strategies they engage in when responding to a child that portrays externalizing and internalizing behaviour. This chapter

discusses how descriptive analysis, thematic analysis and theoretical frame analysis are applied to the results of this online survey.

Method

This study examines the interpretations that ECEs use to determine the causes of behaviours and their awareness of emotional distress in very young children. It also explores the strategies that ECEs engage in when responding to a child who is in distress. A mixed method online study was designed to conduct the pilot study, whereby both qualitative and quantitative variables were collected. An online survey software tool, Opinio, was used to gather participant responses and it was organized into three parts: 1) demographic questions 2) survey questions and 3) vignettes and related questions. The demographic section mainly included quantitative components with close- ended questions. As for the survey questions section, close-ended questions were asked about ECE training on children's mental health and the ECEs role in interpreting children's behaviour. These questions were followed up with open-ended questions to further understand the participants' responses.

An online survey method was utilized to administer the study, as it offered several benefits. For one, it provided full anonymity to participants, and potentially gave a sense of safety for those who may have been hesitant to meet face-to-face. Moreover, some participants may have felt it was easier to express themselves online versus in person. Employing an online survey was also beneficial in terms of accessing participants, as it allowed for wide reach. Furthermore, participants were able to respond on their own time and pace without having to feel rushed.

A qualitative survey approach was carried out to investigate the research question (i.e., what interpretations do ECEs use to determine the causes of young children's behaviour), as this

approach is often used to explore participant's perspectives and experiences (Creswall, 2014; Leavy, 2017). In the vignette section, three written case vignettes were presented with two subsequent open-ended questions, which were as follows: 1) Please describe what you think is at the root cause of X's behaviour and 2) What might you suggest the early childhood educator do? Thematic analytic techniques were applied to the qualitative variables in order to understand the meaning that participants gave to the issue at hand (Creswall, 2014).

A vignette is a short description of a person or situation, and is useful for investigating judgement and decision-making (Evans et al., 2015), attitudes and perceptions (De Macedo, Khanlou, & Luis, 2015), moral judgment (Kruepke, Molly, Bresin, Barbey, & Verona, 2018), sensitive topics (Bradbury-Jones, Taylor, & Herber, 2014; De Macedo et al., 2015), and causal effects of perceptions and attributions (Aguinis & Bradley, 2014). In this pilot study, vignettes were used to explore ECEs' interpretations of externalizing, internalizing and mixed externalizing/internalizing behaviours and the causes of this type of behaviour. Vignettes were employed because they strengthen survey research that explores attitudes and perceptions (Evans et al., 2015), and they can provide distance, which may allow the participant to be judgemental in a more honest manner (Bradbury-Jones et al., 2014).

Data Collection

Recruitment. Following ethical approval from Ryerson University's Research Ethics Board, recruitment notices were posted via two social media platforms, Twitter and Facebook. The social media accounts were particularly created for recruitment and will remain inactive unless there are study updates to be made (i.e., the paper was published). The posts provided information about the purpose of the study, online participation, and a URL link to access the survey (Appendix B and C). Participation was completely anonymous, as

participants did not meet face-to face and no identifiable information was asked of them. Additionally, no incentives were offered to participate in the study.

Participants. The study examined the interpretations made by ECEs that are used to determine the causes of behaviour and their awareness of emotional distress in young children. As such, inclusion criteria were based on occupation and educational background. It was required that only ECEs could participate in the study that had obtained a diploma or bachelor's degree in ECE. The online survey was created in English, thus individuals that were unable to read or write English could not participate. Additionally, the study was online, therefore individuals who did not have access to the Internet were not able to participate.

Procedure. The study was conducted online through the web-based survey tool Opinio. Participants accessed the survey by clicking on a URL link that was provided in the recruitment posts on Twitter and Facebook, which directed participants to the online survey (Appendix B and C). It was necessary that participants indicated their voluntary consent prior to starting the survey. The survey did not begin until they did so, and responses were only collected for data analysis had they clicked on the submit survey button at the end of the study. Participants were able to skip any questions they did not wish to answer, and had the option to withdraw from the study at any point.

Once consent was obtained (Appendix A), participants responded to a set of demographic questions and survey questions. The demographic questions reflected their educational background and professional experience (Appendix D), and the survey questions encompassed their training on children's mental health, if any, and how ECEs interpret behaviour (Appendix E). Following the demographic and survey questions, participants read a set of three written case vignettes (Appendix E), and answered two subsequent open-ended

questions: 1) Please describe what you think is at the root cause of Arrow's behaviour? and 2) What might you suggest the early childhood educator do?. These questions examined the interpretations of behaviours made by ECEs, the causes they attributed to the behaviours, and how an ECE might respond to it. The vignettes each presented a different scenario (approximately 100-150 words each) that depicted a fictional character's behaviour in an early childhood setting. It was estimated that the study would take between 15-30 minutes to complete, however this varied depending on how long it took each participant to respond.

Measures

Demographic Questions. Participants were asked to provide information regarding their educational background, namely, whether they had obtained a diploma or bachelor's degree in ECE and state whether they were an Ontario graduate. They were also asked to provide information regarding their professional experience, such as how long they had been employed as an ECE and the early childcare settings that they had worked in (i.e., school board, centre-based care, home-based care, child and family programs, children's mental health services, early intervention programs, supports for children with special needs). Lastly, they were asked their gender and whether they were a registered member of the College of Early Childhood Educators (Appendix D).

Survey Questions. In addition to the demographic questions, five survey questions were asked that might impact the results. About half of the questions reflected the participants' training on children's mental health. In particular, they were asked whether they thought that ECEs were provided with adequate educational preparation to identify emergent mental health concerns in children, and they were asked to describe what education or training they had received if any on children's mental health. The remaining questions covered the ECEs role in

interpreting behaviour, that is, whether they thought ECEs interpret behaviour and whether biases influence how they interpret behaviour. They were also asked to describe how they thought ECEs interpret behaviour (Appendix E).

Vignettes. Three written case vignettes were developed for the present study, whereby each vignette depicted a fictional character that displayed externalizing, internalizing or mixed externalizing/internalizing behaviour (Appendix E). The firs vignette depicted a fictional character, Arrow, who displayed externalizing behaviours (e.g., aggression, non-compliance). The second vignette portrayed a fictional child, Bronwyn, who expressed internalizing behaviours (e.g., fearfulness, sadness). The third vignette represented a fictional child, Jordyn, who exhibited a combination of externalizing and internalizing behaviours (e.g., aggression, sadness). Gender-neutral names were assigned to the character, and left up for the participants to potentially interpret. The following is an example of the externalizing vignette:

> Arrow is a five-year-old who spends their weekdays at a childcare centre. Shortly after their arrival, they begin to play lego with a classmate. Their classmate takes a piece of lego from the pile. Arrow grabs the lego from their classmate's hand, screams and says "That's my favourite lego!". Arrow throws the box of lego to the ground and calls their classmate an "Idiot". Arrow often gets into fights like this during the day, and sometimes hits their classmates or the early childhood educators. The early childhood educators frequently note that Arrow does not listen or follow the class rules. Arrow's parents explain that they behave like this at home, and often yell and hit their younger sister when they become upset.

The vignettes were specifically created for the present study and were not based on pre- existing vignettes used in the literature. The author developed the vignettes by drawing on relevant research that outlined and provided examples of externalizing and internalizing behaviours, as well as their professional experience working with young children for mental health services. One of the criticisms for using a vignette methodology is that they are hypothetical and reduce external validity (Anguinis & Bradley, 2014). However, according to

Bradbury-Jones, Taylor, and Herber (2014) having the vignettes based on real-life scenarios helps maintain authenticity and generalizability, while also protecting anonymity.

When employing a vignette methodology, researchers recommend creating multiple vignettes and sending them to members of the target population before choosing the most appropriate vignettes for the study, as this will help ensure clarity, familiarity and neutrality (Anguinis & Bradley, 2014; Evans et al., 2015; De Macedo, Khanllou, & Luis, 2015). That being said, the researcher consulted ten individuals who had experience working with young children in early childcare settings, to rate six vignettes on eight criteria. Two pairs of vignettes for each type of behaviour (i.e., two externalizing, two internalizing and two mixed externalizing/internalizing) were presented to the individuals. The criteria were based on whether the vignette was written clearly, whether it was realistic, whether it caused discomfort etc. They were also asked to provide additional feedback if they felt it was necessary.

After they read the vignette they were to respond to eight written statements (e.g., the vignette is written in a clear manner), by indicating whether they strongly agreed, agreed, were undecided/neutral, disagreed or strongly disagreed. Many individuals noted that they wanted to know whether the child's behaviour was present in other environments and how long the behaviours had occurred for. Thus, this was added to the vignettes that were selected for the study. This is inline with De Macedo et al. (2015) who demonstrated the significance of employing sufficient information to avoid difficulty in interpreting the vignette and not being able to evaluate the character.

Data analysis

Thematic analysis. First and foremost, the author engaged in organizing and preparing the data before tending to data analysis. They began by transferring the raw data (i.e., the

participant's written responses from the online survey) to an Excel spreadsheet. This helped the author manage the data through the computer-assisted qualitative analysis software (CAQDAS) NVivo. The CAQDAS did not analyze the data for the researcher, rather it was used because it is well known for providing tools that assist researchers in managing qualitative data. Rather than manually coding, NVivo provided an efficient process for the user as they were able to highlight, re-arrange, combine and re-name codes with the click of a button (Salkind, 2010). Furthermore, the software allowed the researcher to keep a journal to backtrack their steps and create an audit trail, while also allowing them to create conceptual models (e.g., visual maps) from inception to the completion of the study.

After the excel sheet had been imported to NVivo, the author immersed themselves with the qualitative data by actively reading it repeatedly, while generating first impressions, emergent ideas, thoughts and patterns, with every read (Nowell, Norris, White & Moules, 2017). Once the author felt that they had familiarized themselves with the data, the coding process followed, which entailed assigning parts of the data (e.g., sentences or paragraphs) with a label that related to the research question. The author allowed the codes to emerge from the data, and sometimes words were taken directly from the text to create codes (referred to as "in vivo" terms) (Given, 2008). To maintain rigour and trustworthiness throughout the coding process, the author engaged in reflexive journaling by recording their thoughts and ideas about potential themes in the data set (Leavy, 2017; Nowell et al., 2017).

Thematic analysis proceeded, where similar codes were grouped into themes. Nowell et al. (2017) underscored the essence of themes when they stated that they "appear to be significant concepts that link substantial portions of the data together" (p. 8). The author accomplished this by writing memos to call attention to codes that had similar meaning, and

categorized them into two high-level themes. Typically, the number of themes is between 5-7 (Creswall, 2014), and initially 7 themes were derived from the data, however subsequent theoretical frame analysis and a close reading of the text landed on two dominant themes. They also developed a map to visually portray the connections between codes and themes and the research question. Finally, the author reviewed the themes and refined them as needed.

Theoretical Framework Analysis. A theoretical framing technique was also applied to the data. This method allowed for a multi-vocality perspective, where the author applied various theoretical frames to the data. This method of analysis presumes that written or spoken text has multiple meanings (Winslow, 2014), and therefore was employed to uncover meanings in the data that might not otherwise be recognized (Barbour, 2014; Winslow, 2014). A total of nine theoretical frameworks were generated from the data and applied to the codes thereafter. The theoretical frameworks were as follows: emotional lens, psychological lens, social lens, child lens, behavioural management lens, developmental lens, deficit based lens, family lens and teacher lens.

A developmental lens consisted of viewing the child in a stage-based manner and considered the child's age, maturity and abilities (e.g., problem-solving capacity). A behavioural management lens entailed strategies that aimed to correct and manage the behaviour (e.g., behavioural modelling, behavioural reinforcement). When a applying a family lens to the data, this perspective included family-related explanations and strategies (e.g., talking with the family, siblings, parental separation). A deficit-based lens included viewing the child's behaviour as deficient (e.g., lack of sharing ability). An emotional lens consisted of identifying emotions or providing emotion-related explanations (e.g., anger, frustration). When a social lens was applied, the data was reflective of the environment (e.g., consequences, since

it implies social control). A teacher lens entailed data that was representative of strategies that the teacher was responsible for imposing on the child (e.g., discussing wrongful behaviour). A psychological lens was descriptive of psychological explanations (e.g., anxiety, social anxiety) Lastly, a child lens encompassed data that was focused on the child (e.g., focusing on the child's interests).

Close Reading of The Text. The researcher generated codes inductively, and later revisited the codes where they applied multiple lenses to the data. The researcher focused on diction, particularly the respondent's word-choices, they considered their punctuation, as well as the tone of the writer's passage. This formed a close analysis of the text and allowed for a deeper understanding the data.

CHAPTER 5: FINDINGS

Respondents were asked to consider three written vignettes that were positioned to illustrate externalizing, internalizing and mixed externalizing/internalizing behaviour. This study explored the interpretations that ECEs use to determine the causes of young children's behaviour and their awareness of emotional distress. It also examined the strategies that they would employ when responding to a child that expressed any one of these types of behaviours. The study was administered online as a survey and was organized into three sections: 1) demographic questions 2) survey questions and 3) vignettes and related questions. Descriptive statistics were used to assess the participant's responses to close-ended questions that appeared in the demographic and survey questions. A thematic analysis approach was used to analyze the open-ended questions from the survey and vignette questions. Using this method, two themes emerged that were all encompassing of the data. The first theme represents a preference for positive emotions, thereby suppressing negative emotions, and the second theme illustrates an

absence of trauma-informed language. The second theme also includes three subthemes: absence of trauma-informed training, absence of trauma-informed explanations, and absence of trauma-informed responses. A theoretical framing method was employed to gain a deeper analysis of the data and allowed for a multi-vocality perspective, which entailed analyzing the qualitative data through various lenses.

Demographic Responses

The present study was a pilot study, therefore the anticipated sample size was between 6- 10 participants. The final sample consisted a total of 10 (n = 10) ECEs and all reported that they were female. This is likely due to the fact that a majority of the ECE workforce is comprised of females (i.e., 96%, as of 2016) (Statistics Canada, 2018). In regards to educational background, 90% (n = 9/10) of participants had a diploma in ECE and 50% (n = 5/10) of participants had a bachelor's degree in ECE (See table 1). All participants (n = 10) graduated from Ontario post- secondary programs. This was a requirement of the study, as ECE is a provincially regulated profession. A majority of the participants (90%, n = 9/10), reported that they were a registered member of the College of Early Childhood Educators (RECE). The work experience of ECEs that participated in this study spanned from 4 to 17 years, with the mode being 6.75 years (M = 8.166, SD = 4.5) (See table 2). A majority of the participants worked in centre-based care (80%, n = 8/10), and for the school board (70%, n = 7/10) (See table 3). Fewer had worked for child and family programs 30%, n = 3/10) and home-based care (30%, n = 3/10). No participants worked for mental health services, and few had worked for early intervention programs (20%, n = 2/10) and supports for children with special needs (30%, n = 3/10).

This table describes the participant's educational background.

Table 1
Educational background

	Mean	SD
Diploma ECE	0.9	0
Bachelor's ECE	0.5	0.527
Registered ECE	0.9	0.316
Ontario graduate	1	1

All participants in this study were Ontario graduates. A majority had obtained a diploma in Early Childhood Education (i.e., 90%) and half had obtained a bachelor's degree (i.e., 50%). Almost all participants were registered members of the college of ECEs (i.e., 90%).

This table shows the mode, the mean and standard deviation for the average number of years worked.

Table 2
Number of years worked

	Mode	Mean	SD
Number of years worked	6.75	8.166	4.5

The mode for the number of years worked is 6.75. This represents a reasonably experienced sample.

This next table presents the participant's employment history in different settings.

Table 3
Experience in Employment Settings

	Mean as %	SD
School board	70%	0.483
Centre-based care	80%	0.421
Home-based care	30%	0.483
Child and family programs	30%	0.483
Mental health services	0%	0
Early intervention programs	20%	0.421
Special needs support	30%	0.483

It is noticeable that a majority of the participant's have worked in centre-based care (i.e., 80%) and for the school board (i.e., 70%). Few participants worked for early intervention programs (i.e., 20%) and no ECEs in this study worked for children's mental health services.

Close-Ended Survey Responses

Three close-ended survey questions were asked to participants. When asked whether they thought if ECEs were educationally prepared to identify emergent mental health concerns in young children, 60% ($M = 0.6$, $SD = 0.516$) responded with yes. The second question inquired about whether they thought that ECEs interpreted children's behaviour, and all participants (n = 10) agreed. The second inquired about whether they thought that ECE's biases influenced their interpretation and again all participants (n = 10) agreed.

Thematic Analysis of Open-Ended Questions

A thematic analysis was applied to the string data that was provided in response to the vignettes. The researcher engaged in an inductive coding approach, and allowed the codes to emerge from the data. Codes were then grouped into themes and refined into two high level themes. Subthemes were also created for the second theme.

Theme 1: Emotions? No, no, no, put them away! An emotion-avoidant pattern emerged across the ECEs responses, where they introduced strategies that intended to stop the child from expressing a negative emotion and related behaviour. This is noticeable irrespective of the type of emotion and related behaviour (internalizing, externalizing, mixed internalizing/externalizing) that was presented in the vignette. The respondents emphasized that there is a preferred way of expressing one's emotions and related behaviour (i.e., positive emotions only). While ECEs focused on addressing the behaviour, they seemed to be neglecting the underlying emotional distress that may be causing the child to behave this way.

In the next response, the participant identifies that the child feels possessive and that their happiness is threatened. They align the child's feelings with their behaviour. The participant suggests that there is an appropriate way of expressing one's emotions when they state that the child may not know how to convey their feelings. However, the child seems to be conveying their feelings, they just do it in a way that is not preferred and might be troubling to others.

> *"Arrow may feel possessive towards the items they have a strong preference to as a result of it potentially bringing them happiness and then being taken away. Calling the peer an "idiot" may be a result from not being supported in understanding how to convey their feelings to achieve their desired result while also not putting others down."*

Similarly, the next participant identifies anger and attaches it with not knowing how to cope.

> *"It seems that Arrow has not developed self-regulation strategies to cope with situations that make him feel angry."*

This implies that there is an appropriate way of coping with anger. However, the child is expressing feelings of pain, and their pain-based behaviour is reactive, which we can infer is why the participant suggests that Arrow cannot cope. We know that from a trauma-informed lens, that the child could be in fact coping with unresolved trauma, and the manner of coping (it being disruptive and reactive) is what the ECE seems to not accept. Under this view, it appears that instead of expressing negative emotion, supressing it at the expense of the child's distress is desired.

After participants provided various strategies that the ECE could engage in to respond to the child who displayed externalizing behaviour (e.g., setting consequences, behavioural reinforcement, supporting self-regulation), they frequently stated that the method would "help"

the child “understand”, “recognize”, or “realize” their behaviour. This implies that the behaviour is deficient and requires remedying. Consider the next participant’s response.

> *“I would suggest the educator attempts strategies with Arrow surrounding self-regulation such as implementing the zones of regulation to see if improvement is made...”*

The participant suggests that Arrow is taught self-regulation and follows with “to see if improvement is made”. Drawing on their word choice “improvement”, it implies that the behaviour is worse (or bad) before it gets better (or good).

This finding is also illustrated in the next response.

> *“Guide arrow through the situation, ask him if he thinks it was a good idea and follow lead”*

When they suggest asking whether behaving this way was a “good idea”, it betrays that the ECE has interpreted that the child’s behaviour was a “bad idea”.

In regard to the internalizing vignette, a large portion of ECEs (9/10) mentioned that they would foster interactions with peers. Although their approach is warm when trying to promote interactions for Bronwyn, it’s noticeable that they view solitude as a problem, and they attempt to solve it by stimulating interaction with others. Consider the following two responses.

> *“Encourage side by side play, having lots of items they can all use. Possibly have one friend start to interact with B to see if they will accept some interaction. Encourage B to interact by giving a task to do. This will help interactions and involvements”.*

The ECE is encouraging as they support the child’s potential interaction by providing many items the children can use. They are not pushy in their approach, as they anticipate whether or not Bronwyn will interact. When they state, “this will help interactions and involvements”, it illustrates the ECEs’ desire to resolve Bronwyn’s loneliness.

> *“Possibly promoting activities that Bronwyn is most comfortable with for the first little while, and initiating peer group entry experiences. If that is not yet adaptable, possibly*

promoting a table that provides the experiences that Bronwym enjoys that is available to only one other child to initiate small group/parallel play... Communicating positively to parents and maybe saying good bye to Bronwyn and asking other friends if they would like to say bye to her would be helpful also."

We can see in the previous response that when the respondent says "not yet adaptable" and "helpful", that the child's loneliness needs fixing and that they expect Bronwyn's feelings of loneliness will eventually change, so long as they introduce a method that works.

The following participant mentions that Bronwyn might choose to continue playing alone even after attempting to get them to interact with others.

"Inquire about what Bronwyn enjoys doing in the classroom and potentially the peers they like to interact with. They may further delve into their preference of playing alone..."

Initially, the respondent demonstrates the need to foster interaction to mend Bronwyn's solitude. However, it's implied that if their strategy does not work they would not try and resolve their loneliness further. Perhaps, because they perceive playing alone as a personal preference.

The participant's responses to the mixed externalizing/internalizing vignette highlight that the goal is to stop both behaviours from occurring and that positive emotion-related behaviour is preferred. The following ECE's response reveals that they prefer that the child does not feel sad or angry.

"*Cuddle! Lots of affection and redirection during arrival, possibly using reference to things that Jordyn loves to participate in during the day! Even using methods of choice. Would you like to read a book? We can read it together if you'd like! Or another example, do you want to put the book away or read it? Read it? Okay, can you ask me, please? (Model behaviour and question) and observe. If anger is repeated, explaining that it is not kind can also allow children to develop empathy cues."*

They suggest showing the child affection during arrival, as this is where the child is portrayed in the vignette to be crying. The ECE does not suggest talking to the child about

feeling sad, why they might be feeling this way, nor does it seem like they just let them feel sad and cry. Rather, it seems as though their affectionate approach is intended to stop the child from crying and feeling their emotions. In the last sentence, it seems that expressing a negative emotion that is more disruptive is disallowed, as they say that if anger was repeated they would explain to the child that it is not kind. Anger is a natural emotion that the child will feel again, thus it's implied that they are conveying to the child that they should supress their anger.

Theme 2: Absence of Trauma-Informed Language. What was striking about the dominant discourse was the absence of trauma informed-language that prevailed across all open-ended questions. The open-ended questions from the survey instrument were as follow: 1) What kind of education or training have you received to identify children's emergent mental health concerns? And 2) Please explain how you think early childhood educators interpret behaviour. The first vignette depicted a child, Arrow, who displayed externalizing behaviours, the second vignette portrayed Bronwyn, who expressed internalizing behaviours and the third vignette described Jordyn, who presented with both externalizing and internalizing behaviours. The two open-ended questions that were presented after all three vignettes were as follows: 1) What do you think is at the root cause of the child's behaviour? and 2) What might you suggest the early childhood educator do?

Absence of trauma-informed training. Sixty percent of participants (n = 6) agreed that ECEs were adequately prepared to identify emergent mental health concerns in young children. A majority of the participants described that their training came from pre-service education or workshops. In pre-service education, they mentioned that they had learned about it in no specific course, throughout a few courses and in one particular course. One participant stated that they had no training at all. When participants mentioned that they were trained in workshops, it was

frequently mentioned that the focus was on behavioural identification. Notable in the participant's responses is the absence of trauma-informed language when discussing the type of training they received. While the Code of Ethics and Standards of Practice (2017) states that RECEs are supposed to be familiar with an array of strategies to support children's mental and emotional health, it seems that from this pilot study that their knowledge is limited.

The following participant's responses suggest that the information is taught from a behavioural management lens, as they describe that the workshops they attended focused on behaviour identification and management. Consider the next participant's response.

> *"What was taught in school, and attending various workshops offered afterwards, to areas in which I wished to learn more of. Workshops can be three or four part series focusing on various needs and how to identify them. I've attended various speech and behaviour management workshops"*

The respondent does not state that the workshops addressed that the behaviour could be trauma- related, nor did they suggest that there was reflection of the possibility that for some children behavioural interventions could be a form of re-traumatization.

One participant explicitly states the developmental focus in pre-service education.

"*Pre-service classes focusing on development and wellbeing."*

In cases where it is explicitly mentioned, the respondents indicate the insufficient amount of training in pre-service education.

> *"One course in college"*

> *"No specific course, but it has been touched on in a few courses in my postsecondary education.*

One participant states that there was one course that touched on the information in college, while the other mentions that it has been touched on throughout their education.

The comments in the next participant's response suggest that workshops focus on behavioural identification.

> *"Workshops and presentations that have included information and videos to help assist educators in being able to recognize or identify social cues, physical cues, types of common behaviour patterns, etc."*

This demonstrates that professional development objectives tend towards behavioural approaches to understanding and managing children's behaviours.

It's interesting to note that a participant that has experienced both college and university level education indicated that there is more information on the topic in their degree program.

> *"I learned about some in college course and more in my degree program (which I have not yet graduated from but am currently enrolled). Also life experience, reading, learning from other professionals, through direct interaction with children with diverse needs. I wouldn't say I know enough to diagnose, but I feel competent enough to notice if something is not right and needs to be monitored or explored further."*

This could mean that they are learning more of the information but through a behavioural lens, not necessarily other perspectives.

All participants (n=10) agreed that ECEs interpret children's behaviour. When asked to describe how, participants revealed that ECEs interpret behaviour based on their personal knowledge (i.e., biases and experiences) and educational training. Many responses addressed that their educational knowledge was rooted in child development, which is why they drew on that perspective to interpret behaviour. The following two responses explicitly convey this message.

> *"different philosophical ideas on early childhood development can interpret behaviour differently. personal experience can influence ideas on behaviour."*

> *"Early childhood educators naturally make assumptions based on their knowledge of child development and the child's family and unique background."*

The next participant's response indicates the lack of trauma-informed training.

> *"We interpret by using our knowledge of child development and whether or not it is typical development."*

The participant uses the term "typical" which insinuates that if behaviour does not meet certain standards that it is "atypical". This binary-based outlook on behaviour is tied to a deficit-based model that is often present in psychological staged theories, developmental and medical perspectives.

The next response by a participant conveys that there is an insufficient amount of knowledge taught to ECEs on this topic.

> *"Educators interpret behaviour on a very "average" or "common" set basis. A lot of our early years training, and abilities that have been developed to identify different and unique abilities within child settings, have been structured in a way to identify children's behaviour in a comparative manner. For example, "How does the child stop this behaviour", a lot of the time the question becomes, "How does the children/does the average child learn to stop behaving like this?" However, with help over the years of being in the field, we learn to remove influences and identify children's behaviour as unique, subjective, independent, and based on the child's individual needs, age, and stance of development during that time."*

The insufficient knowledge taught is apparent when they state that behavioural interpretation is accomplished on an "average" or "common" set basis. They highlight that a behavioural lens is dominant when they mention comparing children's behaviour and stopping certain types of behaviour from occurring. Although they mention that their experience working in the field allows them to view children's behaviour "as unique, subjective and independent" they explain that this is done based on the child's needs, their age and their stance of development. Thereby, contradicting their view of the child as subjective and unique by drawing on wider developmental concepts.

Absence of trauma-informed explanations. Across the vignettes, participants provided causes of the child's behaviour that were absent in trauma-related explanations. Trauma related exposures such as abuse (physical, sexual, emotional/psychological, neglect),

witness to abuse, accidents, natural disasters, experiences of violence, caregiver loss, terrorism etc., are omitted from the responses.

When asked what they thought was at the root cause of Arrow's behaviour (externalizing vignette), one participant mentioned the following:

> *"It seems that Arrow has not developed self-regulation strategies to cope with situations that make him feel angry."*

It appears that the participant adopts a deficit-based perspective, where they attribute the child's behaviour to a lack of self-regulation ability.

When participants were asked what they thought was at the root cause of Bronwyn's behaviour (internalizing vignette), a majority of the ECEs provided an emotional explanation. They suggested that the child had anxiety, social anxiety, that they were feeling uncomfortable, and one participant stated that it could be due to stress. For the most part, participants do not explain what the cause of the anxiety may be, nor where it could stem from. They also suggested that the child's behaviour could be due to a personal preference for solitude or part of their personality (e.g., shyness). They do not address that the child's anxiety could be the result of trauma. When they suggest that Bronwyn is experiencing anxiety, the responses are often short in length, implying that their knowledge doesn't go further. This might be attributable to the fact that the question did not ask participants to expand on what they thought the cause of the anxiety could be. Consider the next responses.

"Social anxiety"

"Bronwyn May have some type of anxiety or high stress levels."

"This child may have anxiety."

On the contrary, the next participant explains that the child's social anxiety could be due to the child's personality. They do not raise the fact that it could be due to trauma.

"Bronwyn may be experiencing social anxiety or discomfort due to their shy or timid nature/personality."

In the next response, it is apparent that the participant attaches a familial explanation to the child's externalizing behaviour, particularly in relation to getting what they want.

"Jordyn might be an only child that is used to getting what they want. Or there could be things going on in their life such as parents separation."

The participant explains that because they have no siblings they have not learned to share with another child and "getting what they want" implying that they think the child may be spoiled. Additionally, by suggesting that parental separation is the cause they place blame on the parents.

The next participant's response explains that Jordyn's behaviour is the result of wanting attention.

"Jordyn may be missing mom, or really craves the one on one attention that doesn't always happen at daycare due to the numbers of children during the day. Weather negative or positive, Jordyn is seeking attention and any attention is better than no attention in their minds."

The participant mentions that attention-seeking is "negative or positive", which implies that attention is worthy or unworthy.

Absence of trauma-informed responses. When participants were asked, "what might you suggest the early childhood educator do?", the participants responses were absent of trauma- informed language. They failed to mention trauma-responsive policies or trauma screenings. Additionally, when they suggested involving the parents (i.e., by discussing the child's behaviour, or inquiring about other factors that could be interfering with the child's life), they do not consider that the parent could be the source of the child's trauma (i.e., in cases of abuse), or that the parent themselves may be traumatized and also requires support.

The responses reveal a "tit-for-tat" approach, where behaviour is met with a mirrored response (Brendtro, 2019; Long, 2014). Brendtro (2019) refers to the work of a psychologist Paul Diehl (1987), who explains that if the tone of an interaction is filled with signs of rancour, the interaction will only get worse. Brendtro (2019) defines rancour as "a demeaning reaction, which conveys hostility and rejection" (p. 15). This includes blame, hostility, dominance, indifference, etc. (Brendtro, 2019). Anglin (2002) and Brendtro (2019) demonstrate that rancour causes pain-based behaviour to escalate. Rather than mirroring the pain-based behaviour with rancour, Brendtro (2019) suggests that signs of respect are required to de-escalate the situation and support the child. A warm approach that conveys signs of respect includes friendliness, empathy, encouragement, forgiveness, etc. This approach is more effective when responding to a child who has experienced trauma because it communicates that there is no threat, which will help bring the child's elevated stress hormones back to baseline.

With respect to the first vignette (externalizing behaviour), the participant's suggestions were illustrative of signs of rancour, especially when trying to manage the behaviour. This suggests that they may endorse that externalizing behaviour should be met with harsh reactions in order to prevent them from re-occurring in the future. Moreover, that responding with signs of respect could interfere with trying to manage externalizing behaviour. Consider the next participant's response:

> *"Guide arrow through the situation, ask him if he thinks it was a good idea and follow lead"*

The tone suggests that the ECE is attempting to evoke guilt in the child. When the ECE says "ask him if he thinks it was a good idea", it seems that they try and instil feelings of guilt for mis- behaving, with the intention that they learn that their behaviour is unacceptable and that they do no repeat it in the future.

Another participant expresses a directive stance when they suggest the following:

> *"Explain to Arrow Other ways to deal with the situation. Telling Arrow to use his 'words' and tell his friends to stop. Inform Arrow hitting is not always an option. Going over the classroom rules with Arrow."*

"Explaining", "telling" and "informing" the child sound like instructions, especially when the ECE follows this with going over the classroom rules, which are generally intended to maintain social control or to teach self-regulation.

A tone that demonstrates evoking guilt and a lack of respect for the child's agency is present in the following participant's response.

> *"Educators should go to Arrow calmly and at his level and help him calm down first and show him by him behaving the way he did does not help the situation and hurts others. Helping him understand that he can ask in different ways and helping him learn how to share and take turns…"*

Although the participant mentions that the ECE should talk to the child in a calm manner, it sounds like they try and evoke guilt in the child when they suggest telling them that their behaviour hurts others, and when they say that they make the situation worse. The participant also assumes that the child lack's agency when they say "help him understand…" and "helping him learn how…". The participant fails to consider that the child may already know how to share or ask in different ways, thereby denying their competence, and failing to attribute their distress.

When asked how an ECE might respond to Bronwyn (internalizing behaviour), the participants' suggestions reflected signs of respect. This suggests that ECE's responses to internalizing behaviours warrant warm reactions. Consider the next response.

> *"The educator needs to build a trusting relationship with the child and not force the child to participate but always extend an offer..."*

This response communicates a tone that is friendly, as they use the terms “not force” and “always extend an offer”. Additionally, they mention building a trusting relationship with the child, thereby encouraging a relationship that makes the child feel safe.

The next response presents a tone of encouragement and kindness.

“Encourage play with others with favorite activities…”

It appears that the participant illustrates kindness as they emphasize Bronwyn’s interests by incorporating their favourite activities.

The ECE seems to be encouraging as they support the child’s potential interaction by providing many items for the children to use.

> *“Possibly promoting activities that Bronwyn is most comfortable with for the first little while, and initiating peer group entry experiences. If that is not yet adaptable, possibly promoting a table that provides the experiences that Bronwym enjoys that is available to only one other child to initiate small group/parallel play. Along with this, an ECE will be present and encouraging the experience with Bronwyn to the comfort that seems best appropriate according t other educators observation. For example, “I love how squishy this playsough is. Do you, Bronwyn? What about you, Child B?” Relating Bronwyn’s experience to the other child’s can relate to perspective taking and slowly allow for comfort during play with other children. Communicating positively to parents and maybe saying good bye to Bronwyn and asking other friends if they would like to say bye to her would be helpful also.”*

The ECE expresses a comforting tone, as they are effortful in the different strategies they provide that will appeal to Bronwyn. Specifically, they mention “promoting activities that Bronwyn is most comfortable with” and provide a second and third response, “promoting a table that provides…” and “Communicating positively to...”. Additionally, they are patient when they state “slowly allow for comfort during play”.

When participants were asked how an ECE might respond to Jordyn, who was described as expressing both externalizing and internalizing behaviours, they suggested an approach that combined harshness and warmth. Responses that were indicative of a harsh

approach gave off signs of rancour, while responses that were illustrative of a warm approach gave off signs of respect (Brendtro, 2019).

In the following participant's response their tone is caring and affectionate in the first half, until the last sentence where a colder tone emerges. This contrast between approaches is also noticeable in their use of punctuation for emphasis.

> "*Cuddle! Lots of affection and redirection during arrival, possibly using reference to things that Jordyn loves to participate in during the day! Even using methods of choice. Would you like to read a book? We can read it together if you'd like! Or another example, do you want to put the book away or read it? Read it? Okay, can you ask me, please? (Model behaviour and question) and observe. If anger is repeated, explaining that it is not kind can also allow children to develop empathy cues."*

The participant uses words like "cuddle!" and "lots of affection", they also mention referring to things that "Jordyn loves to participate in during the day!", and in their example they say "we can read it together if you'd like!". The words they have chosen to use here, convey a tone that is affectionate and caring. They use this language particularly "during arrival" where the child is portrayed in the vignette to be crying and sad. On the other hand, a harsh tone is apparent when they refer to Jordyn feeling angry, and they suggest that the ECE explain that the behaviour is not kind. This is also observable in their punctuation, as they use exclamation points and question marks for emphasis while writing about how the ECE should respond to the child's sadness, and use a comma and period while writing about how they should respond to the anger.

Another participant shows the same pattern within their response, however they begin with a harsh approach and shift to a warm one near the end.

> *"Working closely with the child and letting them know how to ask for the book and giving them other options on how to react or ask for things. Helping them feel comforted and loved and going to an activity with this child and working with them for some time."*

When the participant says they will "let them know..." and give "them other options to react or ask for things…", a directive stance prevails as it enforces how the child is expected to behave. The next part of the response displays an affectionate tone, as they use words like "comforted", "loved", and "working with them". This implies that externalizing behaviour should be met with a harsher approach and internalizing behaviour with a warmer approach. Additionally, they mention that they would explain to the child that there are "other options on how to react", which suggests that there are acceptable ways and unacceptable ways of expressing one's distress. This implies that they fail to view this behaviour as a coping mechanism for experiencing trauma.

In the next response, the participant supports this theme as they give off a harsh approach, where they suggest a punitive strategy to manage the child's behaviour. The next sentence in their response presents a tone of care as they suggest building a trusting relationship with the child, so that the child can feel safe. Although the participant supports this theme at the beginning, they seemingly contradict it later on. In this one rare example, we see a participant use trauma-informed language when referring to the cause of the child's behaviour, as they mention talking to the parent to understand whether the child has experienced a personal loss.

> *"I would suggest setting limits with clear and consistent consequences. At the same time they need to develop a secure and trusting relationship with the child. I also think the educator could ask the mother if there is anything going on at home out of the ordinary or if the child experienced any traumatic experience such as the loss of a trusting caregiver or the death of someone close."*

Theoretical Framing Analysis

A deeper analysis was obtained by applying a theoretical framing analysis, which unveiled meanings in the text that might not have otherwise been noticed (Barbour, 2014; Winslow, 2014). The following theoretical frames were applied to the data: emotional lens,

psychological lens, social lens, child lens, behavioural management lens, developmental lens, deficit based lens, family lens and teacher lens. Once all of the lenses were applied to the data, the researcher was able to compare the lenses that appeared in some questions while not others.

When the lenses were applied to the question that asked "what is at the root cause of the child's behaviour?", it was noticeable that the theoretical underpinnings for the responses to the internalizing vignette differed. They did not include the same four theoretical frames (i.e., behavioural management lens, deficit-based lens, developmental lens and family lens) that were present in the other two vignettes. The frames were as follows: psychological lens, emotional lens and child lens. This suggests that ECEs do not perceive internalizing behaviour to be a deficit. Although a deficit-based lens is used in the externalizing/internalizing vignette, the participants only refer to the externalizing behaviour as a deficit.

When the theoretical frames were applied to the question that asked, "what might you suggest the early childhood educator do?" the child lens made an appearance only when participants responded to the internalizing vignette. Under this lens, participants' approaches communicated signs of warmth. For instance, they directed comfort towards the child, encouraged the child, and focused on the child's interests. When a behavioural management lens was applied to the data, it was present across all vignettes, however with respect to the internalizing vignette the behaviour that the ECEs intend to manage was the child's solitude. It seems like they only view loneliness as a problem that needs solving, as opposed to the anxiety and social anxiety that they interpreted the child was experiencing.

CHAPTER 6: RIGOUR AND LIMITATIONS

This section discusses the various measures that demonstrate the rigorous manner in which the research was conducted. Nowell et al., (2017) stress the importance of rigour, as

they assert that the results would be meaningless without it. The section that discusses rigour includes a discussion of the author's reflexivity, the audit trail, the triangulation process, credibility and thick description. Limitations are also discussed and mainly focus on methodology.

Rigour

Reflexivity. I situate myself in the research process in order to address my attitudes, personal experiences, values and biases so as to gain a deeper understanding of how I came to the findings (Berger, 2015; Dogson, 2019; Patnaik, 2013). I identify as a young white woman and a Master's student in the Early Childhood Studies program and recognize the power differentials (Dogson, 2019), between myself and the participants. I am aware that I am in a privileged position, as I have the financial ability to study at this level of education. Moreover, it has afforded me with the time to conduct this research. My practical experience also led me to have an interest in this topic. In this position, I have had the privilege of immersing myself in a topic that I wished to learn more of for several months. I recognize the participants in the study do not have access to the same degree of knowledge, since they are in different positions than I am. Additionally, I identify myself as an outsider because I am not an early childhood educator. Although I have worked in childcare settings, my experiences have been focused in mental health services. This experience also further enhances my knowledge over the ECEs who participated in the study, as none have experiences working in a mental health setting.

I would also like to address how my personal work experiences could have impacted the meanings that I drew from the data and what I failed to see. I have worked with children who portray an array of these types of behaviours, and I often work alongside or under the supervision of ECEs. I have witnessed a variety of responses to the children's behaviour by

ECEs. With the knowledge that I had acquired during my Masters program and Masters Research Paper, I was able to relate the information that I was learning about in the real world. Being aware of this, I had to reflect on possible confirmation bias and how this could have influenced my interpretation of the data. Therefore, I was effortful in my ability to separate my personal experiences from the participants' responses, by writing down any emotional reactions I had when reading the data and reflecting on why I may have been feeling this way.

Audit trail. The author developed an audit trail, which entailed documenting their decisions and changes throughout the research process (Nowell et al., 2017). This began from inception, as the researcher kept a journal for notes on the research questions, the literature, and the decisions and steps that lead them to the final product of the study. They kept a separate journal that was specific for data analysis, where they recorded their first impressions, reactions, thoughts and ideas. Electronic documents were also part of the audit trail and stored in a folder on the researcher's computer. Furthermore, records of the raw data are stored in a password-protected file and will be kept for five years.

Credibility. The researcher demonstrates their credibility, as they triangulated the data with the literature throughout the analysis process. They also incorporated two different forms of data analysis (i.e., thematic analysis and theoretical framing analysis), which provided a deeper and more comprehensive account of the findings (Heale & Forbes, 2013). Additionally, the data was triangulated as it incorporated both quantitative and qualitative methods. The study also included multi-vocality, where the findings were generated from multiple ECE voices. Lastly, the theoretical framing analysis offered a variety of meanings to emerge.

Thick description. The researcher provided a thick description of the methodology as they described the steps that they took to arrive at the results. They included rich and thick

descriptions of the data analysis process, and presented original data by quoting the participant's written responses. Additionally, in the section below they are transparent about the methodological limitations of the study.

Limitations

When comparing the volume of text for the first question on the internalizing vignette (what is at the root cause of Bronwyn's behaviour?), there is a noticeable drop in the quantity of writing. It is possible that internalizing behaviour is more noticeable in the vignette because of the way that it was written. In the real world, it may be more difficult to recognize this type of behaviour because it's not overt, making it less noticeable. Additionally, the survey questions may have primed the participants to think about the child's behaviour in a mental health lens, and once they identified that the child could have anxiety they did not expand on their explanations. This could have been due to the fact that the question did not ask for the participant's to provide further explanation.

The vignettes were based on a combination of the researcher's personal experiences while working with children who exhibited these types of behaviours, with examples in the literature that outlined children's externalizing, internalizing and mixed externalizing/internalizing behaviour. Additionally, they were provided to a group of individuals who rated the vignettes on a range of dimensions to assess clarity, degree of behaviour, realness, etc. Although the researcher engaged in strategies to enhance ecological validity, the ECEs responses could have differed in real life. Particularly, if the degree of the behaviours were more distressing or if the strategies that they attempted to use did not work.

The participants were given an unlimited amount of time to respond to the survey and were able to provide their responses remotely and in private. Although this provided them with

no time pressure to respond and granted easy access for participation, it is possible that participants were able to consult with other people, or search information online that could have informed their responses. If a study of this nature were carried out online in the future, it would be beneficial for researchers to implement a function that does not allow opening other browsers while completing the survey. Additionally, applying a stricter time limit could account for this limitation.

This online mixed method survey presented the demographic questionnaire and survey questions prior to the vignette section. There was an observed fatigue effect, as 15 participants partially filled out the study. Participants stopped responding before the vignette questions were asked, or they stopped responding after the first vignette question, and did not complete their submission. In future, if this study were conducted online the vignette questions could be presented first to avoid fatigue. Additionally, an incentive could be provided to encourage participation. The survey questions used the term "mental health" which could have primed the participants to think about the child's behaviour, at least in the second vignette, with a mental health lens. This would be another reason to present the vignettes first instead of having them presented towards the end.

CHAPTER 7: DISCUSSION

The sample of ECEs in this study are highly qualified, as they have all fulfilled post-secondary education credentials (i.e., diploma and bachelor's degrees). Additionally, a majority are registered ECEs, and they mentioned that they attended professional development courses. Despite this, a dominance of strategies that ECEs suggested attempted to remedy behaviour that they seemingly perceived to be problematic. This suggests that ECEs are ill prepared to support children in dealing with their emotions, as they seem to try and stop behaviour when it emerges

without addressing the underlying emotion. When the emotional distress that may be causing the child to behave this way is ignored, what message does this send to the child? The data in this study is not large enough to conclude that ECEs lacked confidence in their skills in supporting a child in distress, but the findings seem to imply that this is true. Similarly, Alisic's (2012) research found that although elementary school teachers had the desire to support a child who had experienced a traumatic experience, they felt incompetent in providing it. More research is needed to confirm this with a sample of ECEs.

ECEs professional identity has heavily focused on fostering learning, which Elfer (2010) suggests may be one of the barriers in providing children with mental health support. Practitioners may not hold as much importance in promoting emotional development because they do not associate it with their professional role. However, educators must first deal with the emotional piece before children can begin to succeed academically (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). The Early Childhood Standards of Practice (2017) emphasizes a holistic view of the child. However, when the system as a whole (e.g., policy, education and training standards) prioritizes certain aspects of child development (i.e., behavioural development) and minimizes others (i.e., emotional development), it fails to view the child holistically. Consequently, the traumatized child may be oppressed in a system of care that caters to the needs of non-traumatized children.

The literature demonstrates that young children are at high risk for exposure to trauma and adverse experiences, which results in experiencing painful emotions and related behaviours (i.e., externalizing and internalizing behaviours). ECEs are in a prime position to respond as many young children spend a majority of their time in childcare (Brendtro, 2019; Lieberman et al., 2011; Loomis, 2018; Neitzel, 2019). Although not every child that expresses

internalizing and externalizing behaviour may be traumatized, it's crucial that ECEs understand that this type of behaviour could mean that the child has been traumatized. ECE training should encompass a variety of perspectives on children's emotional well-being, so that they are able to draw from other banks of knowledge (e.g., trauma-informed responses) when responding to children's behaviour. Otherwise, employing behavioural management strategies only may result in re- traumatizing the child.

The child's environment encompasses many systems (e.g., family, school, political system) (Bronfenbrenner, 1979) or levels of organization (e.g., biological, psychological, cultural, historical) (Lerner et al., 2013,) that are integrated and interact in a bi-directional manner with the child. Ungar (2013) suggests that the quality of the system that the child interacts with is key to their resiliency. Therefore, implementing a trauma-informed approach could help foster resilience in children who have experienced high risk. Although there are individual differences that may make one child more susceptible to resilience, irrespective of this approach trauma-informed care would increase the likelihood of fostering resilience in a greater number of children. Especially since a trauma-informed approach offers support from multiple areas (i.e., trauma-responsive policies, relationship-focused interventions, parental education on trauma) (Loomis, 2018).

Overall, the findings also revealed an absence of trauma-informed language. This was apparent in the lack of training on children's mental health, as it was concentrated in behavioural management and identification. The literature reveals similar findings, where workshops are provided to ECEs that are specific to enhancing their knowledge on children's mental health, and are independently offered as professional development courses, since they are not part of the pre- service curriculum to begin with (Askell-Williams & Murray-Harvey,

2016; Desta et al., 2017; Carr et al., 2018; Hussein & Vostanis, 2013). Additionally, when the literature draws on mental health workshops that are available or that have been implemented to enhance their knowledge they are not based in a trauma-informed approach, rather they focus on identifying the signs of mental health difficulties.

While there is a focus on developmental and educational outcomes in pre-service education (Buettner et al., 2016; Elfer, 2010), the emotional aspect is neglected (Temple & Emmette, 2013), and this is illustrated in our findings as well. One study in particular, found that ECEs indicated mental health as one of the topics that should be included in their training (Sims, 2010). Previously noted in our review, the lack of focus on children's emotional and mental health is also apparent in the Standards of Practice for the College of ECEs (2017), which further supports that the emotional aspect of development is lacking at a systemic level.

Participants provided a range of explanations when asked to describe the root cause of the child's behaviour. Responses included familial explanations, behavioural management explanations and developmental explanations. In the literature, ECEs offered similar explanations when asked what they thought the causes were for children's mental health difficulties. With respect to family, research found that ECEs blamed parents including their parenting practices and marital status (Davis et al., 2012; Giannakopoulos et al., 2014; Ştefan et al., 2015; Türkoğlu, 2019). Participants failed to explain that the child's behaviour could be a by-product of experiencing trauma. Similarly, Toros & Tiirik (2016) found that it was difficult for preschool teachers to identify when a child was experiencing trauma and they had a lack of knowledge on when to report suspected abuse.

When participants were asked to suggest how the ECE should respond, their responses were not indicative of a trauma-informed approach. They were typical of a "tit-for-tat"

approach, where behaviour was matched with a similar response (Brendtro, 2019; Long, 2014). Particularly, when Arrow (externalizing vignette) or Jordyn (mixed externalizing/internalizing vignette) displayed externalizing behaviour, the participants responded in a harsh manner. This finding is in line with studies that have found that externalizing behaviours are responded to by educators with disciplinary actions, such as rule setting, providing the child with a consequence, withdrawing privileges and explaining why the behaviour was inappropriate (Stefan et al., 2015; Türkoğlu, 2019). In contrast, when Bronwyn (internalizing vignette) or Jordyn (, mixed externalizing/internalizing vignette) expressed internalizing behaviours, ECEs responded warmly.

When applying various theoretical frames to the data, it was noticeable that the ECEs did not perceive internalizing behaviour to be a deficit. Moreover, a behavioural management lens revealed that they only suggested strategies that managed the child's behaviour when it was related to solitude. Meaning, they only seemed to view loneliness as problematic, and not the other internalizing behaviour that they had interpreted (e.g., anxiety). It could be that participants, viewed solitude as problematic because it was more overt and less internal.

CHAPTER 8: FUTURE RESEARCH AND CONCLUSION

The final section discusses recommendations for future research and next steps. An overall conclusion of the research is provided that summarizes the key aspects of the study. It draws on the objectives of the research, key findings and discussion points, and important takeaway pieces for the readers to know.

Recommendations for Future Research

Future researchers are encouraged to conduct an in depth study of practitioners' knowledge on trauma-informed care with a larger sample. The findings of this pilot study also

warrants that further investigation should be conducted on implementing a trauma-informed approach to the early childhood system. This can generate understanding as to what the benefits and drawbacks are in order to optimize this approach. Future research should also conduct reviews on regulation, policy and ECE curriculum, so that it aligns with a trauma-informed approach and outlines how ECEs can learn about and provide trauma-informed support.

It would be interesting to understand whether the ECE's approaches would be harsher depending on the degree of the child's behaviour. Using a qualitative interview study could strengthen this research in the future, whereby the researcher could incorporate an interactive vignette where the storyline changes as the participant provides a response. For instance, after the participant explains how they would respond to the child's behaviour, the story could further unfold based on their answer. Additionally, a qualitative interview study would also allow for member checking, which in the online study was not possible because participation was anonymous. Member checking would strengthen the credibility of the research, as it would validate the participant's responses. Additionally, researchers could conduct an observation study to understand how ECEs respond in person, and determine whether they would correlate with the suggestions that they made in this study.

Conclusion

This study explored the interpretations that ECEs use to determine the causes of young children's behaviour (externalizing, internalizing and mixed externalizing/internalizing) in three written case vignettes. It also examined their awareness of emotional distress and the responses that they would engage in when approaching a child that portrayed this type of behaviour. The ECEs in this study interpreted externalizing behaviour as inappropriate, since our findings

revealed that their approaches intended to "help" the child recognize that their behaviour was wrongful. Furthermore, thematic analysis revealed that the approaches that the ECEs suggested had a harsh tone, and were reflective of signs of what Brendtro (2019) refers to as rancour.

On the other hand, when a child portrayed internalizing behaviour, the framing analysis conveyed that they did not view the child's behaviour as deficient. When they were asked to make suggestions to respond to the child, their approaches were demonstrative of signs of warmth (e.g., empathy, affection). However, the thematic analysis revealed that their suggestions did try and remedy the child's solitude. This implies that they interpreted loneliness as problematic. It is interesting to note this pattern was not present when the ECEs identified other internalizing behaviours (i.e., anxiety, or social anxiety). Overall, the suggested approaches by the ECEs in this study communicated a preference for positive emotions, which may suggest that they lack confidence in addressing children's emotional distress. More research is needed to confirm this with a larger sample. This supports the call for a reconfiguration of ECE curriculum, and that it must include and prioritize children's emotional development (Elfer, 2015).

Participants indicated a number of possible causes for the child's behaviour. For instance, family explanations, emotional explanations, developmental explanations and behavioural explanations. It was noticeable that there was an absence of trauma-informed language across the ECEs responses. When providing explanations for the cause of the child's behaviour, there was no mention of traumatic experiences such as, abuse, accident, witnessing violence, etc. When suggesting approaches that the ECE could engage in, they failed to address trauma-responsive policies, or trauma-informed screening. Additionally, when mentioning talking to parents about the child's behaviour, they did not consider that the parent could be the

source of the child's trauma or that the parent could be traumatized as well. Their lack of trauma-informed language is supported by their responses to the survey question on educational preparedness, to which participants revealed the lack of trauma-informed training that they received in pre-service education and in workshops.

The quality of the childcare system is invaluable to a young child's resilience, therefore it's important that ECEs are adequately prepared to support the emotional needs of the children in their care. A trauma-informed approach can accomplish this, as it will not only provide ECEs with the appropriate tools, but the entire system as a whole will be able to support the child and their families as well. Importantly, this study recognizes that not every child in the ECE's care that presents internalizing, externalizing and mixed externalizing/internalizing behaviour will have experienced trauma. Rather, it suggests that ECEs should have the knowledge to understand that the behaviours could be a manifestation of trauma, and should be appropriately equipped with trauma-informed tools to support the child.

Appendix A: Online Consent to Participate

Ryerson University
Consent to Participate in Research
Early Childhood Educator's Interpretation of Young Children's Behaviour.

Introduction and Purpose

My name is Marina Apostolopoulos and my supervisor is Dr. Kim Snow, Associate Professor at Ryerson University, in the School of Child and Youth Care, Faculty of Community Services, 416-979-5000, ext. 4593, ksnow@ryerson.ca. I am a graduate student at Ryerson University, in the School of Early Childhood Studies, Faculty of Community Services. This study is being conducted in partial fulfillment for my degree requirements. I would like to invite you to take part in a pilot study, which concerns examining the interpretations that Early Childhood Educators use to determine the causes of behaviours and their awareness of emotional distress in very young children. This survey is seeking a total of 6 – 10 participants.

Requirements for participation:

- Participants must have graduated with a diploma or bachelor's degree in ECE
- Participants must have graduated from an Ontario ECE program
- You do not have to be a registered member of the College of Early Childhood Educators (RECE)
- Access the Internet to respond to the survey
- Ability to read and write English

What are you being asked to do?

You are being asked to voluntarily complete this on-line survey. If you agree to participate it will involve:

- Responding to basic demographic questions (e.g., educational background, length of employment)
- Responding to questions about your education and/or training on children's mental health and behaviour
- Reading three vignettes (i.e., scenarios that are 100-150 words each) about a fictional character and requires you to type out your answers to two subsequent questions

Please note that you will have two weeks to complete the survey before it closes.

The survey should take between 15 – 30 minutes to complete. This will depend on how quickly you respond to the questions. There is no time limit for responding to the survey. In order for all of your answers to be collected, you must go to the end of the survey and click the 'submit survey' button. This will demonstrate your full consent to participate.

Potential benefits
There is no direct benefit for you taking part in this study, however our hope is that the information gathered will determine whether this topic should be further examined with a larger sample. Furthermore, it can enhance our understanding of how ECEs interpret young children's behaviour and potentially inform pre-service education. Additionally, participants may benefit from the opportunity to express their thoughts and feelings.

What are the potential risks to you?
There is a minimal risk for participating in this study. It is possible that you may feel uncomfortable or may simply not wish to answer a question. You have the right to withdraw from the study at any point. If you decide that you no longer wish to participate, then you can do so by closing your browser. If you close your browser before getting to the end of the survey and do not confirm your consent to participate at the end of the survey by clicking the 'submit survey' button, your information collected up to that point will not be saved. There will be no repercussions from withdrawing from the study, and this will not affect your relationship with Ryerson University or the investigators involved in this research. If you feel uncomfortable or do not want to answer a question you can skip the question by leaving it blank.

You may contact the researcher if you would like to ask any questions. Please note that if you email the researcher, your identity will be revealed. This also applies if participants send a direct message to the @ecsexploreru account on Twitter and Facebook. However, the researcher will ensure that your information will be kept confidential, and this cannot be connected to the survey response. Please print this page or write down the contact information in case you want to access this information once you complete the survey.

Your identity will be anonymous
The survey is anonymous and as such will not be collecting information that will easily identify you, such as your name or other unique identifiers. The survey platform Opinio™ will be used to administer the survey, and it will use cookies to prevent multiple submissions from the same respondent. Although your Internet Protocol (IP) address can be tracked through the survey platform, the researchers will not be collecting this information.

To remain non-identifiable to the researchers, it is important that participants refrain from disclosing personal information in their responses. For instance, the name of their workplace, their name or their co-workers name.

How your information will be protected and stored
This survey uses Opinio™ which is a company from Norway. The data that is collected will be stored in Toronto, Canada. To protect your information, data stored by the researcher will be password protected and/or encrypted. Datasets will be stored electronically on Ryerson's Google Drive, Microsoft Excel and NVivo (a computer-assisted qualitative analysis software) and individual data will not be shared with anyone other than the researchers. Only the researchers named in this study will have access to the data collected. Any future publications will include collective information or non-identifying verbatim quotes (i.e., aggregate data). When the research is completed the data will be kept for up to five years. It will be deleted and destroyed

after this time. While I will destroy all data after 5 years, de-identified data may exist on backups or server logs beyond the timeframe of this research project.

Data dissemination
The data that is collected from this study will be analyzed and may be submitted to peer-reviewed journals and presented at scholarly conferences. The findings will be shared on the Twitter account @ecsexploreru and Facebook page @ecsexploreru. This is an anonymous survey so we cannot contact you personally and send you the results, thus you are encouraged to check either social media account to learn about the findings.

Your rights as a research participant
Participation in research is completely voluntary and you can withdraw your consent up to clicking the submit button at the end of the survey. However, because the survey is anonymous, once you click the submit button at the end of the survey the researchers will not be able to determine which survey answers belong to you so your information cannot be withdrawn after that point.

Please note, that by clicking submit at the end of the study you are providing your consent for participation. By consenting to participate you are not waiving any of your legal rights as a research participant.

This research study has been reviewed and approved by the Ryerson University Research Ethics Board (2019-249)

Questions

If you have any questions about this research, please feel free to contact the primary investigator Marina Apostolopoulos at m3aposto@ryerson.ca

If you have any questions about your rights or treatment as a research participant in this study, please contact the Ryerson University Research Ethics Board at rebchair@ryerson.ca (416) 979-5042.

Please print a copy of this page for your future reference.

START SURVEY [there was a start survey button here]

[Survey questions]

[At the end of the survey there was a SUBMIT button]

By clicking SUBMIT I am consenting to participate in this study.

Appendix B: Facebook Recruitment Post

REB-2019-249

Early Childhood Educator's Interpretation of Young Children's Behaviour

Are you:

- An early childhood educator with a diploma or bachelor's degree in Early Childhood Education?
- Have you graduated from an Ontario ECE program?
- Do you have access to the Internet?
- Can you read and write English?

If you answered **yes** to the above noted questions you are invited to volunteer in this online study that examines the interpretations that Early Childhood Educators use to determine the causes of behaviours and their awareness of emotional distress in very young children. The researcher is seeking 6 – 10 participants. You do not have to be a registered member of the College of Early Childhood Educators to participate. If you choose to participate, you will have two weeks to complete the survey before it closes.

What will I be asked to do?

- If you agree to volunteer you will be asked to complete an anonymous online survey that asks you:
    - Basic demographic questions (e.g., your educational background)
    - Questions about your education
    - Read 3 scenarios that describe a fictional character's behaviour
    - After you have read each scenario you will respond to two questions

How long will it take?

- Approximately 15-30 minutes
- The time it takes to complete the study will vary depending on how much time it takes for you to respond to the questions asked
- The survey should be completed in a location with sufficient privacy

You can access the survey here: https://survey.ryerson.ca/s?s=8290

If you have any questions or would like more information please send a direct message or contact the researcher via email:

Marina Apostolopoulos
Master of Early Childhood Studies
m3aposto@ryerson.ca

This research study has been reviewed and approved by the Ryerson University Research Ethics Board rebchair@ryerson.ca

Appendix C: Recruitment Tweet

Research participants sought for study on how Early Childhood Educators interpret young children's behavior. Consent for survey here: [URL was inserted here]. Please send us a direct message if you have any questions or would like to know more information #ecsexploreru @ecsexploreru

Appendix D: Demographic Questions

1. Do you have a diploma in Early Childhood Education?
2. Do you have a bachelor's degree in Early Childhood Education?
3. Are you a registered member of the College of Early Childhood Educators (RECE)?
4. Did you graduate from an Ontario ECE program?
5. How long have you been employed as an Early Childhood Educator?
6. Please select whether you have worked as an ECE in the following settings: School board, centre-based care, home-based care, child and family programs, children's mental health services, early intervention programs, supports for children with special needs.
7. Gender?

Appendix E: Survey Questions

1. Do you think that early childhood educators have the educational preparedness to identify emergent mental health concerns in children?
2. What kind of education or training have you received to identify children's emergent mental health concerns? Please describe.
3. Do you think that early childhood educators interpret behaviour?
4. Do you think that early childhood educator biases influence how they interpret behaviour?
5. Please explain how you think early childhood educators interpret behaviour.

Vignette 1

Arrow is a five-year-old who spends their weekdays at a childcare centre. Shortly after their arrival, they begin to play lego with a classmate. Their classmate takes a piece of lego from the pile. Arrow grabs the lego from their classmate's hand, screams and says "That's my favourite lego!". Arrow throws the box of lego to the ground and calls their classmate an "Idiot". Arrow often gets into fights like this during the day, and sometimes hits their classmates or the early childhood educators. The early childhood educators frequently note that Arrow does not listen or follow the class rules. Arrow's parents explain that they behave like this at home, and often yell and hit their younger sister when they become upset.

1. Please describe what you think is at the root cause of Arrow's behaviour?

2. What might you suggest the early childhood educator do?

Vignette 2

Bronwyn is a four-year-old who spends their weekdays at a childcare centre. Bronwyn often plays alone, and rarely initiates conversation with other children. For instance, Bronwyn enjoys playing with playdough, however whenever another child joins them, Bronwyn quickly moves on to playing with something else. The early childhood educators have noticed that Bronwyn seems hesitant when a new game is introduced for the class to play, and appears to hide so that they can avoid participation. During lunchtime, Bronwyn rarely eats their food and when asked why, they explain that their stomach hurts. Bronwyn acts similarly at home. Although they have three other siblings that wish to play with them, they choose to play alone.

1. Please describe what you think is at the root cause of Bronwyn's behaviour?

2. What might you suggest the early childhood educator do?

Vignette 3

Jordyn is a five-year-old who spends their weekdays at a childcare centre. When arriving to the centre, Jordyn pleasantly greets the early childhood educators with a smile. Jordyn's mother leans towards them to give them a hug goodbye, but Jordyn does not let go and clings to

them and cries profusely. Jordyn's mother eventually manages to leave. This happens almost every morning. Jordyn spots one of the early childhood educators holding a book and removes it from their hand. When the early childhood educator asks for it back, Jordyn refuses. They often take things without permission and become angry when they don't get what they want. When they become angry they often smash things that are around them like their toys. The early childhood educators have noticed that during the day Jordyn appears withdrawn, and during circle time Jordyn looks confused or like their mind is somewhere else.

1. Please describe what you think is at the root cause of Jordyn's behaviour?

2. What might you suggest the early childhood educator do?

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