Trauma-Informed Research-Practice Partnership Building to Support Early Childhood Educators in an Appalachian Community

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Trauma-informed initiatives that prioritize educator well-being through equitable research-practice partnership (RPP) building are necessary to advance trauma-informed education and care for young children in rural Appalachian communities. Early stages of partnership building that consider dimensions identified by Henrick et al. (2017) foster trusting relationships, address the goals of partnering organizations, and work toward capacity building. Burnout, secondary traumatic stress, and compassion fatigue are common problems faced by early childhood professionals who may be exposed to high levels of stress and trauma in their work with young children. Thus, any initiatives with early childhood educators should include short- and long-term strategies to address the status of the workforce. Recognizing how trauma and social determinants of health impact the rural early childhood workforce and their ability to implement trauma-informed practices in the classroom is a first step toward holistic professional development. The purpose of this article is to highlight how the early stages of a partnership study with a rural Appalachian pre-kindergarten (pre-K) program and two universities provided a foundation for future research, practice, and partnership activities. Often, trauma-informed professional learning relies on classroom strategies and swift problem-solving techniques that do not consider the primary and secondary trauma faced by early childhood educators and how these traumas directly impact educators' ability to improve classroom practices.

Keywords: early childhood workforce, professional development, rural early childhood education, trauma-informed research-practice partnerships, social-emotional interventions

In response to the COVID-19 crisis, school districts increased their use of trauma-informed practices to reduce the effects of collective trauma from the pandemic and additional trauma children faced while schools were closed (Arantes de Araújo et al.,

2021). Marginalized children and families, including those living in poverty, were among some of the most vulnerable groups impacted by the pandemic (Abrams & Szefler, 2020), which has substantial implications for educators working in rural communities. Rural communities, often known for building exceptional resilience (Eyre et al., 2017), are subject to issues with economic security, family well-being, food insecurity, and health security. COVID-19 exacerbated these social determinants of health for young children and increased risk for trauma (Sano & Mammen, 2022). While a heightened focus on child well-being at the district level was long overdue in most U.S. school systems, these trauma-informed interventions and programs must prioritize educators to be effective (Luthar & Mendes, 2020). Educator well-being and social-emotional competencies impact children's behaviors and the overall classroom environment (National Research Council, 2015; Nicholson et al., 2019). The pandemic and aftermath across the past few years position trauma-informed workforce interventions that prioritize educators to be even more paramount, especially for those teaching and caring for our youngest children living in rural communities.

The purpose of this article is to highlight the early stages of a trauma-informed research-practice partnership (RPP) study, the *Social-Emotional Learning Trauma-Informed Intervention Preschool Study (TIIPS)*, that included partners from two universities and one public pre-kindergarten (pre-K) program located in the Appalachian region of the United States. This study was built on the key tenets of effective RPP design outlined by Henrick et al. (2017) that prioritized collective learning within authentic experiences, activities, and contexts, many of which were informal. RPP involvement is particularly important for early childhood educators who often have fragmented, inconsistent professional learning opportunities (National Research Council, 2015). Unique challenges and disparities exist for the early care and education workforce who are often isolated from the K-12 system, have a high use of public assistance, and experience labor-intense working conditions, leaving little space or time for professional learning or development (Iruka et al., 2020; Kwon et al., 2020; Edwards et al., 2021). Though participating in RPPs does not alleviate cultural and environmental systemic inequities, it can help mitigate multi-level disparities within early care programs. By participating in an RPP established to build sustainable patterns and responsive relationships, early educators can engage in professional learning opportunities that meet the needs of their specific environment and everyday classroom realities.

Through a trauma-informed lens, this article details the formation of the TIIPS study within the existing RPP that was grounded in research on ECE workforce well-being and effective RPP design within Appalachian communities. Documenting the initial stages of study development advances understanding of how careful consideration of workforce well-being and healing, particularly among early childhood educators in rural Appalachia, situates trauma-informed RPPs in ways that are conducive to ongoing research and partnership activities.

The Early Childhood Workforce

The early childhood workforce includes not only certified teachers but also other individuals who educate and care for young children in public and private schools, Head Start, and community- and home-based childcare centers. While research on trauma experienced by early childhood educators is limited, some studies have found early childhood educators, and others employed in positions working directly with children and families, report higher levels of adverse childhood experiences in comparison to the general population (Grist & Caudle, 2021; Hubel et al., 2020; Whitaker et al., 2014). Due to these statistics, trauma-informed initiatives and programs for young children must embrace a holistic approach that considers workforce well-being and healing (Kwon et al., 2020; Nicholson et al., 2019). Further, early childhood educators are also disproportionately impacted by interlocking societal disadvantages, including experiencing classism, racism, and sexism, that are individually and interdependently associated with a range of social determinants of health (Kelley, 2020; Rosemberg et al., 2018). Research shows that as compared to middle school and high school educators, early childhood educators are underpaid, have limited workplace resources and benefits, experience much higher rates of poverty, have higher degrees of stress, and are more likely to be women of color (McLean et al., 2021; Whitebook, 2020; Whitebook & Sakai, 2004). The challenges and barriers faced by the workforce contribute to chronic stress (Kwon et al., 2020; McLean et al., 2021), retention issues (Totenhagen et al., 2016), and burnout (Ng et al., 2023).

Appalachian Communities

There are several reasons why there are high rates of early childhood trauma in Appalachia, which include the region's history of poverty, isolation, and lack of resources (Miller, 2018). Poverty can lead to heightened stress and unstable living conditions, which can increase the risk of child abuse and neglect (Miller, 2018). Isolation and limited resources also make it more difficult for families to access needed social services and community-level support, which can exacerbate the effects of trauma (Miller, 2018). Lack of regional and accessible resources contributes to limited mental health literacy and preventive care, which can create more barriers to mental health support for both children and adults (Crumb et al., 2021). According to the 2021 U.S. Census and the Appalachian Data Report, the Appalachian region expands across twelve states and encompasses 107 rural counties in the Southeastern United States (Pollard et al., 2023). Historically, Appalachia's rural communities have been more vulnerable to the intergenerational transmission of poverty and trauma compared to the other 841 similarly situated rural counties across the United States (Pollard et al., 2023).

Before the COVID-19 pandemic, the Appalachian region had seen substantial gains in median household income (i.e., a 15% increase), workforce participation at 73.8%, and a decrease in the regional poverty rate down to 14.7% (Pollard & Jacobson,

2022). Unfortunately, these increases did not mitigate nor survive the widespread effects of the pandemic, which exacerbated disadvantages and intergenerational and regional poverty (Pollard et al., 2023). The pandemic redistributed the effects of poverty, family unit vulnerability, and related social determinants of health and health disparities (i.e., mental health disorders, substance abuse, greater risk for obesity, food insecurity, and maternal and child health; Hege et al., 2020). During the pandemic, the Supplemental Nutrition Assistance Program (SNAP) for families with children in the Appalachian region was higher than the national rate of SNAP at 21% versus 18% (Pollard et al., 2023). Today, 20% of the rural Appalachia population lives in poverty compared to the 15.4% of other rural counties in the United States and the national poverty rate of 11.6% (Creamer et al., 2022; Pollard et al., 2023). Alongside the lack of social safety nets and governmental aid, the cultural values and norms in Appalachian communities can contribute to the perpetuation of trauma. For example, the culture of stoicism and self-reliance can make it more difficult for individuals to seek help and support for themselves or their children (Miller, 2018). The emphasis on traditional gender roles can also contribute to the normalization of domestic violence and other forms of abuse (Miller, 2018), which may contribute to the increased rate of adversity in childhood and forms of trauma young children may experience living in rural communities (Hege et al., 2020).

The Appalachian region has a tumultuous history and has experienced a variety of traumas, including forced displacement, dangerous working conditions, environmental degradation, and the opioid epidemic. Understanding the historical and ongoing traumas experienced by these communities is essential to addressing the complex challenges facing educators, children, and families in the region. Historical traumas that have intergenerational and regional effects include the forced displacement of Indigenous tribes from their ancestral lands. The Cherokee Removal Act of 1830 led to the forced relocation of thousands of Cherokee people from their homes in Georgia to present-day Oklahoma. This traumatic event, known as the Trail of Tears, resulted in the deaths of thousands of Cherokee people from disease, starvation, and exposure (Sturm, 2008). Health and environmental disparities were also brought to the region by the coal mining industry in the late 19th and early 20th centuries (Hendryx & Ahern, 2008; Klein, 2011).

Opioid Crisis

More recently, Appalachian communities have experienced community and environmental traumas related to the ongoing opioid epidemic. The Appalachian region has been disproportionately impacted by the opioid epidemic, with high rates of opioid addiction, overdose, and death. This epidemic has been fueled by a combination of factors, including the over-prescription of opioid pain medications, poverty, limited access to healthcare and addiction treatment services, and cultural influences (Jones & Logan, 2019; Moody et al., 2017). The opioid crisis in Appalachian communities has been a complex and severe public health issue for decades. For the last two decades,

Appalachia has experienced some of the highest rates of opioid misuse, addiction, and overdose deaths in the country (Schalkoff et al., 2020). Access to education about opioid overdose and naloxone (which reduces overdoses) distributions is low in rural Appalachia (Macmadu et al., 2023). The economic and social impact of the opioid crisis in Appalachia is far-reaching. The epidemic has led to reduced workforce productivity, increased healthcare costs, and strained social services. Families and communities have been profoundly affected by the loss of loved ones and the challenges of addiction (Dasgupta et al., 2018).

Characteristics of Rural Appalachian Communities

Differences between rural Appalachian communities and other rural communities are numerous, with geographical location and culture being among some of these differences. Appalachian communities are predominantly located in the Appalachian Mountains, stretching from southern New York to northern Mississippi in the eastern United States, consisting of 206,000 square miles across 13 states (Pollard et al., 2023). These regions have a unique cultural heritage, including distinct music, crafts, and storytelling traditions influenced by Scots-Irish, English, and German settlers and Native Americans who inhabited many areas in Appalachia for long before Europeans settled. These communities are known for valuing spirituality, religion, informal communication, and possessing a sense of belonging that is strongly tied to the mountains in which they live (Helton & Keller, 2010). Other rural communities might have different cultural backgrounds and traditions, depending on their geographic location (Pollard et al., 2023).

Economic activities also differ between rural Appalachia and other rural communities. Historically, rural Appalachian communities relied on industries such as coal mining, timber, and agriculture (Trozzo, et al., 2019; Zipper & Skousen, 2021). However, the decline of coal mining and manufacturing in the region has impacted the economy and led to economic challenges (Zipper & Skousen, 2021). In contrast, other rural communities may depend on different economic activities, such as agriculture, fishing, tourism, or natural resource extraction. There is a history of poverty and socioeconomic issues in rural Appalachian communities. Many regions have experienced higher poverty rates compared to other rural areas. This can be attributed to the decline of traditional industries and limited access to education and healthcare services (Pollard et al., 2023). While rural communities outside the Appalachian region also experience poverty, the factors contributing to it differ in some regards. Healthcare and educational facilities may be more limited in rural Appalachian areas compared to other rural regions due to their remote locations, limited certified professionals, and unique economic challenges. This can lead to disparities in access to quality healthcare and educational opportunities, impacting the overall well-being and economic prospects of the residents.

Resilience in Appalachia

Historical traumas have ongoing effects that are passed down through the intergenerational transmission of trauma and are revealed through secondary and vicarious traumatic experiences of families, children, and educators. However, Appalachian communities are known for their resilience in the face of challenges, including economic hardship, trauma, and other social determinants of health. Some traits contribute to their resilience, such as social connections and support systems. Appalachian communities tend to have strong social networks that provide emotional support and practical assistance during difficult times (Eyre et al., 2017; Magill et al., 2021). These networks can include family members, friends, neighbors, community organizations, and churches. Another trait is a sense of place. Many people in Appalachia feel a strong attachment to their local communities and the natural environment, which can provide a sense of continuity and stability even in the face of change (Bollinger, 2019). This attachment can foster a sense of collective identity and pride that helps weather difficult times. Individuals living in Appalachian communities are also very resourceful and have a long tradition of self-reliance and resourcefulness that can be traced back to their rural roots (Eyre et al., 2017). These traits have helped people survive in challenging environments and adapt to changing economic conditions. Among Appalachian women, research has found their cultural values contribute to their resiliency (Helton & Keller, 2010). Overall, Appalachian culture is characterized by a strong work ethic, a love of family and community, and a reverence for the natural world (Bollinger, 2019). These values can provide a sense of purpose and meaning, ultimately acting as protective factors that help people persevere through difficult times.

Trauma

In this study, trauma is defined as any event that is an actual or perceived threat to an individual's safety (American Psychiatric Association, 2013), and in addition, the event or circumstances can be frightening or harmful emotionally, physically, or both (Bartlett & Sacks, 2019). Research has shown that trauma is a common occurrence among most individuals (Saunders & Adams, 2014). Benjet et al. (2016) found that 82.7% of adults in the United States have experienced at least one traumatic event, and one in four children will have experienced some sort of traumatic experience before their third birthday (Douglas et al., 2021; Briggs-Gowan et al., 2010). Early childhood trauma can have a significant impact on brain development. Trauma during the early years of life can disrupt the development of key brain regions, including the prefrontal cortex, amygdala, and hippocampus, which are critical for emotional regulation, memory processing, and cognitive functioning (Teicher & Samson, 2016). In addition to structural changes, early childhood trauma can also impact brain function. For example, children who have experienced trauma may have alterations in the way their brain processes information, leading to difficulties with attention, memory, and executive function (De Bellis, 2015).

These changes can affect a child's ability to learn and succeed in school. Individuals who experience early childhood trauma may have a heightened sensitivity to stress and exhibit symptoms of anxiety, depression, or post-traumatic stress disorder (PTSD) later in life (Hammen & Brennan, 2003). Furthermore, early trauma may also affect the development of attachment patterns, social skills, language abilities, healthy relationships, and regulated emotions.

Several studies have shown that early childhood trauma can lead to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which is responsible for regulating cortisol production (National Research Council, 2015). Early childhood trauma can also have a significant impact on cortisol levels in individuals. Cortisol is a hormone produced by the adrenal gland in response to stress, and it plays an important role in the body's stress response system. Traumatic experiences during childhood can disrupt the body's stress response system and lead to dysregulated cortisol levels. Several studies have found that early childhood trauma can lead to increased cortisol reactivity. For example, a longitudinal study by Strüber et al. (2014) found that children who had experienced early childhood adversity had dysregulated cortisol responses to stress over time, suggesting that early trauma can have long-term effects on the HPA axis. Another study by Strüber and colleagues (2018) found that individuals who had experienced early life stress had increased cortisol reactivity in response to a social stressor. A study by Carpenter et al. (2007) found that children who had experienced physical abuse had higher cortisol levels than non-abused children. The researchers suggested this may be due to dysregulation of the HPA axis in response to chronic stress. Overall, studies suggest that early childhood trauma can have a significant impact on cortisol levels in individuals. Traumatic experiences can lead to dysregulated cortisol levels, which may have implications for physical and mental health outcomes.

Early Childhood Educator Well-Being

The early childhood workforce is engaged in the complex labor of providing nurturing environments for young children while being put in a position that lacks social safety nets, financial resources, and protective policies (Edwards et al., 2021; McLean et al., 2021). These inequities are exaggerated more so for early childhood educators working in the Appalachian region who are continually faced with navigating systems of oppression and mitigating the cyclical patterns of the environment (i.e., situational poverty, lack of upward mobility) and social inequities (i.e., racial oppression, regional stereotypes). Additionally, many early childhood educators working in rural communities were raised in the communities in which they are employed (Iruka et al., 2020), sometimes even attending the same schools in which they teach. Thus, they have experienced many of the same childhood experiences as children in their classrooms and are also at heightened risk of secondary traumatic stress, which exists when someone else's trauma impacts others' lives in traumatic ways (Figley & Ludick, 2017; Ormiston et al., 2022).

However, some research has found that educators choosing to teach in rural areas where they grew up contributes to their professional success and career stability (Leech et al., 2022).

The COVID-19 pandemic led to significant increases in workloads for early childhood educators who were expected to assume increased responsibilities without additional compensation, resources, or support, all while navigating an international health crisis (McLean et al., 2021). Studies show increased workloads and physically demanding work elevate burnout for educators (Blöchliger & Bauer, 2018), which is extremely problematic for early childhood educators who are at a higher risk of burnout than educators in K-12 settings (Kwon et al., 2020; Ng et al., 2023).

Burnout, secondary traumatic stress, and compassion fatigue are common problems faced by early childhood teachers who may be exposed to high levels of stress and trauma in their work with young children. However, researchers have identified several strategies that can be used to reduce these negative outcomes and promote teacher well-being. Jennings et al. (2013) found mindfulness-based stress reduction (MBSR) reduced burnout and secondary traumatic stress in early childhood teachers and determined that MBSR may be a useful tool for promoting teacher well-being. Kim et al. (2020) revealed how self-compassion was associated with lower levels of burnout, secondary traumatic stress, and compassion fatigue in early childhood teachers and that interventions aimed at promoting self-compassion may help reduce these negative outcomes. Additionally, a review by Sprang et al. (2018) identified several promising interventions for reducing secondary traumatic stress and compassion fatigue in child welfare workers, which may also apply to early childhood teachers. These interventions included self-care strategies, cognitive-behavioral therapies, and organizational support. Further, Woodhouse et al. (2019) found that a resilience-building intervention focused on promoting positive emotions and self-care reduced burnout and secondary traumatic stress in early childhood teachers. The researchers indicated that this type of intervention may help promote teacher well-being. Overall, studies suggest that interventions aimed at promoting mindfulness, self-compassion, self-care, and positive emotions may be useful for reducing burnout, secondary traumatic stress, and compassion fatigue in early childhood educators.

The Social-Emotional Learning Trauma-Informed Intervention Preschool Study

Conceptual Framework

TIIPS was established by customizing RPP dimensions of effectiveness identified by Henrick et al. (2017). The early stages of the study prioritized three of the five dimensions in Henrick and colleagues' framework. Dimension 1 work included *building trust and cultivating partnering relationships* that are necessary for productivity and sustainability. Fostering these types of relationships meant defining roles, engaging in collaborative decision-making through routine interactions, dismantling power

differences, establishing group norms, and respecting diverse perspectives and expertise among the group. Dimension 3 centered on s*upporting the partner practice organization in achieving its goals,* which was operationalized by prioritizing problems of practice and continually using strategies for improvement. Finally, components of dimension 5, *building the capacity of participating researchers, practitioners, practice organizations, and research organizations to engage in partnership work,* were initiated by shaping professional identities that saw value in collective inquiry, allocating resources and time to partnership activities, and supporting capacity building through leadership opportunities. Focusing on these three dimensions outlined by Henrick et al. positioned TIIPS for future rigorous research and knowledge generation in subsequent phases of the study.

Background

TIIPS originated from a pre-existing partnership and research alliance between a university professor and a local public pre-K program situated in an Appalachian area. For 15 years, an Early Childhood Mental Health Consultant (ECMHC), who is also a clinical psychologist and professor, has provided collaborative consultation through assessments and interventions for the teachers, children, and families who are part of this program. Over time, the primary components of this partnership have included ongoing professional development in the form of professional learning communities, coaching, and extensive relationship building. So far, these efforts have led to the adoption of new curricula (i.e., literacy, math, and social-emotional) and informal, individualized support for educators implementing social-emotional interventions for children. All lead teachers in the program have bachelor's or master's degrees, and the director's career has spanned over a decade in various positions in early childhood education. The program is centralized, meaning that all six classrooms are located near each other and that teachers, teaching assistants, and staff are in supportive collaborative teams, which creates stability and longevity. There has been less turnover in this program compared to other public pre-K programs, making this a unique early childhood educational context.

Present Study

Due to the COVID-19 pandemic and the increasing social-emotional needs of educators and children, TIIPS aimed to prioritize educator well-being while also supporting educators in implementing trauma-informed classroom-based interventions. TIIPS expanded the original partnership team to include additional faculty and student researchers across two universities for a total of 15 educators (including educational assistants), a program director, two university faculty, one graduate researcher, and one undergraduate researcher. The mental health consultant worked in coordination with the partnering pre-K program to identify potential areas where their partnership could grow, and this led to the development of TIIPS.

Main partnership activities across the school year included weekly group meetings attended by all partners on a rotating basis between the lead and assistant teacher cohorts. Specifically, all educators identified as educational assistants would join in team meetings with the university partners without the certified teachers and vice versa. These meetings provided time and space to build community while also learning more about the main tenets of trauma-informed work through a book study and reflections on classroom experiences. The program director joined most of these meetings. In addition to weekly meetings, one-on-one check-in meetings were held bi-monthly between a university partner and an educator (or a university partner and the program director). Weekly research meetings were held with the university partners, which provided important time for the team to debrief and adjust plans based on ongoing experiences and needs of the pre-K program. The partnering organization was able to provide feedback about the partnership through check-in surveys and informal communication.

In addition to meetings, ongoing classroom experiences and interactions were documented using 360-degree cameras and the *Teaching Pyramid Model Observation Tool* (TPOTS) assessments to support children's social-emotional development through teacher observation, understanding, and reflective coaching strategies (Hemmeter et al., 2018). 360-degree cameras in the classrooms were used to capture the daily movement and sounds of the early environment. The recorded observations were supported by in-person observations from the university researchers, almost daily visits by the ECMH consultant, and both formal and informal follow-ups between university partners and individual teachers.

Professional Identities and Roles

RPPs should be driven by shared goals, a range of expertise, and varied roles that evolve across time (Sjölund et al., 2022). Dimension five of the Assessing Research-Practice Partnerships framework, *capacity building of participating researchers, practitioners, practice organizations, and research organizations to engage in partnership work*, highlights how ongoing collaborative inquiry initiates capacity building by establishing identities, norms, and roles that sustain beyond the RPP (Henrick et al., 2017). TIIPS was created with a multidisciplinary team approach that brought together women researchers and practitioners with diverse experiences and professional expertise.

The ECMHC on the team is a clinical psychologist who brought extensive knowledge of preschool assessments and interventions. The role of the ECMHC in the partnership has evolved to include providing support and strategies for educators to use with children who have experienced trauma that presents itself through challenging behaviors. Support is provided on an ongoing basis by the ECMHC to individual children and their families as well. The role of the ECMHC includes initiating both formal and informal processes of integration into an early care community to provide preventative

care and capacity-building opportunities for intervention for adults who support children and families. ECMHC competencies focus on building social-emotional competencies in early childhood educators, the classroom, and families. These practices have been established in the early childhood mental health and practice-based coaching frameworks to act as a social-emotional and mental health resource for early childhood stakeholders (Silver et al., 2023; Snyder et al., 2015). While the overall responsibilities of the ECMHC did not change when TIIPS was established, there were new dimensions of classroom support, observation opportunities, and relationship building that occurred with a reframed focus on holistically supporting the teachers in implementing trauma-informed care interventions and practices. The trust that was previously established between the ECMHC and pre-K program community allowed TIIPS to be built on the authentic needs and interests of the educators, children, and community.

The other university faculty member is a former early childhood educator and current teacher educator who brought expertise in early childhood workforce development and research-practice partnerships. They began their career in higher education at a regional comprehensive university and transitioned to a research-intensive university after ten years in higher education. They began working with the pre-K program six years ago and have conducted several research projects with the ECMHC. They assumed a key role in teacher support for the project and supervised the graduate researcher.

The graduate student researcher is a former infant and early childhood mental health consultant and early childhood educator working with infant-toddler and young preschool-aged children and families. They are in training to become a teacher educator and researcher and are interested in researching the impact of adverse childhood experiences and teacher well-being through policies and practices that impact the early care and education workforce. As recommended by Henrick et al. (2017), the graduate student led much of the project activities, which contributed to power distribution and capacity building. The graduate student supervised an undergraduate student who was also a part of TIIPS. This student majored in psychology at a large research-intensive university in the region. They participated specifically in supporting data management and the creation of study resources to provide equitable opportunities for all teachers to participate with a baseline understanding during the bi-weekly meetings.

The director of the pre-K program held a critical role in the study. They acted as the liaison between (and for) the teachers, school district, university researchers, children, and families. Wearing many hats, they were able to support system-level changes and integrate professional learning opportunities into the daily environment, school culture, and classroom routines. Further, they bridged the gap between the university researchers and families participating in the program. The director also committed early on to dedicate time and resources to TIIPS, which is a strong indicator of RPP effectiveness and capacity building (Henrick et al., 2017).

A priority for TIIPS was to establish a partnership culture where educators not only held identities as practitioners but also assumed additional roles as co-inquirers and co-leaders ready to tackle problems of practice (Henrick et al., 2017). Educators needed to share in decision-making and project design. To ensure practitioners were provided ample opportunities to adopt new roles and responsibilities, TIIPS worked purposefully to position educators as equitable partners in the work. It is important to note that RPPs naturally lead to personal connections, sometimes including friendships, among partners due to the types of interactions and experiences that occur across time. While we do not view ourselves as insiders to the pre-K program, we are trusted members of a research-practice partnership that includes insiders from Appalachia and us, university researchers and collaborators. Due to their heavy involvement in the pre-K program, the ECMHC's role in the RPP was particularly unique and essential in building connections between the university team members and the pre-K program.

Positionality

At the onset of the project, TIIPS encompassed an assets-based framework built on mutual respect that positioned early childhood educators as authentic partners to disrupt long-standing power differences often found between researchers and practitioners (Vetter et al., 2022). Differences in power should not only be addressed but reduced by centering the voices of early childhood educators. TIIPS mitigated power differences by developing norms where all team members worked side-by-side and engaged in meaningful dialogue (Laughlin, 2021). In efforts to center the educators' voices, university partners facilitated meetings in ways that invited participation, used revoicing strategies, and encouraged different group members to share knowledge and experiences (Caudle et al., in press.). While voice can be a way to empower educators and community partners, this should be considered in conjunction with silence, which can also be a conscious way for women to represent agency (Harel-Shalev & Daphna-Tekoah, 2018).

Cultivating Relationships

Successful partnerships foster initiatives that involve joint learning of all partners by developing equitable relationships that ultimately lead to equitable outcomes (Henrick et al., 2017). Creating equitable relationships within RPPs is complex given the preexisting hierarchical, geographical, and institutional barriers (Brown & Allen, 2021). Trust must be fostered in the building of new relationships, but parties must also acknowledge the mistrust that exists between universities and rural communities in order for healing to begin and partnership work to grow. Professional at the core, RPPs depend on developing personal connections and relationships through formal and informal communication (e.g., emails, planned meetings, text messages, and spontaneous phone calls; Glazer et al., 2023; Lenhoff, 2020). Establishing responsive connections is a critical

step in understanding the day-to-day experiences of early childhood educators and reducing the effects of burnout and secondary traumatic stress.

Within TIIPS, we committed early on to invest significant time in relationship building. Informal conversations gave us opportunities to develop a common language, talk through more personal issues that impacted the partnership, and elevate voices that may not be as present in group discussions. One-on-one discussions led to the co-creation of individual goals, which are critical when implementing trauma-informed social-emotional interventions with young children. Further, these types of private conversations are essential for educators' well-being since navigating trauma-related behaviors in the classroom can frequently elicit intense emotional responses (de Ruiter et al., 2020). Building relationships required TIIPS to not only embrace individual communication that was sometimes spontaneous but also create routines that supported team collaboration within safe spaces, which is an indicator of effectiveness for the first RPP dimension identified by Henrick et al. (2017).

Creating Safe Spaces

A trauma-informed approach to RPP development should also include creating safe spaces where all partners can share experiences and perspectives, be present, feel emotions, and build responsive relationships. Educators and university partners need time and space to develop personal connections for a partnership to work. Professional learning communities are highly effective within RPPs, but there is a need for smaller, more intimate spaces to share and connect on a more individual basis, particularly within trauma-informed initiatives. TIIPS used a three-pronged approach to create safe spaces that included one-on-one check-ins between educators and university partners, group meetings with certified educators and university partners, and separate group meetings with educational assistants and university partners. The meetings and conversations with educators in the roles of teaching assistants were of particular importance since their voices are often not represented in RPPs (Cramer & Cappella, 2019), yet they play vital roles in early care and education. The program director attended most of the large group meetings and also met individually with a university partner. Due to geographical constraints, one-on-one and group meetings occurred both in person and online.

From a trauma-sensitive lens, creating spaces for the TIIPS team to share and model what it looks like to be present, navigate emotions, and build responsive relationships was intentional to foster similar interactions in early childhood classrooms. Also, TIIPS recognized that typical patterns of action in RPPs needed to be adjusted to allow for more time and space, especially due to the partnership being in a rural community that experiences ongoing collective, environmental, and personal traumas. Henrick and colleagues (2017) asserted that a key indicator of effectiveness is building trust and cultivating strong interpersonal relationships that capitalize on the knowledge

and experience of individuals and push the traditional boundaries of RPPs. In essence, relationship building cannot be rushed or minimized.

Reducing Burnout, Secondary Traumatic Stress, and Compassion Fatigue

TIIPS strived to establish a collaborative team that engaged in activities to address workforce burnout, secondary traumatic stress, and compassion fatigue. Staff in the program were surveyed about their understanding of trauma, needs for education, and information about children who had experienced trauma as well as secondary trauma, compassion fatigue, and burnout risk. Throughout the research project, staff were asked to complete bi-monthly surveys on personal well-being, perceptions of TIIPS, and perceived resources needed for successful implementation. Weekly informal and formal meetings with educators and university partners focused on practices to use with children who have experienced trauma as well as strategies for self-compassion and stress reduction. Through ongoing conversations, educators were encouraged to discuss their emotions, responses, and experiences related to the secondary trauma they may be experiencing from working with young children who had been traumatized, thus creating self-awareness. Discussions regarding how each member of the group took care of themselves took place frequently in these conversations. Educators discussed several strategies used to alleviate the stress experienced from their jobs, such as exercising, deep breathing, socializing with friends, resting, eating well, and getting appropriate sleep. Using the platform of bi-weekly meetings for members of the group to share about their experiences, to be heard, and to share with others who had similar experiences and feelings provided validation.

As previously mentioned, one-on-one, bi-monthly meetings with each staff member were conducted to discuss any needs they had as well as strategies and techniques that were going well. The director of the program also attended individual meetings and was able to share feelings and strategies for self-compassion. Support from the director of the program was essential to navigating the immediate needs of educators. Due to the nature of TIIPS, immediate access to team members was critical not only for educator support and well-being but also to navigating problems of practice. The child mental health consultant was at the center several times a week and also talked regularly by phone with many of the partnering educators. Additionally, one-on-one coaching was provided face-to-face on an as-needed basis on-site. University researchers were also available in both formal and informal capacities throughout the week, most notably through patterns of informational communication.

Future Directions

As TIIPS transitions out of the beginning stages, several future directions will be pursued by the team in upcoming years. Classroom videos will be used as both observational data and video-stimulated recall experiences. Specifically, classroom teaching teams will participate in reflective coaching sessions with university partners to

establish goals and growth patterns related to social-emotional classroom competencies through the implementation and use of a multi-tiered system of support. Bug-in-Ear (BIE) coaching will occur in addition to video recall and reflective supervision strategies of practice-based coaching (Grygas Coogle et al., 2018; Snyder et al., 2015) to provide individualized support for educators working with children exhibiting challenging behaviors. Overall, reflective coaching practices will be used that have been established in the early childhood mental health literature and through practice-based coaching to support the implementation of a trauma-informed framework that supports the well-being of the early childhood educators, school-wide stakeholders, and young children (Snyder et al., 2015).

The culture and community established within the TIIPS RPP framework have the opportunity to elevate the role and voice of early childhood educators as experts in supporting the children and families in their classroom communities while holistically implementing social-emotional learning interventions. This work establishes social-emotional competencies that support early educators in tailoring their environments (i.e., physical, emotional, temporal) to be responsive and respond to the direct needs of young children without re-traumatization. Teachers and teaching assistants will be encouraged to practice self-care strategies within the classroom environment to respond rather than react in stressful situations and model self-regulatory practices for young children.

Pre- and post-child assessment data will be used to show growth in children's social emotional and self-regulatory competencies. Teacher well-being and professional development subscales will also be used to understand the growth of early educators and adjust current practices to meet the educators' and the RPP's changing needs (Henrick et al., 2017; McMullen et al., 2020). One of the main aims of TIIPS is to support early educators in gaining knowledge, skills, and understanding of social-emotional competencies and emotional regulatory processes in themselves to become more attuned, self-regulated adults. TIIPS recognizes that psychological, mental, and physical well-being and regulatory health are continuous processes of development throughout the lifespan. By doing so, this study is nestled in a trauma-informed framework that supports building a balanced, safe environment for both children and adults that emphasizes the well-being and expertise of the ECE workforce (Kwon et al., 2020).

Professional learning community meetings with shared teaching practices, strategies, and collective reflection will be a continued practice to support scaffolding, mentorship, and knowledge-building for all educators. Through established relationships within the early care community, TIIPS intends to also fold in family connections within the next phases of the partnership. Equity-based trauma-informed practices used by early childhood educators that engage and involve families directly link to children's kindergarten readiness (Barnett et al., 2020). Future phases of the study will also involve

planning research activities based on Henrick et al.'s (2017) additional dimensions of RPPs not addressed in the initial stages of TIIPS.

Conclusion

This article demonstrates the importance of caring for the early care and education workforce through a trauma-informed lens that prioritizes educators. It has to be reiterated that, just like a young child's brain, the adult brain changes when impacted by trauma, chronic stress, and poor attention to individual and professional well-being. Trauma-informed partnerships in rural early childhood contexts take considerable amounts of time and consistent patterns of interaction to form trusting foundations. Researchers cannot quickly jump to classroom strategies or unattainable self-care strategies, which are methods often used in professional learning opportunities for early childhood educators when addressing burnout and compassion fatigue. Early childhood educators' voices are also critical components of change that must be elevated and responded to with compassion and thoughtfulness. RPPs that address dimensions of Henrick et al.'s (2017) framework through established and equitable group norms, emphasis on collaborative decision-making, and participation at all junctions that dismantle power hierarchies and disrupt patterns of oppression often found in early educator experiences are effective ways to support the early childhood Appalachian workforce. While it will take time to understand the impact of this partnership on the children, educators, families, and community, it is encouraging to know that there was interest and engagement in conversations across time, both individually and as groups, which is a good indicator of the pre-K program partners seeing value in our partnership.

Acknowledgments

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