

BOSTON PUBLIC HEALTH COMMISSION

# Trauma-Informed Early Care and Education Breakthrough Series Collaborative

A Toolkit for Teachers, Caregivers, and Staff

2016



**DEFENDING  
CHILDHOOD**  
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# Trauma-Informed Early Care and Education Breakthrough Series Collaborative:

## *A Toolkit for Teachers, Caregivers, and Staff*

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## SECTION 1 – Welcome to the Toolkit!

Welcome on your journey to become a trauma-informed and resilient early care and education center! This Toolkit is designed to provide you with three main things along the way:

-  **Information:** We believe that before you can do the work, you must understand the rationale, value, and vision behind it. The information provided here is the type of material often included in trainings and is especially important for setting priorities and attending to “process” issues, such as developing teams and trying out new ideas.
-  **Strategies:** We believe that to become a trauma-informed and resilient center there are concrete strategies and practices that must be implemented. We describe both the strategies as well as methods you can use to test the strategies.
-  **Tools:** We believe that wheels should never be re-created. Instead, we share the tools that have been developed and invite you to use – or adapt, if needed – what teams have already tried out in their work.

### Where This Toolkit Came From

This Toolkit is based on a project led by the Boston Public Health Commission from 2012-2014 as part of their Department of Justice Defending Childhood Initiative. Known as the *Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative (BSC)*, the vision was for the multiple agencies and individuals that interact with young children to work together to ensure that all children grow up in safe and supportive environments with nurturing adult relationships that promote opportunity and healthy development. The mission was to work with six participating teams (early care and education centers in the city of Boston) to help them develop and implement practices, procedures, policies, and systems that would do the following.

<b>Prevent</b>	<ul style="list-style-type: none"><li>•Promote healthy social and emotional development.</li><li>•Support nurturing, safe, stable relationships and environments for children, families and communities.</li></ul>
<b>Protect</b>	<ul style="list-style-type: none"><li>•Identify children and families exposed to violence.</li><li>•Ensure physical and emotional safety.</li></ul>
<b>Heal</b>	<ul style="list-style-type: none"><li>•Respond to children and families exposed to violence with trauma-informed practices in day-to-day interactions.</li><li>•Rely on trauma-informed practices that are evidence-supported, accessible, and appropriate; and</li></ul>
<b>Thrive</b>	<ul style="list-style-type: none"><li>•Strengthen resilience, protective factors, and social and emotional wellness in children, families and communities.</li></ul>

This Toolkit is a synthesis of the work of these six teams, together with the experiences and lessons learned by faculty and project staff. [A listing of the teams, faculty, and project staff can be found in Appendix 1.a.] This Toolkit also draws heavily on the work of the Center on the Social Emotional Foundations for Early Learning (CSEFEL)<sup>1</sup> and *Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma*<sup>2</sup> as both of these sources were used extensively throughout the project.

### Why We Think What We Learned Is Worth Sharing

Over the course of this project, we partnered with an evaluation team to learn about whether this work made a difference for early care and education centers, children, and their families. The evaluation team learned that centers made improvements to many aspects of their practice with children and families, for example, an increase in center staff's knowledge and awareness of trauma-informed practice. The team found measurable improvements in family engagement practices, as well as classroom strategies to support children's healthy social and emotional development. In many cases, the evaluation found that the communication between early childhood mental health staff and teachers improved.

In addition to these content-focused improvements, the evaluation also examined HOW the BSC helped centers make these improvements. Here, the team found that centers learned not only how to be trauma-informed, but also how to make continual improvement. Through their participation, center teams and staff built a collective and organizational capacity for change. The cross-role teams empowered teachers and parents to be active agents of change, and enabled the formal leaders to support these improvements. Teams learned how to use

data with continual feedback loops to see whether their changes were getting the results they wanted with children and families. This is truly transformative practice. One teacher described how she no longer gives up when something doesn't work with a child or family. Now, she uses the PDSA strategy to keep trying different approaches until she finds that one that works for that child or family.

Based on these evaluation findings, we have included information on both the WHAT to change (the content of trauma-informed resilient centers) and the HOW to change (small tests of change and using data for improvement) in this Toolkit. Further details from the evaluation are included in Appendix 1.b.

### What to Expect in This Guide

This guide has five main sections:

- **Section 1. Welcome to the Toolkit:** This section provides a brief overview of what this Toolkit is and what it isn't, and how you will be able to use it in your work.
- **Section 2. Introduction:** This section describes the Breakthrough Series Collaborative project that served as the learning laboratory for this Toolkit. The lessons that are being shared were learned largely through the experiences of the teams, faculty, and project staff over a two year period. This section provides context for the information, strategies, and tools that follow.
- **Section 3. Getting Ready for the Journey:** This section focuses on how to read your map, set your compass, and pack for the trip. This is a must-read section before moving into the content-focused strategies, practices, and tools.
- **Section 4. Making Change and Moving to Action:** This section teaches you how to make changes in ways that move beyond training-as-usual. It relies on what we know about making change, improving outcomes, and successfully implementing new programs so that you're not stuck with a lot of new knowledge or good ideas that go nowhere.
- **Section 5. What Is a Trauma-Informed and Resilient Center? How Do We Get There?** This section is the heart of trauma-informed and resilient centers. It walks through each of the five themes that framed the Breakthrough Series Collaborative and provides concrete strategies, practices, and tools for you to try.
- **Section 6. Recommendations and Next Steps:** This section shares insights on where to go next to continue to advance this work, both within your center as well as broadly in the community.

### A Brief (but Important) Note on What This Toolkit Is NOT

In a good recipe, you begin with step one and move through the steps in order. When you complete all of the steps – in the specific sequence and using exact amounts of ingredients – you know you will have a delicious meal. **This Toolkit is not a recipe.** It does not need to be followed in order. Moreover, one of our biggest lessons throughout this project was the reminder that every early care and education center is different. There is no such thing as a one-size-fits-all guide to this work, as the differences in centers are as significant as the differences in the children we serve. Expecting every center to implement the exact same changes would be as big a mistake as expecting every child to develop in precisely the same way at precisely the same time.

### How to Use This Toolkit

We hope you will use this Toolkit much the way you work with children – in an individualized way that is geared to meet your own needs. Think of this Toolkit as a map on a journey. You first figure out your starting point (in this work that is your “self-assessment” as described in Section 3). You then look for your destination (in this work your destination is your goal or priorities, also explained in Section 3). And based on those things, you determine what you need to pack, who you need in the car with you for the journey, and together how you will best get there (Sections 3, 4, and 5).

We strongly encourage you not to take this journey alone. Find partners from your community who can help you with training, coaching, and resources to implement trauma-informed and resilient practices at your center. These partners might be at your local community health center, school district, mental health clinic, your public health department or community or faith-based organizations. But this work should always be done in partnership, so seek out partners and bring them on early.

Throughout this Toolkit you’ll find strategies related to creating and supporting trauma-informed early care and education centers as well as important lessons related to the process of using the BSC methodology to facilitate those changes in centers. You’ll read stories and experiences from actual teams as well as join an imaginary team, Team Sunlight, on their journey. Most importantly, we hope you’ll be able to draw upon the successes and lessons learned from the six teams to implement and nurture your own trauma-informed early care and education center.

## Section 2 – Introduction & Background

### Background and Overview

Led by the Boston Public Health Commission (BPHC), Boston was one of eight demonstration sites for the Attorney General’s Defending Childhood Initiative, a US Department of Justice initiative focused on addressing children’s exposure to violence. The Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative (BSC) was one of the strategies BPHC implemented to support early care and education centers in preventing and reducing the impact of children’s exposure to violence by becoming trauma-informed systems.

*Prevent  
Protect  
Heal  
Thrive*

Through this BSC, six teams from early care and education centers in Boston developed and implemented practices, procedures, policies, and environments to **prevent** exposure to violence, **protect** children, help children who have been exposed to violence **heal**, and support families to help their children **thrive**.

#### *Participating BSC Teams*

Bridge Boston Charter School  
Catholic Charities - Nazareth  
Children’s Services of Roxbury  
Ellis Memorial  
Nurtury Boston  
Wesley Childcare Center

The BSC was officially launched in March 2013 with an “expert meeting.” During this meeting, experts including parents, teachers, center directors, mental health providers, violence prevention advocates, and local and state agencies came together to develop a framework that describes the practices, policies and environments in place at a trauma-informed center. Through a competitive application process, six early care and education in the city of Boston were selected to participate. These centers formed teams that included six to eight members, including teachers, center administrators, mental health partners, and parents. These teams came together for four two-day in-person “learning sessions” between October 2013 and November 2014 to learn about continuous quality improvement, making change, and trauma- informed practice. In between these active working conferences, teams applied their learning by testing new practices and strategies to achieve their goals.





### The Connection Between Exposure to Violence and Child Trauma

When presented with the opportunity to prevent and reduce the impact of violence on children, the Boston Public Health Commission believed that early care and education centers would be vital partners in this work, as we know that exposure to violence and child trauma are deeply connected. Childhood exposure to violence means that children can be both *victims of* and *witnesses to* multiple forms of violence in the home, school, and community, including child abuse, domestic and teen dating violence, sexual violence, stalking, school violence, and community violence.

According to the National Child Traumatic Stress Network (NCTSN), *child traumatic stress* refers to the physical and emotional responses

of a child to events that threaten his/her life or physical well-being, or that of someone critically important to the child (such as a parent or sibling). And the 1995 -1997 ACE Study (Adverse Childhood Experiences Study), conducted by Kaiser Permanente, showed that being exposed to violence as a child resulted in long-term health effects that last into adulthood, including substance use, depression, and diseases such as diabetes and asthma.<sup>3</sup> In addition, homelessness, food insecurity, substance abuse and unemployment are examples of adverse childhood experiences that can impact a child's health and well-being and may exacerbate the impact of violence.

At the community level, violence also impacts children and families, as it has ripple effects that can contribute to poor health. We must always consider the role that factors such as poverty, racism and gender inequity have on children's environments, opportunities, and health, as these social determinants of health are underlying, contributing factors of health inequities.<sup>4</sup>

#### Child Traumatic Stress

*...the physical and emotional responses of a child to events that threaten his/her life or physical well-being – or that of someone critically important to the child.*

~ National Child Traumatic Stress Network

#### A Closer Look at Violence Exposure<sup>5</sup>

- 25.6% of all children ages 0-17 were victims of child maltreatment;
- 20.8% of all children ages 0-17 witnessed family violence at some point in their lifetimes;
- 27.5% ever witnessed any violence in his/her neighborhood;
- Nearly 60% of all children had been exposed to at least one form of violence in the past year, and more than 1 in 10 reported 5 or more exposures.

## The Impact of Trauma on Child Development

As early childhood educators, once we recognize the connections between violence exposure and traumatic stress, we then have to consider how traumatic stress impacts child development. Thankfully, there is a great deal we now know about this.

Children are affected by trauma in many different ways. Some children have many symptoms; others have few, or symptoms. According to the National Child Traumatic Stress Network, traumatic stress can affect children in several areas of their development<sup>6</sup>:

- *Attachments and Relationships*: Difficulty developing strong healthy attachments to caregivers; having trouble controlling and expressing emotions; reacting violently or inappropriately to situations.
- *Physical Health-Body and Brain*: Traumatic stress, particularly chronic trauma, can affect children’s health and brain development. The impact is seen in the developing brain and the body’s stress response system. This may result in challenges for children in regulating their emotions and behavior, problems with memory, abilities to learn in school, and problem –solving abilities. It can also affect the body’s immune system.
- *Emotional Responses*: Difficulty identifying, expressing, and managing emotions; fear of new situations, increased anxiety, or anger; emotional responses that may be unpredictable or explosive; responses that demonstrate “emotional numbing” or “tuning out;” constant worry about safety.
- *Dissociation*: Mental separation from experiences; perception of being detached from their bodies; feeling they are in a dream or some altered state that is not quite real or as if the experience is happening to someone else; loss of all memories or sense of the experiences having happened to them; can affect a child’s ability to be fully present in activities of daily life and can significantly fracture a child’s sense of time and continuity, having adverse effects on learning, classroom behavior, and social interactions.
- *Behavior*: May be easily triggered or “set off” and more likely to react very intensely; may struggle with self-regulation (i.e., knowing how to manage overwhelming emotions or calm down) and may lack impulse control or the ability to think through

### Potential Impact of Trauma on Child Development

- Attachments and Relationships
- Physical Health – Body and Brain
- Emotional Responses / Behavior
- Cognition-Thinking and Learning
- Self-Concept and Future Orientation

consequences before acting; may seem “spacey,” detached, distant, or out of touch with reality.

- *Cognition-Thinking and Learning*: May have problems thinking clearly, reasoning, or problem solving; may be unable to plan ahead, anticipate the future, and act accordingly; may find it hard to acquire new skills or take in new information; may struggle with sustaining attention or curiosity or be distracted by reactions to trauma reminders; may show deficits in language development and abstract reasoning skills.
- *Self-Concept and Future Orientation*: May feel shame, guilt, low self-esteem, or a poor self-image; diminished sense of competency; self-image of powerlessness; loss of trust that adults can protect them; perception of the world as unsafe; trouble feeling hopeful.

### The Opportunity to Promote Resilience and Social Emotional Development

Although knowing that exposure to violence and trauma can have serious negative impacts on children may feel overwhelming, the good news is that early care and education centers can respond in ways that make a huge difference in children’s lives. We can focus on identifying and responding appropriately to children and families who have been exposed to violence or trauma, and also on helping children and their families flourish, thrive, and build resilience to protect themselves.

Resilience is the ability to overcome challenges of all kinds and “bounce back.” Protective factors are those things that help build and support resilience, as they have a positive impact on children’s lives by buffering them from exposure to violence. The Center for the Study of Social Policy, further describes these factors as ideally preventing exposure to violence by reinforcing the ability of parents to care for their children. Some examples of protective factors include<sup>7</sup>:

**Resilience:** *The ability to overcome challenges of all kinds and “bounce back”*

- *Concrete Support in Times of Need*: Identifying, seeking, accessing, advocating for, and receiving needed adult, child, and family services; receiving a quality of service designed to preserve parents’ dignity and promote healthy development
- *Knowledge of Parenting and Child Development*: Understanding the unique aspects of child development; implementing developmentally and contextually appropriate best parenting practices

- *Parental Resilience*: Managing both general life and parenting stress and functioning well when faced with stressors, challenges, or adversity; the outcome is positive change and growth
- *Social and Emotional Competence of Children*: Providing an environment and experiences that enable the child to form close and secure adult and peer relationships, and to experience, regulate, and express emotions
- *Social Connections*: Having healthy, sustained relationships with people, institutions, the community, or a force greater than oneself

Approaches that are rooted in Social Emotional Learning (SEL) education and theory are at the core of resiliency, protective factors, and promoting healthy child development. The Center on the Social Emotional Foundations for Early Learning (CSEFEL) cites research that shows that children’s ability to control their emotions and behaviors is important for succeeding in early education. When children feel good about themselves; are able to develop positive relationships with others; and know how to identify, express, and control their emotions, they are more likely to be ready to learn and succeed.<sup>8</sup> In addition, these skills and abilities can also ensure that children are equipped to handle life’s stressors. An emphasis on resiliency and healthy social and emotional development makes sure that early care and education settings focus on creating environments that are healthy, safe, and supportive for all children.

### What Is a Trauma-Informed System?

Now that we have common language for violence exposure, trauma, resilience, and protective factors, what does this have to do with creating a trauma-informed system? We believe that trauma-informed services and approaches are critical as they can increase safety and support healing in meaningful and lasting ways. But when we use the term “trauma-informed,” what do we really mean?

Trauma-informed spaces are safe and predictable to reduce traumatic stressors and triggers, as well as to help children learn, grow, and heal. These environments enable us to identify and decrease children's related traumatic reactions and behaviors, build resiliency, and focus on positive social and emotional development.

Trauma-informed environments ensure children can build nurturing relationships with their caregivers for healthy social emotional development. When adults are loving,

responsive, and consistent, young children learn that they are valued and feel safe knowing what to expect within

their worlds. Positive relationships with caregivers also teach children how to interact with others.

Trauma-informed centers mean that caregivers and family members are included in planning processes to help find the right opportunities, supports, and services for individual children and their families and to find the right changes and improvements that will work for families across the center. Family members have leadership roles within the process, including participation in decision-making groups and opportunities to voice their ideas.

Trauma-informed centers recognize the impact of disparities and racism on children's and families' health and access to healing and, conversely, healthy racial identity and racial justice as essential for resilience. We know that racism can undermine the protective factors against violence exposure. Thus to support resilience, particularly in the context of healing after trauma, our centers have to be intentional about incorporating racial justice into our daily work. And trauma-informed systems understand that staff may experience their own traumas (or have experienced them in the past), and may also be further impacted by working with children, families, and communities who experience trauma. Recognizing and addressing this secondary traumatic stress and vicarious trauma at the system-level helps create a strong staff,

### Trauma-Informed Child- and Family-Service System

*A multi-level, strengths-based framework that:*

- Recognizes and responds to the impact of traumatic stress on those who have contact with the system including children, caregivers, and providers
- Emphasizes physical, psychological, spiritual and emotional safety and creates opportunities for people to heal and thrive
- Infuses and sustains trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies.
- Collaborates with all those who are involved with the child, using the best available science, to facilitate and support the health, recovery and resiliency of the child and family
- Addresses the impact of racism and other forms of structural violence.

*~Adapted from National Child Traumatic Stress Network, Shelter from the Storm (Hopper 2010), and Boston Public Health Commission*

a healthy workplace, and a resilient center. Appendix 2.a. includes Trauma-Informed Principles from the Substance Abuse and Mental Health Services Administration (SAMHSA).

### Opportunities in Early Care and Education Centers

Early care and education centers are important places to work and partner with children and families. These centers can nurture the healthy development of children, healthy caregivers, and stop violence before it starts. Additionally, because centers work with teachers, staff, and family members, they can create and spread changes that will affect many children and families. However, early care and education centers may face challenges or need support to do this work. This BSC was designed to strengthen the capacity of early care and education centers to create and support the following opportunities.

- *Opportunity to Connect Children and Families to Supports and Services:* A 2005 report on services for at-risk children in Boston’s early care and education programs recommended: (a) better resources to increase screening and intervention services; (b)

#### Key Challenges

- Gaps in services and coordination
- Gaps in services for at-risk children
- Lack of resources dedicated to social and emotional learning
- Lack of support for families

trainings on the needs of at-risk children and the importance of early interventions; and (c) school curriculum and help for caregivers to support at-risk children in early care and education classrooms.<sup>9</sup> Additionally, services for children and families needed to be coordinated, streamlined, and simple; available where and as needed; linked to other systems of care, such as mental health services or child abuse and neglect prevention or response services; appropriate

for families’ true needs, including substance abuse, domestic violence, child abuse and neglect, and parental depression; and reflective of the racial, cultural, and linguistic diversity of the families being served.<sup>10</sup>

- *Opportunity to Promote Healthy Social and Emotional Development:* Most of the resources available are geared toward addressing problems after they have arisen, rather than focusing on primary prevention - building resiliency and strengths in ways that prevent harm and promote positive outcomes. The research on social and emotional learning, especially about healthy development in children and families, should guide how resources are created and given out to make sure that children and families are strong.
- *Opportunity to Partner with Families:* Young children live within the worlds of their families and are dependent upon strong, consistent, and healthy families for their own

healthy social and emotional development. Opportunities, services, and supports need to focus on the family so that children’s strengths can be nurtured and their needs fully met.<sup>11</sup>

### Why a Breakthrough Series Collaborative?

We knew that training was important, and we also knew that it would not be sufficient to change behaviors or practices, especially in sustainable ways. In this work, we wanted to move beyond training as usual and focus on action. Throughout the DCI planning process, partners identified a need for supporting whole centers and agencies to become trauma-informed. The Breakthrough Series Collaborative<sup>12</sup> (BSC) methodology was identified as a way of helping organizations make sustainable changes in their policies and practices.

The BSC included:

- Extensive training to build awareness, knowledge, and skills;
- Collaborative, multi-level teams working with faculty and BSC staff coaches to become skilled at the steps of the making changes, setting specific goals, and testing improvements;
- Small tests of change, or Plan-Do-Study-Act cycles (PDSAs), to inform and spread improvements in early care and education settings; and
- Technical support to encourage ongoing learning and sharing across participating teams.

#### Breakthrough Series Collaborative

An evidence-based methodology for change developed by the Institute for Healthcare Improvement

The work was grounded in what was called the Collaborative Change Framework. This Framework had five key theme areas that served as the foundation for all work done by participating teams. These five key themes are shown below and are described in detail in Section 5. How We Will Get There. [The full Collaborative Change Framework can be found in Appendix 2.b.]

***Collaborative Change Framework Themes***





## SECTION 3 - Getting Ready for the Journey

### Take a Deep Breath

Every morning before you walk into the classroom with children, you take a deep breath and think about what you have planned to do with them and what it might look like. Getting ready for this journey – becoming a trauma-informed and resilient early care and education center - is very much the same. You'll use the same thoughtful and systematic approach that you use in your teaching to prepare and plan this effort - paying close attention to creating a shared vision for your center, building a strong team, understanding where your center is now, and putting in place all of the essential pieces you will need to support your team along the way. Even though you know that once the children arrive, the day might not go as you planned, you're ready for anything because you took the time up front to be prepared.

### What It Takes to Be a Trauma-Informed and Resilient Center

Sometimes when we hear the term “trauma-informed” we think we just need to go to a trauma training and we'll be all set. While training is essential, it is really just one piece of the overall process. Training serves as the foundation for everything else you need to do, but just like all training, the goal is never simply new knowledge. The goal is to change behavior, practice, and even policies and procedures. In fact, you can probably remember a training you've attended in which you embraced what was taught, but found that you weren't able to apply it. Maybe you didn't have dedicated time to put what you learned into action, or maybe you were the only one from your center at the training, so you didn't have the support you needed. Being ready means that you – along with others in your center – receive ongoing training but are also ready to take thoughtful action, and share a vision for what it might look like at your center.

Being a trauma-informed and resilient center includes a huge range of daily interactions: with children, with parents, with other staff, and with partners at all levels of the center. As everyone in your center begins to understand this broad scope, they will recognize how essential the work is and join you in your sense of urgency and excitement for the journey to start. You can then come together as a team and focus on building trust – the backbone of teams and all trauma-informed relationships. You will then have time to reflect and think together as you work through a self-assessment process to help you identify your center's strengths and areas for improvement. And leadership at your center can demonstrate commitment to this journey by dedicating time and resources to achieve the vision.

*Join together as a team and focus on building respect and trust – the backbone of relationships and trauma-informed, resilient work.*

Throughout the next few sections of this Toolkit, we will be following the progress of an imaginary team, Team Sunlight. Whenever you see the sunshine icon, you will recognize a

concrete example from Team Sunlight's experience. We hope this will help bring the journey to life as you see what it looks like not just as a nice idea, but in real practice.



*Team Sunlight represents a center that serves roughly 55 infants, toddlers, and pre-schoolers from 0-5. The families represent the neighborhood in which the Sunlight Center is located, being about 75% African American, 20% Hispanic, and 5% White. There are eight teachers along with many assistant teachers, support staff, and administrators.*



### Getting Ready: The Pieces

There are four key areas in which you'll be doing work to help prepare yourself and your center for this journey:

- 1) Organizational readiness;
- 2) Team membership and development;
- 3) Foundational knowledge; and
- 4) Self-assessment and priority setting.

Although these four areas are listed above in a specific order, they are not sequential steps. You will find that you move forward and backward through them throughout the process. You'll be accomplishing all four at your own pace, in your own order, and in the ways that make the most sense for you, your team, and your center. The diagram below illustrates this relationship – as they are all pieces that fit together like a puzzle. You can then read more about each area as we unpack it to share ideas and strategies that can help you be as ready as possible for this work.





### Unpacking the Pieces: 1. Organizational Readiness

This area will help you identify the organizational and administrative pieces that must be in place to support and sustain a trauma-informed and resilient center. You can think of this as “starting with the end in mind.” If you consider how you assess where a child is developmentally when he first enters your classroom and what you hope he’ll learn over the next year, this process is very much the same.

The first thing you would do is think about the big picture: What are your and the child’s parents’ hopes for him? Who needs to be involved to help make this happen? How much time and what resources will it take? How will you communicate the progress to others so that they, too, can support your efforts? And what do you need to put in place to ensure he holds onto his progress as he moves forward?

In organizational terms, this work includes:



#### *Shared Vision and Language*

Your center likely has a shared understanding about your work with families, children, and even the community. You may call it a vision, a mission statement, a charter, a dream, or something else that describes what your center aspires to achieve for the future, your goals, and how you will get there. What we’re describing here is not intended to replace the vision, mission, or charter you already have, although if you don’t have one written this provides a great opportunity to do so. If you do have one, read it and think about how it connects with resilience and the impacts of trauma. Dare to dream about what your center could be like. Does your vision reflect your center’s approach in ways that support healthy and thriving children and families? Does it reflect your approach to help respond to those

*Creating a shared dream focuses efforts, builds morale, and lends understanding to diversity within the Core Team. (ECMH Matters Toolkit, 2011)*

children exposed to violence and prevent future exposure to violence? How does the language you use reflect this?

At this point you've probably realized that in order to have this type of common language, there is some foundational knowledge that will be needed. While that is addressed in the section below, this is yet another example of how the puzzle pieces of readiness interlock and it's hard to go "in order."

As you continue to think and talk about your vision using a common language, you might also want to consider how your entire center embodies this trauma-informed and resilient



*For more information on Foundational Knowledge, see the section below.*

approach. It isn't just about the services you provide or relationships you have with children and their families; it's also about how center staff relate to one another. Think about what it's like to work here. Reflect on what types of

supports you receive so you are able to support children and families to succeed and thrive. Remember as you enter into these conversations that many staff (maybe even including you) may have had their own trauma exposures so you'll need to be sensitive, compassionate, and responsive. In fact, this type of approach is precisely what helps you become a trauma-informed and resilient center. Although we call this phase of the work "readiness and preparation," it truly is "the real work" as well. [See Appendix 3.a. for a sample worksheet you can use to help your team create a vision or dream for this work.]

#### *Formal Leadership Commitment*

Formal leaders (those with the big positions, titles, and authority) can play important roles in change efforts. While colleagues, partners, and parents are also leaders – and will be leaders in this work -- you will need the strong commitment and support of those leaders who have what we call "positional authority." Ideally, you want these formal leaders to join you as a partner and collaborator. You want them to be in the work with you.

In your center, these formal leaders often have many competing priorities and demands on their attention and time. Thus, you should think about how to make this work meaningful and important to them. Having them as a partner not only can help you, but can also help relieve some of the stress and pressure that they face on a daily basis. Helping leaders recognize that distributing some of the power can actually be liberating.

This leadership commitment goes beyond asking them for permission to lead a training. As they become a partner with you, you hope their actions will reflect their commitment. This might be through joining you at meetings; addressing challenges and removing barriers that you identify; encouraging and supporting change from staff and partners at all levels; reviewing the team's progress in positive and supportive ways; encouraging innovation and

improvement; following up; and actively listening to what the team is learning and recommending. [See Appendix 3.b. for a description of the possible roles and responsibilities of formal leadership.]

### *Dedicated Time and Resources*

Most of you spend most – if not all – of your day working with children. This is great for trying out the new ideas that you come up with (which you will!), but it probably doesn't give you much time to plan, reflect, or share your experiences with others, especially if you are short staffed, there are program-related demands, or crises emerge. But this is precisely why dedicated time on the part of the team members is critical to ensure that you can collaborate, share, and learn together.

One of the ways that formal leaders can support this work is by helping find and protect some time so that you and your team members can give this project the attention it needs to succeed. Ideally, your team will meet twice per month and consistently maintain a dedicated time as “protected time” for the team to plan, reflect, and share. While this may be hard to do, you can think about meeting after hours (early in the morning or after work); dedicating an hour every week with coverage identified; talking during nap times; or applying for grants to cover stipends so that team members can come in and meet on a weekend day. Regardless of how you make it happen, finding the time and resources to test ideas and to think and share with others is essential.

### *Communication*

For this work to become part of your center's culture, the entire center needs to understand what this work is about, why it is critical for all children, families, and staff, what they can expect will happen, and how it will impact them. The more people can connect to the value of this work, the less they will feel “done unto” by changes and the more they will want to join you in the process.

As with any important change that happens in your center, all staff should be informed early about what the project is, given the opportunity to provide input into the changes and should be regularly be updated on the team's progress, as well as have the opportunity to ask questions and participate in various ways. You might consider opening up some of your team meetings to all staff; posting updates on bulletin boards; putting up posters to highlight some of the new language or terms or vision; giving shout-outs, thumbs-up, or awards to recognize the good work that people are doing; creating a periodic newsletter; or regularly setting aside time for updates at staff meetings. Find opportunities to tell others about the work while also creating opportunities for them to join you. For example, put out a suggestion box, create a survey, invite others to test new strategies and provide feedback, and leave time in staff meetings for brainstorming, problem-solving and discussion.

Celebrate successes along the way and make sure there are tangible, visible, small wins to keep the momentum and enthusiasm. Remember -- the more, the merrier!

### *Sustainability*

Can you imagine what it would be like if you spent a year doing all this work, and then it suddenly disappeared? You've probably experienced changes like this. But if you want to improve the chances that the things you've done to help your center become trauma-informed and resilient will stick around long after you leave (or the current leaders leave), you might think about sustainability right from the start as you are testing new strategies.

As you try out new practices, tools, and ideas, consider how they will be supported and sustained so that they don't disappear as staff turns over or as center priorities shift. The overall goal is for this work to become much more than a moment-in-time-project. You want this to become the way the center thinks, breathes, and works going forward. Consider these tips to sustain your work:

- Make sure that the purpose of new practice, tool, or idea is clear and consistent with the center's vision.
- Make new practices or policies as easy as possible for others to do, use, or follow. Keep the practices, tools, or ideas simple and, perhaps even more important, as little additional work as possible. If they can replace existing tasks, processes, or practices rather than adding more work on top, all the better!
- Look at where your center is already engaging in trauma-informed practice (whether you knew it or not), and build off that existing work.
- Plan for where you might write down some of the practices or processes for others to use such as in center protocols or procedures, a center handbook or guide.
- Identify staff trainings or meetings in which you might be able to talk about this work and ways to provide coaching, support, and monitoring to make sure staff know how to do it and why it is so important.

More strategies for sustainability can be found in the Taking Action and Making Change Section.

### **Sustainability**

*The extent to which a newly implemented practice or policy sticks around after the project is "over."*



### Team Sunlight's Experience with Organizational Readiness

*Team Sunlight was excited to begin this work and jumped in with both feet. A teacher and the director took the lead together and immediately pulled together a team. Here are some of the challenges they faced and the solutions they created to help get ready for this work....*

Challenges	Solutions
Center had a mission statement that couldn't be changed because too many people would have to approve it.	They created a vision statement for the project and then explicitly tied it back to the center's overall mission.
Center Director was invested, but too busy to attend all the team meetings and the team felt they had to have her there to approve all of their decisions.	They identified a liaison to the Senior Leader who met with her regularly. The leader agreed to come once per month herself.
Team members couldn't figure out when to meet as different classrooms had different naptimes.	The Director was able to identify a time where other staff could cover classrooms.
Center staff already complain about "information overload," making communication about this work tricky.	The team created an Update Bulletin Board where every other week (after their team meeting) someone was responsible for writing and posting fun headlines about the work
Work in classrooms is done on a very individual basis. There really isn't a "protocol" or "procedures" guide for teachers.	The team created a mini-guide, which they called a "TIPS List" (Trauma-Informed PracticeS) to document some of their key practices, tools, and ideas. Supervisors used the guide in their staff meetings and individual supervision.



### Unpacking the Pieces: 2. Team Membership and Development

Once you've made the decision to do this work, you need to find partners, making sure you don't have to do this work alone. Everything is better when you have support. In putting together your team, think about a group that will be able to commit time over a period of time and make sure to include a variety of perspectives and roles, including center administrators, teachers, staff, and parents. The size of your team may vary depending on the size of your center and the goals of the team, but team members will be champions, ambassadors, liaisons, and leaders around this work. Below are some key things to consider as you put together your team:



### *Various Levels and Roles*

This work should not be done alone by just a few teachers in the center. Nor should it be done just by the center director. Creating a trauma-informed and resilient center requires participation from various levels and roles across the center, including the director, supervisors, teachers, assistants, support staff, parents, and others (e.g., cooks, bus drivers). Not only do all of these members bring different experiences and perspectives, but they each interact with and touch the lives of children, families, and one another in different and important ways. Equally important as role in the center is racial and cultural diversity. Centers should strive to have a representation of multiple races, cultures, languages, and genders, remembering that a key element of being trauma-informed and resilient is racial justice and equity.

You can think about identifying potential team members in a variety of ways. You might have an application process, in which you invite those who are interested to write a brief paragraph about what they hope to contribute or gain from participation; you might have an open meeting to describe the project in which anyone can attend and join; you might have an invitation process, in which you invite certain members to join based on their roles, your diversity goals, and/or other work they do. Although having large, inclusive teams can make it hard to find meeting times, it's nearly always worth it.

### *Parent Leadership*

In trauma-informed, resilient centers, we think of parents as essential partners on our journey. This means you want to find ways to not only invite, but to actively engage and support parents in leadership roles throughout this process.

To do this, you first will need to identify parents who can participate in an ongoing way. You may need to offer them support in the form of child care, transportation, or a small stipend



to make it feasible. You may need to consider their time limitations when scheduling meetings. And you may need to make time to provide them with additional background information about their role, the project, and the center since they're not with you every day. Moreover, you should keep in mind that some parents may have current or historical experiences with childcare or educational systems that have felt oppressive or not inclusive. This could make engagement more challenging, but think of how you might address these types of challenges to bring these parents in. Section 5.2 focuses entirely on engaging and supporting parent leaders in this work to achieve equitable partnerships, and many of those strategies can be used here as well.

As you actively prepare for this work, you want to think about which parents will be a good fit for your team. Remember to look for those who don't always agree with you and definitely include more than one as parents have other commitments and you want to ensure their voices are present.

You may also talk to the invited parents about what types of structures and supports will make their participation most valuable to them. Try not to forget the preparation that teachers and staff might need to understand how critical the parent role and voice is in this work. This could be a discussion with staff about the importance of parent voice, problem-solving staff concerns, or clearly describing the shared role on the team of parents and staff. Some of these thoughtful engagement processes may take time, but the more thoughtful the process is, the more likely it is to have lasting results.

#### *Commitment and Passion*

When selecting team members, you want those who are interested in and passionate about these ideas. You will be inviting team members to test real changes in practice and to dedicate time to learning and trying new ideas, so they must be people who believe in this work and are excited to implement this "new" belief system.

Think of who you want most on your team, and make sure it's not just people who think or act just like you. Consider the ones who are reflective and take time to think before talking; the ones who always seem to have good, creative ideas; the ones who rush out at pick-up time to chat openly with parents; the ones who love to brainstorm; the ones who quietly try new things without looking for compliments; the ones with passion for children, families, the community, and the center. You want all types of team members who bring different and complementary strengths and passions to this work.

You also want to make sure that team members know what they are getting into up front. We have all been in situations where we volunteered too quickly and then wanted to back out when we discovered what the expectations really were. You can create a "job description" to share to ensure you have team members who are not only excited about the mission, but are also excited to roll up their sleeves. Part of this job description should

address the trauma-informed nature of this work, as everyone should have the support they need to dive into content that could be overwhelming or triggering at times. (A description of team members and guidance for their selection can be found in Appendix 3.c.)

### *Building Positive Team Relationships*

You probably know all too well that you can't just put a bunch of people in a room, add water, and magically have a team. High-functioning teams rely on trust, respect, and honest communication, which require time, attention, and nurturing. Luckily, you can facilitate experiences and activities, largely around the passion for and vision of this work, to help do this.

As your team comes together and gets to know each other in different ways, you will want to listen to one another and talk openly and honestly. To do this, you should take the time to create team agreements about how you will work together and be able to hold one another accountable at the beginning of your work together. Keep the agreements posted so that you may come back to them throughout the process.

You will also want to make sure people are clear about roles and expectations. You'll want to brainstorm and problem solve together. You'll want to feel a sense of camaraderie so that none of you are in this alone. Relationships are the cornerstone of all trauma-informed and resilient work and you want your team to model this for the rest of the center. Setting aside time for team members to get to know one another personally and professionally will help create positive, trusting relationships. You could plan a team building activity in your agenda or consistently have an ice breaker at the beginning of a meeting. It takes time and work, but the payoffs are huge. See Appendix 3.d. for Sample Ice Breaker Activities for you to use or adapt.

### *Leadership Development and Support*

Although we talked about formal leadership in the Organizational Readiness section, leadership isn't just about a title or position. Change happens at all levels and in various ways, so we want to make sure we develop and support leaders at all levels. We want to strive for a culture of respect for each person in each role. In fact, you can probably think of someone in your center who everyone else looks to for opinions or ideas. (Maybe it's even you!) Even in your classroom, there are likely a handful of children you could point to and say "she's a real leader" or "influencer!"

Building leadership capacity is another key ingredient as you develop a high-functioning, effective team, as you really want everyone on the team to be a leader. To help develop this leadership, you might think about rotating the team leadership for each meeting; allowing team members to speak for the changes they've tested; giving team members credit and validation within the team and in public ways; and/or inviting team members to take

various leadership roles around the work in public ways. Helping all team members learn and grow into leaders as part of this process truly reflects the spirit of the work.



### Team Sunlight's Experience with Team Membership and Development

*Team Sunlight quickly pulled a team together because they were anxious to start the work. But like many, they made a few mistakes (we call them "opportunities for learning") along the way and turned them into positives.*

Opportunities for Learning	Positives
All teachers were told they would automatically be on the team.	This raised awareness about this work with all staff, but did not make it mandatory. From this first meeting, a smaller number of volunteers completed a mini-application to be on the core team.
Only one parent was included on the team to start.	The one parent became a liaison to other parents, inviting a few of her friends to join the team.
Members had commitment and passion, but were unclear about the expectations for the team	At an early meeting, the team crafted a team charter, that included a Vision, Mission, and Expectations for the work
The team never did any team building activities – they just "jumped" into the work.	The team began to use ice breaker activities, facilitated by rotating members, to get to know one another and develop trust and relationships.
Everyone looked to the team leader for approval and leadership rather than acting as equal partners.	The team leader invited participants to serve as rotating meeting facilitators, using strategies like "round robins" to draw out the leadership and voices of all team members.

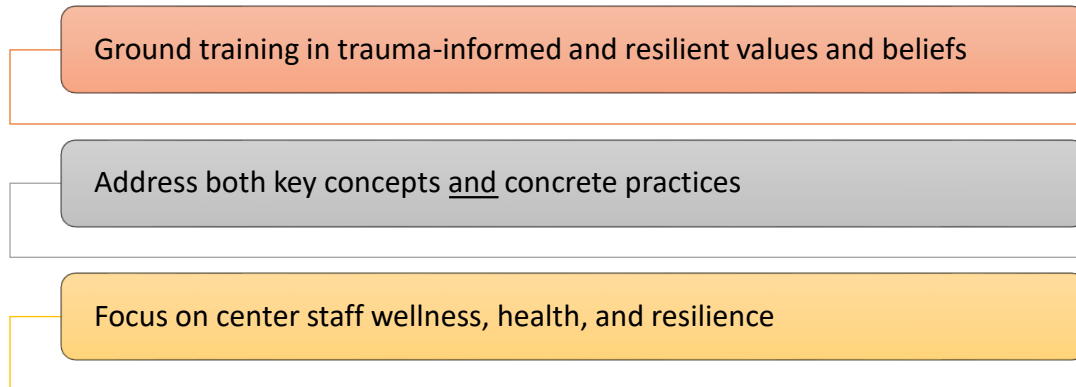


### Unpacking the Pieces: 3. Foundational Knowledge

This work, while not about training alone, requires everyone involved to have a great deal of knowledge and understanding of what it means to be a trauma-informed and resilient center. Even talking about the vision, as described in the organizational readiness section above, means that everyone needs to be using the same language. The knowledge can be shared over time and delivered in a variety of ways. But in order to begin this work most effectively, the entire center should have a basic understanding of some of the key values, beliefs, concepts, and practices that underpin all of the work that will be done, including the notion that trauma-

informed practice is an evolving and constantly growing process – with no real start or end point.

This area will help you make sure that everyone has the basic knowledge they need around trauma, resilience, and healthy staff and families – both in terms of the values and the concrete strategies. This will create not only a common understanding, but also a common language that you can use forever and ideally incorporate into policy. Strategies include:



#### *Values and Beliefs*

Admittedly, part of what makes trauma-informed, resilient practices difficult to teach and learn is the fact that they aren't single defined programs, curricula or services. Together, they comprise a lens through which to see all of your daily work, policies and environments. This lens is developed by understanding all of the values and beliefs that form the foundation, including racial justice, the impact of trauma, social-emotional development, trauma-informed cultures and climates, leadership, parent partnership, and using data for improvement. Instead of just teaching people how to do things, you will want to help people understand the why behind the work. [See Appendix 3.e. for Hints and Tips on Creating Safe Spaces.]

As you begin this work, staff at all levels need to believe that trauma can have an impact on children, families, and themselves. They also need to value the critical role that resilience can play in buffering the effects of and healing from trauma. This adds to the urgency of the work, especially as staff begin to see it around them. You may point to examples from research, in your everyday work, or draw from current events in the community. There are also existing curricula that exist to help you do this, so there is no need to develop this type of training from scratch. Look to your local early childhood system, public health

#### **Key Resources about Trauma and Resilience**

[Defending Childhood Initiative](#)  
[Futures without Violence: Promising Futures](#)  
[Multiplying Connections](#)  
[National Child Traumatic Stress Network \(NCTSN\)](#)

department, community health center, or mental health partner for assistance in facilitating the training. They might have trainers and resources that can help and it would also be an opportunity to build and strengthen your relationships with those partners. [See Appendix 3.f. for a sample Trauma 101 Training Agenda.]

Keep in mind that foundational knowledge shouldn't be a single-shot one or two-day training. You might think about doing two to three trainings with just the basics; a full day professional development day; sharing materials/information at staff meetings; or engaging partners in your community who are versed in trauma-informed care to lead the staff in activities. You may have an informal lunch or weave it into staff meeting updates. And keep in mind that coaching is now recognized as an ideal complement to workshop-based trainings. When it comes to values and beliefs, you want to model the values and beliefs in all that you do to underscore that this isn't just to provide training; it's to help everyone understand the broader vision and value of this work.

### *Concepts and Practices*

During the getting ready period, staff will learn about many topics related to trauma and resilience. They will learn about the concepts and definitions ("Trauma 101"), but they will also take time to think about and understand what it looks like for those concepts and definitions to be applied in your center. This may include what it might look like to see a child impacted by trauma; how parents might function and interact; and how staff may react to these exposures.

A key aspect of the foundational knowledge is to help everyone see this work in ways that are meaningful to them. You might use role plays or share stories. You could create scenarios based on real events in your community or center. You might share ways in which you already do practices that are trauma-informed or focused on building resilience. Bridging the concepts to the practice is often what is most helpful for staff as it helps them translate the training into action.

### *Staff Wellness and Resilience*

In addition to understanding the concepts and practices for working with children and their families in trauma-informed and resilient ways, foundational knowledge will also help staff understand the impact this work has on them personally. Discussions about triggers, secondary traumatic stress, vicarious trauma, and staff health and well-being will be critical parts of the early trainings to ensure that the center culture and climate can support the values, beliefs, and practices that will become the hallmark of the center. Furthermore, recognizing that staff may experience some of the same micro-aggressions and exposure to

traumatic events that the children and families do is essential to upholding these values in the center.

Once again, some of this knowledge may be communicated in more formal trainings or presentations. But you can think about various activities and forums to share and teach this. You might have posters up in the center about taking care of yourself; you might set aside debrief time after crises; you might have a quiet room for staff to reflect and wind down during the day; you might have peer support teams. In fact, this is where you will get to start testing out some of your changes. As you move through this toolkit, you'll find even more ideas for how you might do this.



### Team Sunlight's Experience with Foundational Knowledge

*Once again we hope you can learn from Team Sunlight's experiences. As they launched this work, they decided to do a day long staff training, and here's what happened and how they reacted.*

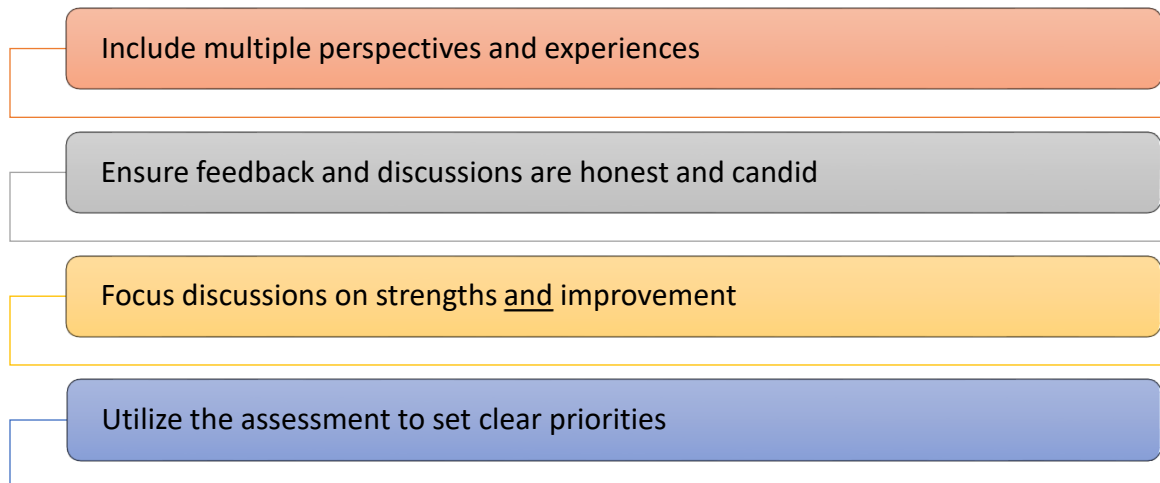
What Happened	What They Did
Not all staff could attend on that one day	Identified buddies and partners to help share the information that was taught
The day was long and staff got tired as they listened to all of the concepts and new language	<p>Developed a quick reference guide linking concepts to practice</p> <p>Used stories and examples of real practices happening now</p> <p>Created a Glossary of Terms to share with staff</p>
Some of the material around trauma triggered some of the staff, as many had been exposed to their own traumas	<p>Followed up with staff to respond to their experiences; offered to connect them to community partners/specialists if needed</p> <p>Created "safe space" in the center for staff to take care of themselves as needed</p>



### Unpacking the Pieces: 4. Self-Assessment and Priority Setting

You can't start a journey without knowing where you are beginning. If you think about the children in your classroom, you need to know where each of them is before you start teaching a new skill. Some children may have already mastered a particular skill, while others may need much more time to develop it. Assessing strengths and needs is an essential foundation. Completing your self-assessment will help you set priorities around the changes you will eventually try out – much like the process you probably already follow on a daily basis as you work with children.

As you assess your center's strengths and needs related to trauma and resilience, you will want to include multiple perspectives, experiences, and voices to ensure you have a broad and comprehensive picture of what you are doing well and what needs work. Once you've assessed your strengths and needs, you can then use these to set priorities.



#### *Inclusive and Multiple Perspectives*

The best self-assessment processes are not those in which everyone agrees. In fact, completing a self-assessment is rarely about the final score or rating. It is really about the process itself. Just as your team includes all those touched by the work (teachers, paraprofessionals, bus drivers, parents, directors, receptionists, etc.), you want to make sure you create space for all perspectives to be heard.

Even if your team is incredibly diverse, try to think how to include even more voices and perspectives in your self-assessment process. If you are in a large center, you might consider doing a survey to get feedback. In a smaller center, you could consider hosting a gathering one morning to get people's perspectives. If your center has parent surveys, you might think about reviewing input in this way. The best self-assessments are typically those

that include the most varied perspectives as you really do want everyone's insights to guide your work.

### *Honest and Candid Dialogue*

When doing organizational self-assessments, we often want to show our best side because we don't know who will be seeing them and how they will be used. But if you already look strong in everything, it doesn't help you set priorities for improvement. The self-assessment process is designed for your own internal use, and the trust you develop within your team should carry over into this process. You want team members to be honest – critical while being constructive, candid, and helpful. The goal isn't to tear the current practices down or to serve as a complaint session in which people leave feeling badly. The goal is to provide an opportunity for everyone to reflect on what the current practices are, how they feel from various seats, and how things could be made better. As we said in the Team Membership and Development section, honesty and trust are two trauma-informed principles that are the foundation for the entire team's functioning; these must carry over into all of the team's discussions and work. Remember – trauma-informed practice is an evolving field that no one organization has mastered. We are all still learning, so you should not hold yourselves up against impossible or imaginary standards.

To keep this activity constructive, you might want to ask questions such as “What do we do that is already working well? What would it look like if we were doing this better? What do we imagine this could look like in an ideal world?” You might also think about people completing the self-assessment on their own and then coming back to share their responses. This can help prevent the conversation from being dominated by a few vocal people, which can sometimes happen when you try to complete them all together. This can also allow you to do it over a longer period of time, giving the team a chance to build their trust and deepen their relationships. [See Appendix 3.g. for a Sample Self-Assessment Tool that includes notes on facilitating the process.]

### *Strengths and Improvements*

Sometimes when we conduct activities such as self-assessments, we get so critical that we end up just feeling badly by the end of it. This is not the goal! As you have these conversations, you will likely learn more about some of the good work that is going on that perhaps you didn't know about. Or maybe you knew of it, but didn't ever have the chance to think about it in terms of “trauma-informed” or “resilient” practice. Similarly, hearing completely different perspectives and realizing that things you experience as challenges may be experienced as strengths by others, can be incredibly helpful. We might think that sending notes home with kids is a great idea, but parents might not report this as a strength if they've never actually seen those notes. In the self-assessment process, try to listen for strengths and areas of improvement to ensure you set your priorities right where they need



to be. There also might be examples of strategies that are working well that could be tested further and spread throughout the center as a consistent practice.

### *Identifying Priorities*

The ultimate goal of the self-assessment process is to create the road map – to identify where you want to go and which roads will take you there fastest and most safely. This doesn't mean that other issues won't be addressed; instead these are the starting places to help you avoid feeling completely overwhelmed with choices.

As you set priorities, keep in mind that you don't only want to pick those areas in which you are weakest or need the most work. Instead, you likely want a mix of some areas where you need a lot of work, and others where you have some strength and there's already some momentum. If you imagine your self-assessment ratings as a traffic light, with the red light being those areas with the most need and the green light being those areas with the most strength, you probably want a mix of a green, a red, and a few yellows. This will allow you to do some fairly easy work that reinforces and spreads your strengths (your green); to make moderate progress in a few areas (your yellows); and to wrestle with some of your key challenges without getting too discouraged (your red). In the Making Change and Taking Action Section, you will take your priorities and create goals that clearly state what you want to improve, by how much, and by when. You will also think about what data you need to know if you are making and improvement. Finally you will get to the real work and begin to test changes out to see how it works for your center.



### **Team Sunlight's Experience with Self-Assessment and Priority Setting**

*Team Sunlight did a fantastic job with their self-assessment and priority setting. Here are some highlights of what they did and why it worked so well.*

What They Did	Why It Worked
Inclusive process: staff survey and parent survey	<p>Gave information to everyone up front as context so that people were honest in their responses</p> <p>Framed as part of a larger process and initiative – not a one-shot deal</p> <p>Shared feedback with everyone after surveys were collected so that people knew their feedback was read and used</p>

What They Did	Why It Worked
Honest and candid discussions	<p>Did some sharing anonymously but visually (used stickers to cast their votes) so that people didn't feel nervous about their ratings</p> <p>Went around the table to ensure everyone had a voice</p> <p>Had clear "group agreements" about discussions "staying in the room" (maintaining confidentiality) and using language without blame</p>
Strengths and improvements	<p>Asked everyone to share a strength, positive, or opportunity whenever a challenge was shared</p> <p>Validated strengths and concerns by noting them on a flipchart using different colors</p>
Setting priorities	<p>Chose one red, two yellows, and two greens as initial priorities</p> <p>Greens still had room for improvement, but not as much as the yellows – group thought they'd be "quick wins" that they could then share with the staff while they continued to work on the harder stuff</p>

### A Quick List for Review

Before you walk into your classroom, you always want to make sure you have the supplies you'll need for the day, the staff support you need for all the activities you have planned, and a plan that will guide your work. Below is a quick list that can help you check to make sure you're ready for this journey.

- ✓ Identified members of your team, with an intentional eye toward racial and cultural diversity;
- ✓ Identified a vision for your trauma-informed and resilient center;
- ✓ Set aside time and planned activities to build trust within your team and develop relationships;
- ✓ Identified a consistent time for team members to meet, learn, and test ideas;
- ✓ Worked together to discuss and complete a self-assessment, gathering multiple perspectives;
- ✓ Reviewed data that, together with the self-assessment, give you a sense of where you are and help you set priorities;
- ✓ Planned to train staff on *Foundational Knowledge: Trauma and Resilience 101*, with a special focus on healthy cultures/climates and the impact of this work on staff; and

- ✓ Identified the critical organizational pieces you'll need to have in place to support this work, including data/measures; making the time and space for planning and testing changes; center leadership buy-in and support; and managing what you are learning about the changes you are making and next steps.

Your puzzle is now complete and you are well on your way!

## Section 4 – Making Change and Moving to Action

You may be wondering what a section on “making change and moving to action” is doing in a trauma-informed and resilient centers Toolkit. But through the Breakthrough Series Collaborative, we learned a great deal about the change process and why it is important to sometimes pay as much attention to how you are making change as you do to what you are trying to change. Section 5 focuses on the what; this section will focus on the how.

Many of you have may have attended conferences and trainings where you learned some exciting new information, only to return back to your centers not being able to apply it. Others of you have experienced “change,” but in a less-than-positive way in which you were told what to change or how to change, but you weren’t able to lead or guide the changes that were being made, even when you knew better. And still others of you have watched good things happen in a pilot or demonstration project, only to watch those good things disappear as staffing or resources shifted.

In this section, we share with you some concrete strategies for how to make changes that will not only improve outcomes for children, families, and staff, but will include you in the process and, perhaps most importantly, be sustainable over time.



### The Components of Effective Change

Before we describe how to make changes in ways that are practical, realistic, focused on improvement, and sustainable, we want to briefly share why we believe the change process matters so much.

If we asked you to think about a change that’s been made in your center that didn’t stick and why you think it didn’t stick, you’d likely give answers such as “I wasn’t involved in the decision-making;” “I wasn’t trained or prepared;” “it took too much time;” or “I didn’t understand it.” The change process we are about to describe addresses all of these issues -- and more.

We believe that the people who work most closely with children every day simply must be actively engaged in the change process. They must be motivated and excited about the changes. They need to be actively involved from the very beginning. The goal of this work isn’t to change individuals; it’s to change practices based on what individuals need and want in order to best promote healthy and resilient staff, children and families. And when you change practices in these ways, it results not just in change, but in actual improvements.

#### Change or Improvement?

*When we talk about change in this Toolkit, we mean positive change – changes that we want: change that helps children and families; change that helps achieve better outcomes; change that is about improvement – not just change for the sake of change.*

There are four main phases of making these types of sustainable improvements: 1) setting priorities; 2) testing ideas; 3) checking for progress; and 4) spreading and sustaining successes.



### Step 1. Setting Clear Priorities and Goals / Identifying Strategies

Many people think that improvements start with strategies: “I want to change something and I have an idea of how to do so!” But sustainable improvements really begin way back with **effective** goal setting, often called SMART goals. SMART goals start with determining what you want to achieve; how you will know you’ve achieved the goals; how to make sure the goals are realistic; how to make sure the goals are consistent with other goals you may have; and timeframes for achieving the goals.

#### SMART GOALS

**Specific** (What? Why? How?)  
**Measurable** (How will you know when you’ve reached your goal?)  
**Attainable** (Can we do it?)  
**Relevant** (Is this goal consistent with your other goals?)  
**Time-bound** (When will you reach this goal?)

Let's see how Team Sunlight begins to make change in this way.



*Team Sunlight has formed their team and completed their self-assessment, as described in Section 3. Through this process, the team has identified Trauma-Informed Relationships, Curricula and Classrooms, specifically transitions between activities, to be a priority area for improvement because of all the disruptions they were seeing during transition times. They set the following as their goals and strategies in this priority area.*

TEAM SUNLIGHT'S PRIORITY, GOALS, AND STRATEGIES	
Priority Area	Relationships, Curriculum, and Classrooms that Promote Resilience
Smart Goals (What We Hope Will Happen and How We Will Know It's Working)	<ul style="list-style-type: none"> <li>Decreased challenging behaviors and disruptions during transition times</li> <li>Decreased time to transition from one activity to another</li> <li>Increased teacher confidence in the classroom</li> </ul>
Strategies (What We Want to Try Out)	<ul style="list-style-type: none"> <li>Prepare children for transitions consistently so they know what to expect next</li> <li>Ensure positive relationships to support transition times</li> <li>Use intentional activities during transitions to reinforce social-emotional development</li> </ul>

How did Team Sunlight identify those strategies? They didn't need to start from scratch or reinvent the wheel, as there are a number of places they might have looked, all of which would have given them some great ideas for what could work:

- Current In-House Successes:* Look around to see what's already working well in the center or even in a single classroom. Don't assume that just because something is a challenge for most people, someone hasn't already figured out a way to address it.
- Promising Practices in the Field:* Check websites and publications that highlight best – or even promising – practices in the field beyond your own center, city, or state. You may even want to subscribe to a weekly or monthly online newsletter to get ideas. (And don't forget to check out the strategies and ideas included in this Toolkit to get your wheels turning!)

- *Brainstorm with Others:* Put your heads together and ask one another what you might do to address some of the challenges and barriers in your priority area. Be creative and try to inspire one another to think differently.

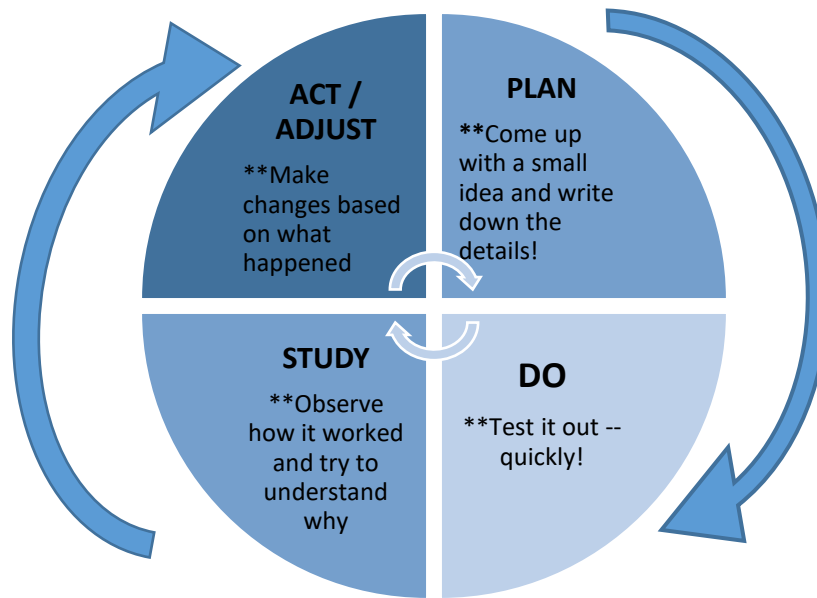
Once you identify strategies, take a moment to think about how children learn. Unlike adults, they don't sit around meeting tables trying to create elaborate workplans without trying their ideas out first. We want you to do the same – try some of your strategies out in the same way that young children learn and explore. In fact, the next step in this process will describe just how you can do this in a way that will help ensure you're actually making improvements, not just changing things.

### Step 2. Testing Ideas on a Small Scale

Now that Team Sunlight has identified its main priority, strategies, and goals, the team is ready to identify changes to test. This is an exciting time for the team, as they can stop sitting around a table talking about ideas and instead take their good ideas and try them out. We encourage teams to try these ideas out using the Plan-Do-Study-Act (PDSA) method.

The PDSA method isn't about spending a really long time in the planning process; it's about spending your time testing ideas with real teachers, children, and families – where you'll learn the most! You plan a small test....you try it out....you see what happens...and you adjust based on the results. It's the same way you'd cook a dinner for a large party. You'd plan your menu (PLAN). You'd make it for a small group. (DO). You'd taste it – and maybe even ask a few close friends what they thought (STUDY). And you'd make adjustments as needed (ACT/ADJUST). Think about it. Would you ever make a dinner for 100 people using a new recipe you never tried without even tasting it? This would be crazy, but is how we often make major changes in our centers.

The diagram below is how you can picture the change process using PDSAs.



Why do we think it's worth it to test changes this way? There are many reasons. Here are some of the benefits we see in using PDSAs.

### BENEFITS OF PDSAs

<b>Speed</b>	<ul style="list-style-type: none"> <li>•Test your ideas really quickly because you get results quickly.</li> </ul>
<b>Do lots at once</b>	<ul style="list-style-type: none"> <li>•Different team members can test different ideas <u>at the same time</u>.</li> <li>•It makes everything quicker!</li> </ul>
<b>Learn while it's "safe"</b>	<ul style="list-style-type: none"> <li>•You'll be able to identify problems while they have minimal impact.</li> </ul>
<b>Bring in others</b>	<ul style="list-style-type: none"> <li>•You'll get buy-in as you go based on real stories of success.</li> <li>•And you'll get even more buy-in because you can fix any mistakes and learn along the way.</li> </ul>
<b>You get to choose</b>	<ul style="list-style-type: none"> <li>•You get to test the ideas that <u>you</u> want to test – those that you think will actually work!</li> </ul>
<b>Make the case</b>	<ul style="list-style-type: none"> <li>•You'll be able to collect data and stories to make sure that your changes are resulting in real improvements.</li> </ul>
<b>Learn</b>	<ul style="list-style-type: none"> <li>•As you write down what happened and why, you'll be able to learn and share your learning with others.</li> </ul>

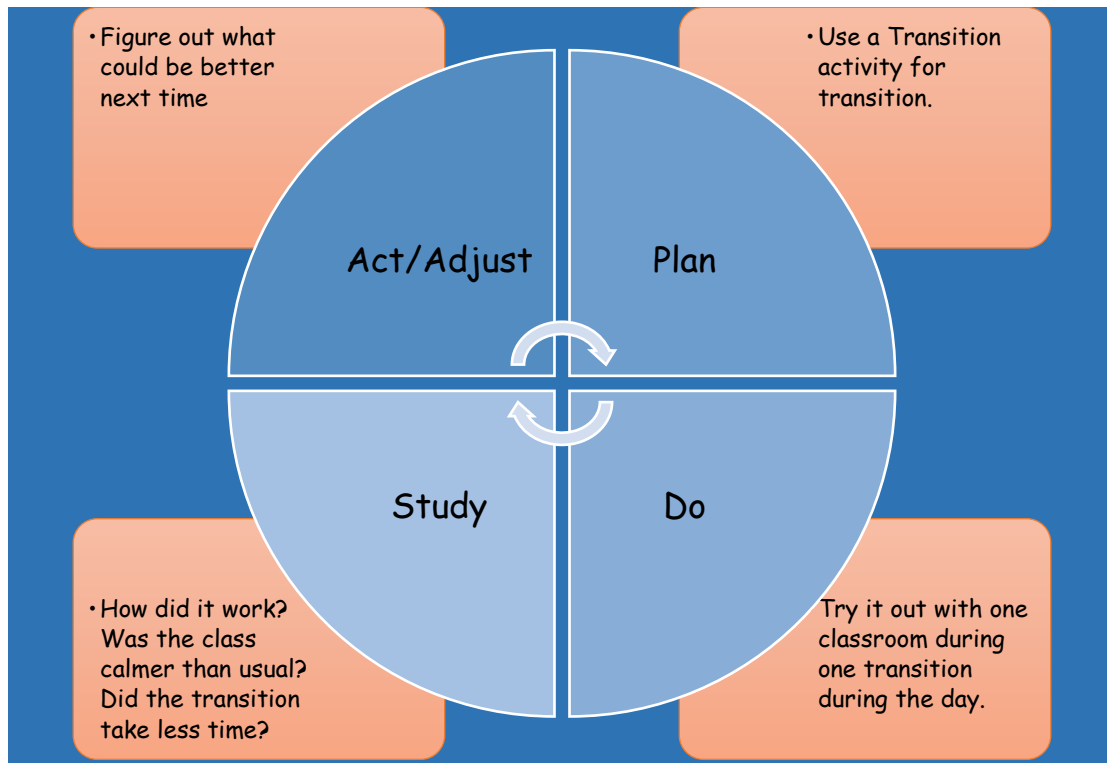


Important Note About the “Study”: Oftentimes when people see the word “Study” in PDSA, they immediately think about evaluation or research. The “Study” in this process, however, is much more natural and informal. You can think about getting feedback directly from the children or parents who were involved in your test. You can ask the teacher who tested it (or reflect yourself). Ask simple questions such as “what did you like about that experience? What do you think we should do differently next time?” You can collect data on a small scale. For example, Team Sunlight might time transitions between activities and count disruptions for one to two weeks to see if there is change. This type of feedback is invaluable and directly informs how you’ll want to act and adjust for your next go-around.



*Here’s what it might look like for Team Sunlight ....*

**Strategy 3: Use intentional activities during transitions to reinforce social-emotional development**



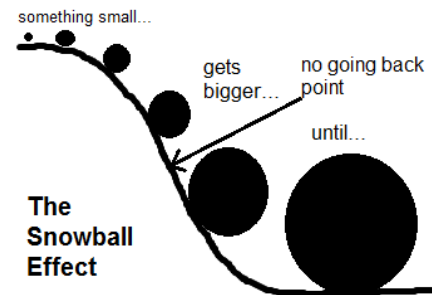
Now that you’ve tested your idea once, you need to think about what to do next. Does your study suggest that it worked well and you want to try it with more children, classes, families, or staff? Do you need to make any adjustments? Did you learn something that makes you think about another possible PDSA to test? Take a moment to use your data to help decide.

The “Study” of the PDSA will give you good information that you should use to inform your next round of testing this idea. [See Appendix 4.a. for a Sample PDSA Form to develop a PDSA.]

### Step 3. Refining and Growing

The first small test of change is about refining one small piece of the puzzle. You test out your idea and think it seems good. But how do you expand it to see if it works just as well with other children? How do you collect data so that you can share your positive results with other teachers so that they'll want to try it too? What data might you need to help tell the positive story to managers, administrators, or parents? Do you need any resources or other changes at the center to help support this change over the long-term?

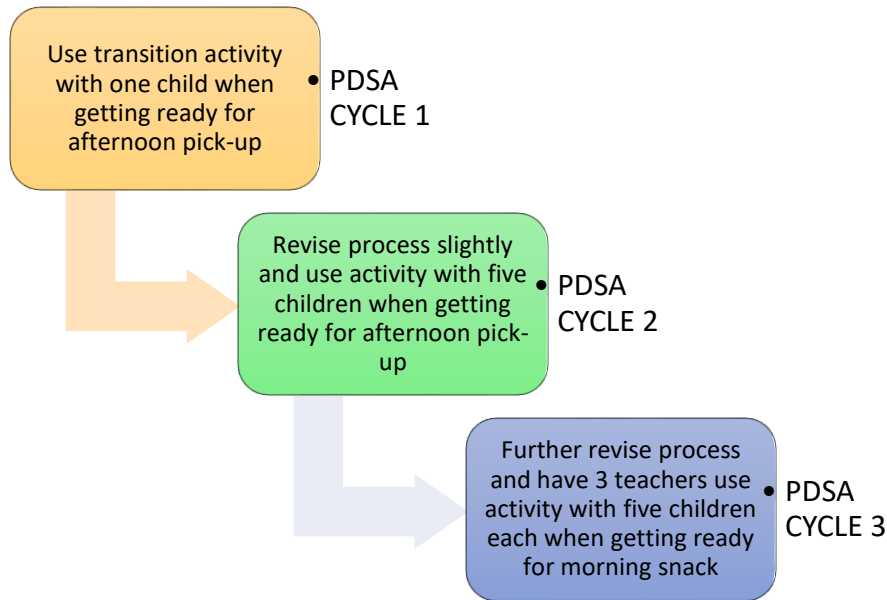
Think of your PDSA as a small snowball that you start to roll down a hill. As it rolls, it not only picks up speed but also gets bigger as it goes. This is precisely how your small test of change is designed to work. As it goes, you test it with more children (making it bigger) and more teachers start to see the merit of it (helping it pick up speed).



That first PDSA is just the first step. Once you get your feedback, you are ready to do two things: 1) refine your change, and 2) make it bigger. The feedback and information you gather through your “study” will inform the refinements. But how do you make it bigger? Think about testing it with a few more children; have a few more teachers test it out; or try it under slightly different conditions. Sometimes you might even learn that your change doesn’t work well, in which case you can abandon it while the consequences are still minimal. [See Appendix 4.b. for a Sample PDSA Tracking Form you can adapt and use to track multiple cycles of your PDSA.]



*Here’s how Team Sunlight may have moved from their first PDSA to a few cycles.*



In each successive cycle, Team Sunlight asked themselves:

- Would this work well with other children or is it child-specific?
- What are the different scenarios we might use this in?
- What racial or cultural considerations should we take into account?
- Could other teachers do this (or be taught to do this)?

#### Step 4. Checking for Progress and Improvement

You've tested your idea very quickly on a small scale. So now what? You may wonder what this

##### **Making the Invisible Visible**

In the BSC, teams used a "Communication Tracking Log" to document daily two-way communication between teachers and parents. At first, most teachers thought it was a waste of time because they knew they talked to parents every day. But in one center, they discovered by using the log that there were five parents they really weren't talking much with at all. Something they didn't know came to light and helped them test new practices to address this.

one little test tells you. If you collect the right data and information, it tells you a lot. Data and information often make the invisible visible; sometimes you don't really know what's happening unless you look behind the curtain. Keep in mind that data for this work is something **you** are creating and have control over. You can use it to learn and grow, not to punish or cause more stress for the staff. We encourage you to think about the data you collect and how you do so in ways that make them feasible and useful for you. Consider using a participatory and equitable process that includes parents and teachers and takes

into account potential anxieties or frustrations. And remember that you already collect a lot of data – this gives you a chance to use it!

As you look at your data, make sure to break it down and look at it in different ways. For example, in using a Communication Tracking Log, Team Sunlight found that they were regularly communicating with the mothers of children at their center, but almost never communicating with fathers. If you don't already collect your data in these ways, think about what stories they might help tell and how they would inform your strategies and priorities.

Another way to think about it this process is by comparing it to what happens when you get in your car to drive somewhere new. You gather information before you go and then you rely on a lot of data in real time to make adjustments. You evaluate how fast you can go (speed limits), traffic (including construction, accidents, rush hour), traffic lights. Testing your changes is the same thing. And depending on what you learn, you can adjust your plan as you make it bigger. Going back to the driving example, you probably collect a lot of data before deciding what route to take to work every single day.

There are four essential elements to help you check for progress and improvement along the way:

- 1) **Know what data you already have.** You don't need to start from scratch or worry about designing an entirely new data collection system. Think about what's easily accessible and what it might tell you.
- 2) **Know what data you need.** You might not collect everything that will be important to your test, so think about what would tell you something important. Think about how you might collect it in the simplest way possible. The Communication Tracking Log described above is one example.
- 3) **Know how to use data.** Work with others in your center to understand what the data are telling you. Ask one another questions. Test your own assumptions. Use the data as a way to raise other questions that may need to be answered. Data is only useful if you can make meaning of it. This is true especially when looking at data that may be considered "sensitive," such as that related to race, gender, disparities, and equity.
- 4) **Plan to use the data.** Once you have the knowledge, you need a plan to use it to inform your next steps. Whether your next step is adjusting your test, trying it again with more students or staff, getting more champions on board, or trying something entirely new, you must plan to use the data in meaningful ways to inform your decisions and next steps. Another important way to use data is to validate work and celebrate. Don't forget that data doesn't only tell you when things aren't going well, it also tells you when things are working! Identify opportunities to consistently share data and reflect on it – it could be in staff meetings, professional development days, or a newsletter. Make it a part of the routine at your center and the data will become a valued tool for practice!



*How is Team Sunlight doing with its PDSA and collecting data? Remember that their goals are what they wanted to test out and the goals are what they hoped would happen if the test went as they thought. You might think of goals as your “theory of change.” Here’s how Team Sunlight will think about their goals and make a solid plan to assess their progress.*

PDSA 1: Testing CSEFEL Activity to support social-emotional development during transitions and make transitions consistent, structured, and predictable			
Essential Elements to Assess Progress	Goal 1. Decreased challenging behaviors in the classroom	Goal 2. Decreased time to transition from one activity to the next	Goal 3. Increased teacher confidence in the classroom
What Data You Already Have	Notes on behaviors each day (narrative)	Daily schedule and actual time log	CLASS results (part of our QRIS requirements)
What Data You Need	Log that tracks child, behavior, time	Need to make sure we’re logging the actual times (not just the planned times)	Nothing new – Just need to make sure staff actually complete this monthly
How to Use the Data	Review the log each week to look for changes in children, behaviors, and timing of incidents.	See if the time to transition is getting better as we implement this strategy	Review data from CLASS evaluation each month and compare with Goal 1. Children’s Behavior Log
Plan to Use the Data	Talk with co-teachers about what we’ve done and how we think it’s impacted changes we see in the log. Celebrate when we see improvement!	Discuss changes at quarterly all-staff meeting	Discuss at staff meeting if it seems that teachers who have less challenging behaviors in their classroom generally feel more confident

### CRITICAL REMINDER!

*Remember that if you’re making changes but not collecting data, you have no way of knowing if your change is resulting in improvement. Going back to the cooking analogy, if you add more sugar to your cake without measuring it first and tasting it after, you’ll have no idea whether that was the right amount of sugar to add.*

### Step 5. Spreading and Sustaining Successes

Although you may be using PDSAs and testing ideas on a small scale, we do not want to imply that small changes are where the process ends. This work is not intended to be a small pilot. The goal is to help you transform your center in a lasting way. In fact, the small tests of change simply allow you to start with the end in mind.

#### IMPORTANT JARGON NOTE

As you move from one teacher to multiple teachers or an entire classroom, we call that ***spread***.

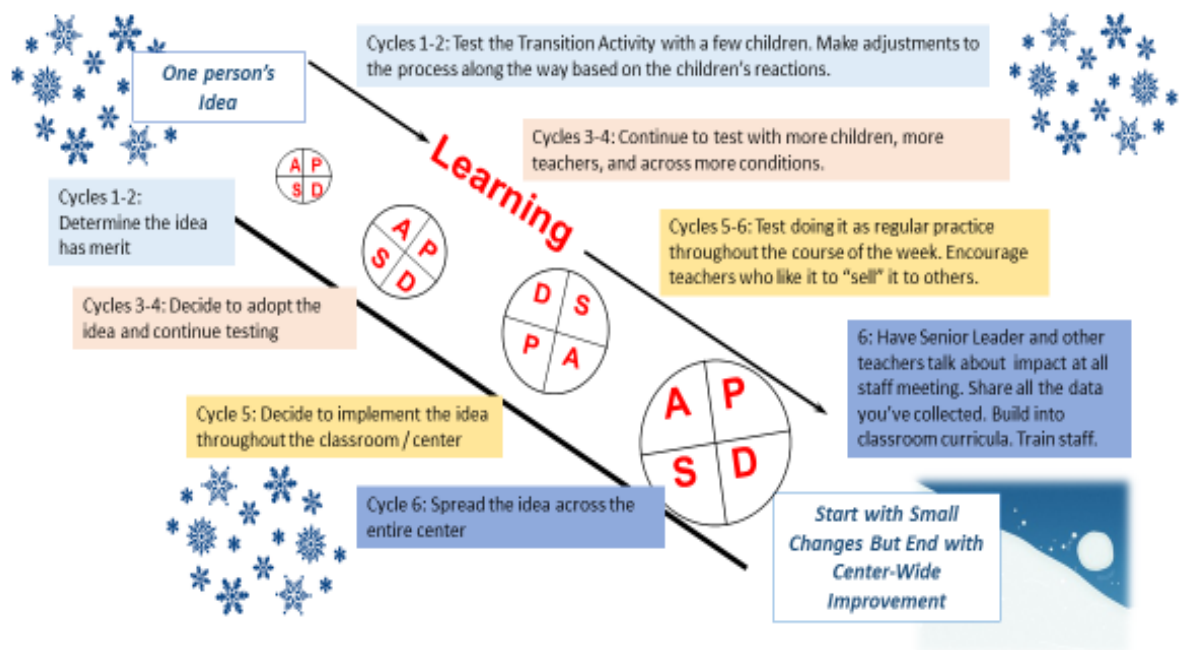
As you find ways to make sure that the new tool, resource, or practice lasts long after you leave, we call that ***sustainability***.

Spreading and sustaining isn't about mandating that everyone does precisely the same thing at precisely the same time. When spreading and sustaining your ideas, make sure that what you're spreading and sustaining is the essential components or parts of the practice rather than the letter of the practice. For example, singing the same song each day at a specific transition time (for example before lunch) is one strategy for helping children learn to make a transition during the day. But we don't want to tell teachers they have to sing the exact same song at the exact same time during the transition to lunch each day. We want teachers to know that a song is important to transitions, and trust the teachers to test and assess how best to use transition supports that are responsive to the needs of their classroom. The transition activity might be different for different groups of children, depending on ages, genders, and cultures and they might be different at different times or based on the strengths of individual teachers.



*Below is a picture of what Team Sunlight's PDSA looked like as it picked up steam.*

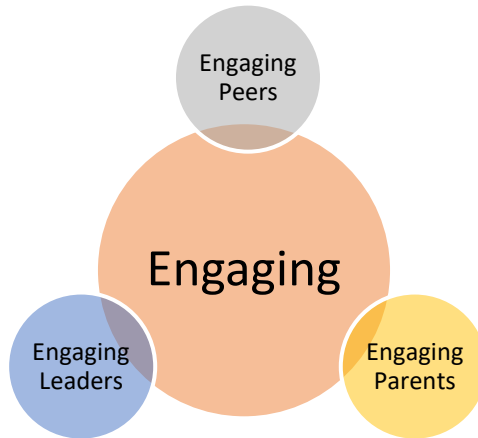
## Repeated Use of the PDSA Cycle: Spreading and Sustaining



Our BSC teams and faculty identified six key areas to which teachers and center staff need to pay attention when focusing on spreading and sustaining their improvements. Three of them are focused on different critical groups to engage in the process and three are focused on different tools that can be used.

***Ideas for Spreading and Sustaining Improvements by Engaging Peers, Parents, and Leaders***

The chart below provides ideas of what you can do to engage peers, parents, and leaders in helping spread and sustain your successful ideas. [See Appendix 4.c. for more detailed ideas on Strategies for Engaging Peers, Parents, and Leaders to Sustain Change.]



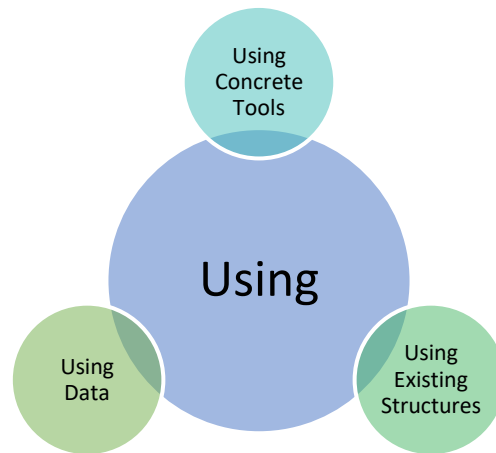
Key Element of Spread / Sustainability	How You Might Do It
Engaging Peers	<ul style="list-style-type: none"> <li>Find and engage early adopters</li> <li>Talk about successes and share real stories about how things worked (be enthusiastic!)</li> <li>Use peer support and validation</li> <li>Be clear and specific about the important parts of the improvement</li> <li>Allow for some customization</li> <li>Make a plan as a team to spread- use small tests to spread!</li> </ul>
Engaging Parents	<ul style="list-style-type: none"> <li>Provide staff support for parent advisory group, including facilitation, liaisons, group agreements, agenda – as they need and desire</li> <li>Identify concrete opportunities for parents to be involved, including overall center input, hiring, testing changes</li> <li>Provide multiple and varied opportunities for engagement and input</li> <li>Use “culture first” programming or outreach to engage a variety of parents</li> <li>Support leadership of and capacity building for parents</li> <li>Build community amongst parents and teachers</li> </ul>
Engaging Leaders	<ul style="list-style-type: none"> <li>Communicate consistently with leaders, including classroom visits, parent stories, teacher stories</li> <li>Engage leaders to be part of solution planning and invite them to test their own strategies</li> </ul>



Key Element of Spread / Sustainability	How You Might Do It
	<ul style="list-style-type: none"> <li>Identify champions to connect – and stay connected -- directly with leaders</li> <li>Collect and share data that is meaningful to leaders</li> </ul>

***Ideas for Spreading and Sustaining Improvements by Using Tools, Structures, and Data***

The chart below provides ideas of what you can do to use tools, structures, and data in helping spread and sustain your successful ideas. [See Appendix 4.d. for more detailed ideas on Strategies for Using Tools, Structures, and Data to Sustain Change.]



Key Element of Spread / Sustainability	How You Might Do It
Using Concrete Tools	<ul style="list-style-type: none"> <li>Share best practices using tools such as newsletters, bulletin boards</li> <li>Embed ideas in existing tools, such as prompts in lesson plans, pocket cards, curricula</li> <li>Use a student, parent, or staff handbook as a toolkit to provide resources and guides for strategies that support the policies described.</li> <li>Ensure that all parts of the center reflect the work: job descriptions, center mission, teacher evaluations</li> </ul>
Using Existing Structures	<ul style="list-style-type: none"> <li>Include this work as a standing item at staff meetings: communicate improvement, build relationships, collaborate, learn, self-care</li> <li>Provide reflective supervision</li> <li>Incorporate work into classroom observations: use a checklist and worksheet for communicating constructive feedback.</li> <li>Include as part of professional development for staff</li> <li>Incorporate values into the hiring process</li> </ul>
Using Data	<ul style="list-style-type: none"> <li>Tell stories; make them visual and connect to practice</li> </ul>

Key Element of Spread / Sustainability	How You Might Do It
	<ul style="list-style-type: none"> <li>■ Make plans to collect and review data on a regular basis, so you don't leave a lot for all at once</li> <li>■ Engage staff in planning, implementation, and reflection of the data</li> <li>■ Use data for celebration and improvement!</li> </ul>



*When we left off, Team Sunlight was reviewing their data to see if their PDSA was making a difference. And in thinking of the benefits of PDSAs, they were actually testing and reviewing more than just this single PDSA. One person on their team was focused on the Transition Activity while another teacher was testing an information sheet on resilience with parents. And a third teacher was focused on improving communication with parents on a daily basis. And a supervisor was devoted to using reflective supervision with her teachers to better support them.*

TEAM SUNLIGHT'S OVERALL SPREAD AND SUSTAINABILITY STRATEGIES	
Strategy	Spreading and Sustaining the Work
<u>Strategy 1.</u> Transition Activity	<ul style="list-style-type: none"> <li>■ Tested it many times with different children</li> <li>■ <b>Using Data:</b> Collected and shared data with staff at a staff meeting, showing improvement in SED and decrease in challenging behaviors during this time</li> <li>■ <b>Engaging Peers:</b> Told my story about how much more confident I felt at a staff meeting</li> <li>■ <b>Engaging Peers:</b> Invited other teachers to watch me as I used it with some of their students</li> <li>■ <b>Using Existing Structures:</b> Provided support to other teachers as they tried using it</li> <li>■ <b>Using Concrete Tools:</b> Wrote it into our teacher guidebook and provide support to new teachers on it</li> </ul>
<u>Strategy 2.</u> Information on resilience for parents	<ul style="list-style-type: none"> <li>■ Tested and revised it with multiple parents</li> <li>■ <b>Using Concrete Tools:</b> Developed talking points to accompany it for teachers who might not know the information as well</li> <li>■ <b>Engaging Peers:</b> Hosted a staff breakfast buddy session to share it with staff and explain why it was important</li> </ul>

Strategy	Spreading and Sustaining the Work
	<ul style="list-style-type: none"> <li>■ <b>Using Data:</b> Shared data at my breakfast buddy session showing how it seems to improve parent engagement and communication</li> <li>■ <b>Engaging Parents:</b> Got feedback from parents and invited them to talk about how much they liked it</li> </ul>
<p><u>Strategy 3.</u> Daily talks with parents</p>	<ul style="list-style-type: none"> <li>■ Tested my talking points and process with lots of different parents</li> <li>■ <b>Engaging Peers:</b> Invited my co-teacher to try them out as well to help me refine them</li> <li>■ <b>Engaging Peers, Using Data, &amp; Using Existing Structures:</b> Invited my co-teacher to talk at the staff meeting about the impact of these daily talks, including a story about how she learned something new about a child through this process</li> <li>■ <b>Engaging Peers:</b> Offered to support other teachers in trying it out and modifying it to make sure the language was comfortable for them</li> <li>■ <b>Engaging Leaders &amp; Using Concrete Tools:</b> Worked with management to include this in teacher guidelines for parent communication</li> <li>■ <b>Engaging Parents &amp; Using Existing Structures:</b> Worked with Parent Advisory Council to include this in the Parent Expectation Handbook, to help hold us accountable</li> </ul>
<p><u>Strategy 4.</u> Reflective supervision with staff</p>	<ul style="list-style-type: none"> <li>■ <b>Engaging Peers:</b> Tested this with several staff to develop a process for doing it regularly; Got feedback and input from staff to make sure they found it helpful</li> <li>■ <b>Using Data &amp; Engaging Leaders:</b> Used staff satisfaction survey to demonstrate the value of these sessions for staff (shared survey results with management)</li> <li>■ <b>Engaging Leaders:</b> Worked with management to provide coverage in classrooms, ensuring that this time would be protected</li> <li>■ <b>Using Concrete Tools:</b> Wrote down process, including rationale and data from survey, to help others replicate what I've been doing, as well as to ensure they understand why it's so important</li> <li>■ <b>Using Concrete Tools &amp; Engaging Leaders:</b> Worked with HR to include this process in the center's HR handbook</li> </ul>

### Ready to Go!!!

Now that you know how to make change, you are ready to embark on perhaps the most exciting part of your journey – identifying what you want to change. The next sections will provide you with the ideas, strategies, resources, and tools you need to fill your engine.

## Section 5 – How Do We Get There?

### Theme 1. Center Structure and Processes

#### Why Are the Center’s Structure and Processes Important for Trauma-Informed and Resilient Early Care and Education Centers?

We all dream about early education centers that run smoothly, effectively, and both support and respond to the various needs of children and families. We want centers that support teachers and staff in ways that inspire them to do their best work. We want centers that are strong and positive places to be – for children, families, and staff. We want centers that reflect the diversity of our families and where cultural practices and approaches are central at every level. As you focus attention on the overall structure of your center and the “processes” that are in place to keep things running, you can help all of these aspirations come to life, as they form the foundation for trauma-informed and resilient centers.

#### Resilience

*The ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress (American Psychological Association, 2011)*

Trauma-informed, resilient centers are places that have safety, openness, trust, and compassion in the forefront. They are places in which teachers are encouraged to share information, have access to the resources they need to support their children and families, and feel like they are in control. They are places with clear and consistent policies and procedures – where teachers, families, and children know what to expect and have honest relationships. And they are places where teachers are leaders, are encouraged to develop professionally, and are given support when they need it, recognizing the impact their work with children and families can have on themselves.

#### Guiding Principles of Trauma-Informed Care

*Safety  
Trustworthiness & Transparency  
Peer Support & Mutual Self-Help  
Collaboration & Mutuality  
Empowerment, Voice, & Choice  
Cultural, Historical, & Gender Issues*

(SAMHSA, 2014)

As many of us who have worked with families and children know, working with others, especially those who have experienced stress or trauma, can take its toll on our mental, emotional, and even physical well-being. Additionally, some staff may have experienced trauma in their own lives, and what the children in the center are going through may remind them of those traumas. To support the staff so they can give the children in their classrooms their best as well as avoid “burn out,” centers should encourage staff to take care of themselves in their personal lives and collectively in the workplace.<sup>13, 14</sup> A supportive and healthy climate where staff can access supports, feel connected to a team, feel

valued, have clear roles and expectations, and are part of decision-making can help staff's own resilience and their ability to continue excellent care to children and families.<sup>15</sup> Having leaders and supervisors who foster self-awareness, observation, and respectful, flexible responses helps result in reflective and relationship-based programs.<sup>16</sup>

When staff feel respected and supported, studies have shown that families notice their healthy relationships. This in turn makes them more trusting of center staff. Not surprisingly, when families are more trusting of the staff, families are more engaged. Engaged and trusting relationships between parents and staff can support another goal many of us are committed to, strong collaboration and communication with the caregivers and parents of center children.<sup>17</sup>

**Key Resources on Secondary Traumatic Stress and Reflective Supervision**

[National Child Traumatic Stress Network](#) (*Secondary Traumatic Stress*)

[Zero to Three](#) (*Reflective Practice*)

[Multiplying Connections](#) (*Reflective Supervision*)



### What Do the Center Structure and Processes Look Like in Trauma-Informed and Resilient Early Care and Education Centers?

A center that has structures and processes that support the resilience of its entire community – children, families, and staff -- provides opportunities for peer support, offers high-quality supervision, and encourages staff to practice individual stress management. The center motivates staff and fosters positive morale. It fosters a culture where authentic and ongoing conversations about identity, equity, trauma, and healing are commonplace, safe, normalized, and encouraged. Center leadership supports collaborative problem-solving and shared roles in decision-making and planning. Finally, a center that prioritizes resilience develops staff capacity to support themselves, their co-workers, and the children and families they serve with healthy and strength-based relationships and, when needed, referrals to appropriate resources.

Centers strive to create and nurture the following:

<b>Healthy and Resilient Staff</b>	<ul style="list-style-type: none"><li>•Center values work-life balance and wellness, maintains clear and consistent staff roles and expectations, and implements ongoing opportunities for peer support and self-care.</li></ul>
<b>Collaborative and Reflective Practice</b>	<ul style="list-style-type: none"><li>•Center supports ongoing and consistent opportunities for all staff to participate in center planning and decision-making, engage in reflective supervision about their interactions with each other, children and families, and collaborate as a team to problem solve and to improve practice.</li></ul>
<b>Professional Development on Trauma and Resilience</b>	<ul style="list-style-type: none"><li>•Center provides ongoing training and coaching on the impact of trauma on child development, behavior, and social emotional learning as well as the importance of staff self-care, nurturing relationships and racial justice to develop resilience.</li></ul>
<b>Information Gathering and Sharing</b>	<ul style="list-style-type: none"><li>•Center and partners gather and share information about children and families in partnership with families in strengths-based and respectful ways, while always respecting confidentiality and the privacy rights of all families. Center and partners clearly communicate mandated reporting obligations.</li></ul>
<b>Access to Resources or Partnerships</b>	<ul style="list-style-type: none"><li>•Center seeks and maintains an active list of community resources and partnerships that support families' varied needs.</li></ul>

## How Do You Create and Nurture Trauma-Informed and Resilient Center Structures and Processes?

Your first step in creating and nurturing these structures and processes goes back to your initial assessment process. Remember to be open, inclusive, and ask yourself and your team questions such as: What do we want to improve in our structures and processes? What are our timeframes for making these improvements? Who do we want or need to have involved?

***Making Sure Your Assessment Reflects Trauma-Informed Principles***

Include diverse staff input by using a variety of strategies, e.g., surveys, at staff meetings

Ensure that staff feel safe to provide honest feedback

Regularly communicate with staff about the work

Find and use various opportunities to gather feedback directly from parents

Once your assessment is complete, you will have identified what your strengths are and where you want to improve. Based on how critical center structures and processes are, this area is likely one of your high priorities, so you are now ready to set some concrete goals. Don't forget to go back and review Section 4 on Making Change for tips on how to set concrete goals and identify changes that will help you reach those goals. You may also read about Team Sunshine and their work in this area at the conclusion of this section.

The table below provides examples of changes that various centers have tried to achieve their goals in this priority area. Keep in mind that these are just a starting place! They are meant to inspire your thinking and creativity as you reflect on a) what you learned was working well in your own center; b) what could be spread or done more consistently; c) how you might address challenges that you identified; and d) where you might look to other best practices in the field.

**Important Note about These Strategies and Examples**

*Before you read through these examples and think about what might work in your own center, we believe it is critical for you to realize that none of these practices, tools, or strategies is a magic wand that can be waved over a center without careful attention to relationships and the actual implementation process. In fact, when testing these ideas, many centers discovered that the real work was in the development of meaningful relationships and adaptation of the tool or practice – not just in creating something new, dropping it in, and checking it off the list.*

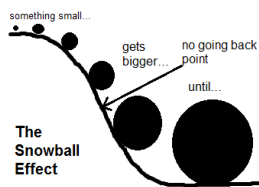


Strategy Area	Examples of Changes Tested (Food for Thought)
A. <b>Healthy and Resilient Staff</b>	<ul style="list-style-type: none"> <li>• Have supervisors regularly check in one-on-one with staff about how they are doing, not just about the children or administrative issues (classroom visits or weekly drop in hours with the center director).</li> <li>• Provide consistent ways for staff to build relationships and support one another: icebreakers / ice-melters in staff meetings, self-care buddies.</li> <li>• Include self-care plans as part of staff meetings and supervision.</li> <li>• Ensure staff are aware of supportive resources and utilize their breaks and time-off to practice self-care.</li> </ul>
B. <b>Collaborative and Reflective Practice</b>	<ul style="list-style-type: none"> <li>• Dedicate staff meeting time to problem solve as a group around challenging issues or high stress situations using a consistent format.</li> <li>• Have peers and supervisors encourage staff to reflect after high stress/high anxiety situations, asking “How do you feel?” “What about this was hard?”</li> <li>• Celebrate successes of staff in staff meetings or through a bulletin board or newsletter.</li> <li>• Provide consistent reflective supervision to staff one-on-one or in groups.</li> </ul>
C. <b>Professional Development on Trauma and Resilience</b>	<ul style="list-style-type: none"> <li>• Utilize professional development time to provide a Trauma 101 training to staff.</li> <li>• Partner with a local mental health agency or community health center to provide training to staff.</li> <li>• Distribute and discuss resources in staff meetings, supervision, and newsletters to staff about trauma, resilience, and strategies.</li> </ul>
D. <b>Information Gathering and Sharing</b>	<ul style="list-style-type: none"> <li>• Include questions about a child’s strengths, parent communication preferences, challenges, and what works well in the center’s intake processes.</li> <li>• Create process for teachers to meet prior to child’s transition from a classroom, asking about the child’s strengths, challenges and what worked well.</li> <li>• Create process for receiving consistent information from child welfare (when appropriate) when a child is placed in center about the child’s strengths, challenges and strategies.</li> <li>• Create tools to communicate with substitute teachers about a child’s strengths and additional needs and supports in the classroom.</li> </ul>
E. <b>Access to Resources or Partnerships</b>	<ul style="list-style-type: none"> <li>• Dedicate space and regularly update a resource table with information about community-based services and supports.</li> <li>• Develop partnerships with local mental health and community-based organizations.</li> </ul>

Strategy Area	Examples of Changes Tested (Food for Thought)
	<ul style="list-style-type: none"> <li>• Create Memorandum of Understanding with partners to outline roles, expectations, information sharing and follow-up.</li> <li>• Maintain a resource guide to meet families' needs around health, income, housing, food and transportation.</li> </ul>

As you test some of these strategies, consider how you might focus on changes at the system or organizational level. You might think of ways to engage staff and get their feedback and input on some of your ideas. You may encourage, help, or support leaders in trying new things. You might do a review of existing processes, practices, guidelines, or handbooks. You might explore or develop new partnerships. You will find throughout this work that leadership at multiple levels is essential for sustaining the changes you make, so consider various opportunities for bringing leaders in and keeping them connected to the work.

### How Do You Spread and Sustain These Changes?



As we discussed in the Getting Ready and Making Change sections, once you have tested some of your ideas and have confidence that your changes are resulting in improvements, it's important to think about how you spread the best practices throughout your center and sustain them. In Center Structure and Processes, some tips include:

<b>Handbook</b>	<ul style="list-style-type: none"> <li>• Update your handbook to include the center's vision for staff self-care, collaborative and reflective practice, and information sharing.</li> </ul>
<b>Professional Development</b>	<ul style="list-style-type: none"> <li>• Integrate staff wellness and self-care and opportunities for self-reflection consistently in professional development.</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>• Create a consistent agenda for individual supervision and staff meetings that includes checking in about staff self-care, reflective questions and problem solving challenges.</li> </ul>
<b>Tools and Templates</b>	<ul style="list-style-type: none"> <li>• Make tools such as self-care plans and templates to communicate with substitutes accessible to teachers in handbooks or dedicated space in the office.</li> </ul>
<b>Peer Support</b>	<ul style="list-style-type: none"> <li>• Dedicate time and create standing process that allows for peer-to-peer support in both daily and high-stress situations.</li> </ul>



### How Do You Know That You Are Making Improvements?

As you are testing your changes it is critical that you identify what data you can collect and review to know if what you are doing is actually resulting in improvements in the center. As you think about your work related to trauma-informed and resilient center structures and processes, you might think of some of these as possible indicators of success:

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data
<b>Increase in Staff Attendance</b>	Staff daily attendance	Tracking over time (trends)	Look at run charts (bar or line graphs). Talk about data at monthly staff meeting.
<b>Improvements in Staff Climate</b>	Results from initial self-assessment	Staff Climate Survey	Look at survey results to see if things are changing (getting better or worse). Form Center Climate Committee to review data and come up with ideas for improvements based on results.
<b>Decrease in Staff Turnover</b>	Human resources records	Exit interviews / surveys to understand why staff leave	Look at data to understand staffs' reasons for leaving. Discuss results at quarterly center leadership team meetings.

### What Does This All Look Like in Practice?



*Much like you, Team Sunlight began with their self-assessment and worked through a strategy to address one of their goals in this area. Here's what it looked like for them.*

<b>What Team Sunlight's Self-Assessment Told Them</b>	Team Sunlight included parents and staff at all levels (including administrators, teachers, paraprofessionals, the cook, and a bus driver) in their self-assessment process. They identified staff training on and support around child trauma as a high priority.
<b>Team Sunlight's Goal in This Area</b>	Improve staff (at all levels) understanding of the impact of trauma and stress on child development, with a focus on how it affects development, behavior, and relationships.

<b>How Team Sunlight Decided to Address This Goal</b>	They wanted to do an all-staff training to introduce all staff to the important concepts ( <i>Trauma 101</i> ). But they also wanted to make sure these concepts were reinforced, so they began to include highlights and follow-up in staff meetings as well as posting “food for thought” topics on the staff bulletin board.
<b>How They Tested These Ideas</b>	<p>The two-hour staff training was held on a Saturday morning and administration found training money to pay for staff’s time.</p> <p>The staff meeting highlights and weekly “food for thought” bulletin board postings were done as PDSAs.</p>
<b>How They Knew These Strategies Were Resulting in Improvements</b>	A month after the staff training and follow-up strategies began, Team Sunlight did a brief five question staff survey about trauma and their understanding. This survey showed a significant improvement in their understanding.
<b>How They Spread Them</b>	The first cycle of the “food for thought” posting was done and the teacher who tried it learned that she had included too much information all at once. For her second cycle, she invited another teacher to help her put together a visual about the impact of trauma on child development. As she continued adapting her postings, she also continued to bring in more teachers, inviting them to highlight some of what they thought was most important. So not only did the posting idea stick, but it also swept in most of the staff along the way.
<b>How They Sustained Them</b>	<p>The Trauma 101 training materials are now required reading for all new staff. A second follow-up training (Trauma 201) was created to reinforce the learning.</p> <p>Supervision as well as staff evaluations now include language about personal wellness and secondary traumatic stress.</p> <p>The “food for thought” bulletin board has continued and parents are also invited to contribute through the Parent Advisory Committee.</p>

## Theme 2. Equitable Partnerships with Parents and Caregivers

### Why Are Equitable Partnerships with Parents and Caregivers Important for Trauma-Informed and Resilient Early Care and Education Centers?

We often hear that people enter the field of early education because they love little children. But as we do this work, we must remember that little children are attached to adults who provide care for them – and it is these adults with whom we must connect, support, and partner – for the good of the children. The Center on the Developing Child says that *“the emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live.... when [these] relationships are reliably responsive and supportive, they can actually buffer young children from the adverse effects of other stressors. Therefore, reducing the stressors affecting children requires addressing the stresses on their families.”*<sup>18</sup>

As you and other professionals who work with children know, children are deeply connected to and shaped by their families as well as their culture and neighborhood communities. Sometimes these connections are beneficial to children’s growth, and at other times they can present obstacles or challenges, especially if the relationships are strained or absent. To best support child wellness we should strive to be mindful of how important a child’s social world is and honor all of these connections. As

*“...the emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live.”*

#### Key Resources on Equitable Partnerships with Parents and Caregivers

[Center for the Study of Social Policy: Strengthening Families](#)

[National Association for the Education of Young Children](#)

educators and advocates, we can take comfort in that every person who comes into contact with children and families has the opportunity to partner with families to make the children’s and family’s situation better, both in a responsive and preventive capacity.<sup>19</sup>

Developing partnerships with parents and caregivers has many benefits. These partnerships help support the resilience of parents themselves; they can improve parents’ relationships with their own children; they can support parents in developing their children’s social

emotional competence; and they can help parents connect to needed resources and social networks. And research tells us that fostering positive parent-child relationships is a key predictor of success in early learning and healthy development.<sup>20</sup>

In developing these partnerships, we have learned that taking a strengths-based approach is incredibly important. This approach allows you to tap into parents’ and caregivers’ own insights and knowledge of their children. This positive relationship in turn often improves the effectiveness of our own efforts with children in our classroom. Additionally, teamwork with

parents can provide a larger support network for children, families, and even the community at large.<sup>21</sup>

**Strengths-Based  
Approach**

*A partnership approach  
that focuses on parent  
or caregiver strengths,  
rather than deficits or  
needs*

In a trauma-informed and resilient center, strong relationships between children and their parents or caregivers are especially crucial. These relationships are what help buffer children's exposure to stress and traumatic experiences and support their resilience and healing. This can feel tricky when parents or caregivers have experienced – or are experiencing – their own stress or trauma. Whether it is the same trauma exposure as the child, something in the parent's past, something current, community violence, structural violence, historical trauma, racism, or another stress entirely, we need to be able to identify and be

responsive to parents' traumas in ways that allow parents to support their children. To this end, we also must be conscious of how our own experiences and identities may be shaped by interactions with and responses to parents and caregivers. For authentic partnerships, we need to reflect on our own biases and assumptions and consider what is coming up for us, including potentially our own trauma history.



### What Do Equitable Partnerships with Parents and Caregivers Look Like in Trauma-Informed and Resilient Early Care and Education Centers?

A strengths-based parent/caregiver partnership approach in early care and education centers promotes the trusting, consistent, and transparent relationships that are at the heart of a trauma-informed system. This approach creates an environment where all parents and caregivers can develop healthy relationships with staff, receive the support they need to develop their children's resilience and learning, and have opportunities to participate in the center in meaningful ways. Centers strive to create and nurture the following:

**Open Communication**

- Center creates multiple ways for all parents/caregivers to communicate with staff.

**Trauma-Sensitive  
Adult Relationships**

- Center proactively supports trauma-sensitive relationship building between teachers and all parents/caregivers so that families feel welcomed, respected, included, and valued.

**Utilizing Parents' /  
Caregivers' Expertise**

- Center values all parents'/caregivers' experiences and strengths, and incorporates them into support for their children.

**Parents' / Caregivers'  
Participation and  
Leadership  
Promotion**

- Center maintains multiple and varied opportunities for all parents/caregivers to join center and classroom activities, to support their children's learning, and to formally participate in center planning.

### How Do We Create and Nurture Equitable Partnerships with Parents and Caregivers?

Your first step in creating and nurturing these partnerships goes back to your initial assessment process. Remember to be open, inclusive, and ask yourself and your team questions such as: Do we have diverse perspectives represented? Do we have diverse parents and caregivers at the table? Have we cast a wide net for meaningful engagement?

***Making Sure Your Assessment Reflects Equitable Partnerships***

Include various perspectives (those who seem generally "happy" with us and those who don't)

Engage parents and caregivers of different races, cultures, languages, and aged children

Include parents and caregivers who aren't as engaged in the center

Invite parents and caregivers who are new to the center as well as "old-timers"

Involving diverse perspectives will mean that you'll want more than just one parent to join you in the process, which is easier if you imagine the assessment as a process rather than as a single meeting or event. You might invite parents to be part of your team; you could survey or interview parents to gather their feedback; or you could make this work a regular agenda item at your regularly scheduled parent council meetings. Gathering the voices of parents and ensuring their meaningful involvement takes time and planning, so remember to consider when the best times are to reach parents, what the best ways are to reach them, and how to ensure that parents are made to feel comfortable sharing their honest feedback.

Once your assessment is complete, you will have identified what your strengths are and where you want to improve. Based on how critical equitable partnerships with parents and caregivers are, this area is likely one of your high priorities, so you are now ready to set some concrete goals. Don't forget to go back and review Section 4 on Making Change for tips on how to set concrete goals and identify changes that will help you reach those goals. You may also read about Team Sunshine and their work in this area at the conclusion of this section.

The table below provides examples of changes that various centers have tried to achieve their goals in this priority area. Keep in mind that these are just a starting place! They are meant to inspire your thinking and creativity as you reflect on a) what you learned was working well in your own center; b) what could be spread or done more consistently; c) how you might address challenges that you identified; and d) where you might look to other best practices in the field.



**Important Note about These Strategies and Examples**

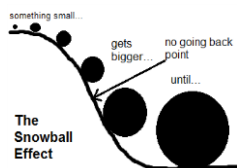
*Before you read through these examples and think about what might work in your own center, we believe it is critical for you to know that none of these practices, tools, or strategies is a magic wand that can be waved over a center without careful attention to relationships and the actual implementation process. In fact, when testing these ideas, many centers discovered that the real work was in the development of meaningful relationships and adaptation of the tool or practice – not just in creating something new, dropping it in, and checking it off the list.*

Strategy Area	Examples of Changes Tested (Food for Thought)
<b>A. Open Communication</b>	<ul style="list-style-type: none"> <li>• Develop a variety of tools for two-way communication, such as standard letters/emails, making a schedule for regular phone calls, and having conversations at pick-up and drop-off. Make sure you tailor the tools to parents' preferences and languages.</li> <li>• Track two-way communication with parents on the student attendance sheet and plan time to review the log and identify ways to improve outreach to <u>all</u> parents.</li> <li>• Develop tools (text messages, bulletin boards, etc.) that will help you communicate about daily activities, such as schedules and activities.</li> <li>• Dedicate time in staff meetings and professional development to practice and role play challenging conversations so you feel prepared when real situations arise.</li> </ul>
<b>B. Trauma Sensitive Adult Relationships</b>	<ul style="list-style-type: none"> <li>• Use phone calls, home visits, etc. during enrollment and/or prior to the start of the program to begin the relationship-building process early (before challenges may arise).</li> <li>• Identify and/or develop tools and regular opportunities to focus on a families' strengths, such as strengths-based questions in the intake, sending a letter or text with a child's success, etc.</li> <li>• Use the parent's first name rather than "mom" or "dad" (include the parent's name on the attendance sheet as a reminder).</li> <li>• Provide training and supervision to staff to consider the possibility of the parents'/caregivers' own trauma exposure and impact on their behavior.</li> </ul>
<b>C. Utilizing Parents'/ Caregivers' Expertise</b>	<ul style="list-style-type: none"> <li>• Include parents/caregivers in the process of making positive behavior support plans or interventions to manage children's behavior challenges.</li> </ul>

Strategy Area	Examples of Changes Tested (Food for Thought)
	<ul style="list-style-type: none"> <li>• Ask parents/caregivers for strategies used at home to connect with children and validate their expertise and input.</li> <li>• Inform parents of new curricula or activities and seek feedback in a variety of ways to best support their child.</li> </ul>
<b>D. Parents' / Caregivers' Participation and Leadership Promotion</b>	<ul style="list-style-type: none"> <li>• Provide opportunities (varying time and day) for parents to visit the classroom and provide concrete ways for them to engage in activities.</li> <li>• Create developmentally appropriate kits to send home for parents to practice skills with their child's learning.</li> <li>• Provide regular opportunities for relationship building between parents, such as coffee hours or fathers' groups.</li> <li>• Provide varied and concrete opportunities for parents to participate in classroom and center planning, such as a parent council, surveys, hiring process, or short-term committees.</li> </ul>

Another great way to partner with parents in this process is to engage them in the actual testing of changes. You may look to them for ideas: What has worked for them as a parent? What are their preferences? What do they see as the challenges? As you begin testing your own PDSAs, be sure to get feedback from parents about how they are working. For example, if you are testing out parent communication strategies, be sure to ask parents if the information was useful and understandable, what else they might want to see, and how often and in what ways they would like to receive certain information. Finally, you can encourage parents and caregivers to test their own PDSAs to move toward a more trauma-informed and resilient center.

### How Do You Spread and Sustain These Changes?



As we discussed in the Getting Ready and Making Change sections, once you have tested some of your ideas and have confidence that your changes are resulting in improvements, it's important to think about how you spread the best practices throughout your center and sustain them. In Equitable Partnerships with Parents and Caregivers, some tips include:

<b>Handbook</b>	<ul style="list-style-type: none"> <li>• Clearly detail expectations, policies and processes for parent communication in the center handbook.</li> <li>• Develop an actual handbook <u>for</u> parents that also describes expectations and policies.</li> </ul>
<b>Professional Development</b>	<ul style="list-style-type: none"> <li>• Provide training to staff about the importance of parent partnership and open communication.</li> <li>• Provide skill development to staff about having challenging conversations.</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>• Build in check-ins about communication and engagement of parents into regularly scheduled one on one and group supervision.</li> </ul>
<b>Tools and Templates</b>	<ul style="list-style-type: none"> <li>• Make tools for parent communication and partnership (letters home, parent home activities, sample agendas for meetings) accessible.</li> </ul>
<b>Peer Support</b>	<ul style="list-style-type: none"> <li>• Develop a buddy system so that parent communication and engagement isn't reliant on a single teacher or individual staff member.</li> </ul>



### How Do You Know That You Are Making Improvements?

As you are testing your changes it is critical that you identify what data you can collect and review to know if what you are doing is actually resulting in improvements in the center. As you think about your work related to equitable partnerships with parents and caregivers, you might think of some of these as possible indicators of success:

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data
<b>Increase in two-way communication between parent/caregiver and classroom staff</b>	Emails and notes sent home and received from home each day	Two-way communication log	See if the communication flows one way more than the other, occurs for all parents equally, and if it is focused on children's strengths or deficits. Discuss at teacher meetings to determine if certain parents / caregivers need additional outreach

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data
			efforts. Use to inform and bolster strengths-focused communication.
<b>Increase in parent / caregiver attendance at center events and meetings</b>	Attendance logs	Parent survey about events, meetings, interest in participating, and barriers	Review to ensure all parents and caregivers are coming to different events and make sure you understand why, when they aren't. Use the attendance log together with the survey to help inform who you need to do outreach to and what the barriers may be to their participation.
<b>Improvement in satisfaction of parents / caregivers</b>	Parent survey	Parent survey	Review to understand what is working well for parents and what isn't. Make sure that whenever doing a survey, you have a process in place to let parents know what you are doing with the results. Make the results visible along with your responses to their feedback.
<b>Increase in collaborative parent / caregiver and teacher positive behavior plans for students</b>	Behavior Plan Meeting logs	Behavior Plan Meeting logs	Review to understand which parents are participating in these plans and meetings. Reach out to those who don't and make sure you understand what the barriers are to their participation.

### What Does This All Look Like in Practice?



*Much like you, Team Sunlight began with their self-assessment and worked through a strategy to address one of their goals in this area. Here's what it looked like for them.*

<b>What Team Sunlight's Self-Assessment Told Them</b>	Team Sunlight did a parent survey to get feedback from parents during the assessment process. Parents told them that the primary communication between the center and the parents was when there were problems or behavioral issues, which made them feel automatically defensive.
<b>Team Sunlight's Goal in This Area</b>	Improve open communication between parents and staff

<b>How Team Sunlight Decided to Address This Goal</b>	Based on this feedback directly from parents, Team Sunlight decided to try a variety of things to open up the lines of communication between staff and parents. They wanted to use both written and verbal formats, recognizing that they didn't see all parents at drop-off or pick-up. And they wanted to focus their communication on positives and highlights, rather than just negatives.
<b>How They Tested These Ideas</b>	The two main strategies they tested were 1) positive text message with picture sent to parents during the course of the day; and 2) positive story at pick-up time. Both were tested first as PDSAs and then adapted and spread.
<b>How They Knew These Strategies Were Resulting in Improvements</b>	Staff had several ways of assessing their improvements in this area. First, they asked for parents' feedback about the strategies and parents were incredibly positive. Second, they checked their communication logs and discovered that they were communicating more regularly with all parents, rather than just a select few. And third, they realized that when a behavior challenge did arise, it felt much easier to discuss with the parent based on the more open communication channels they had developed.
<b>How They Spread Them</b>	They started both strategies as small tests of change, just doing them one time, with one parent, by one teacher, and getting immediate feedback. The feedback then informed some changes, such as needing to ask parents if they minded being texted during the day (some worked and couldn't be disturbed). The written PDSA needed to be sensitive to linguistic and literacy issues as well. As the PDSAs were refined, additional teachers were invited to try them. After a month of testing, several teachers spoke about the practices at an all-staff meeting. They shared a few stories of success as well as some of the actual language that parents used to describe how much they liked these new practices.
<b>How They Sustained Them</b>	Now when parents register at the center, they are asked about their communication preferences so staff can be ready to go right away. Guidelines for both practices are also now included in both the Staff Handbook as well as the Parent Handbook as expectations.

### Theme 3. Relationships, Curriculum and Classrooms and Promote Resilience

#### Why are Relationships, Curricula, and Classrooms Important for Trauma-Informed and Resilient Early Care and Education?

Early care and education centers have a special opportunity, as some of children’s first teachers and nurturers outside of the home, to promote healthy behaviors and development. Teaching children when their minds are doing some of its most powerful growth can support children’s sense of safety and self-esteem and can benefit not only their current well-being, but even their brain development further down the road.<sup>22</sup> According to the CDC, healthy development “...means that children of all abilities...are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family—playing, singing, reading, and talking—are very important.”<sup>23</sup>

This critical time in child development is often discussed in the context of developing social and emotional skills.<sup>24</sup> Social and emotional development can be broken down into five main Social Emotional Learning (SEL) competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.<sup>25</sup>

To be able to learn and succeed in classrooms in all of these areas, children benefit from feeling good about themselves and their relationships with others. Not only does strong social emotional development help children to be able to focus and participate in learning without interruptions, but it is also at the core of resiliency. Children with the skills to control their emotions or behaviors and develop strong relationships with others build up their resilience if they are exposed to stressors or trauma.

**Social Emotional Learning Competencies**  
Self-Awareness  
Self-Management  
Social Awareness  
Relationship Skills  
Responsible Decision-Making

Nurturing classroom environments, including relationships, curricula, and the classrooms themselves, are key to a trauma-informed resilient approach. They support children’s resilience in ways that can mitigate the negative impacts of traumatic events and they can also create safety and consistency to avoid triggers for children who have already experienced trauma. When early care and education centers create healthy environments for all children that emphasize resiliency and social and emotional development, they are providing the critical service of primary prevention.<sup>26</sup>



## What Do the Relationships, Curriculum and Classrooms Look Like in Trauma-Informed and Resilient Early Care and Education Centers?

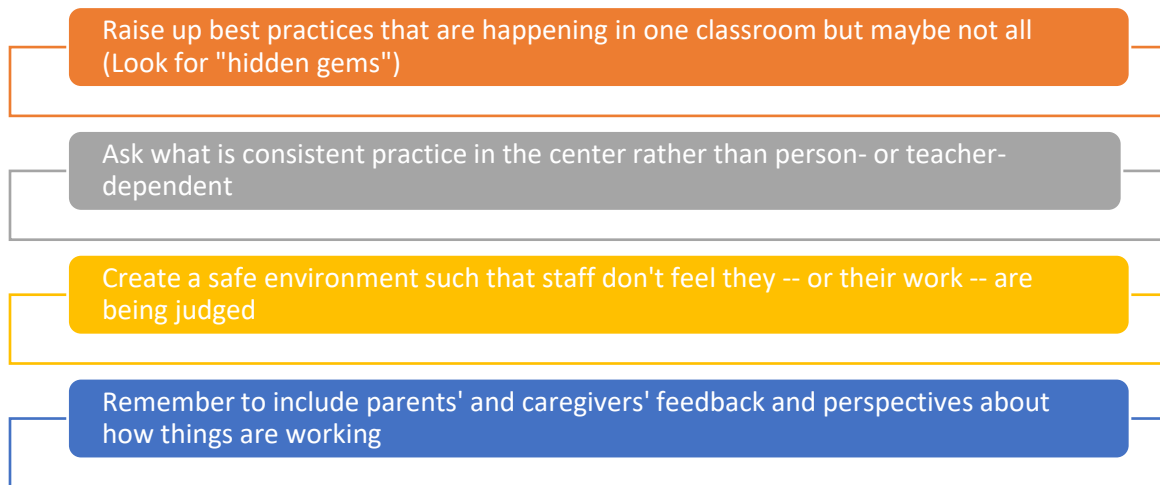
A center that promotes resilience has classrooms that affirm students' cultural identities and provide opportunities for children to express their feelings through music, art and play. Curriculum and classroom activities support a child's social emotional competence and promote a climate of empathy and self-awareness. In these classrooms, children are able to develop positive relationships with others, and know how to identify, express, and control their emotions. In a center that supports resilience-building, staff develop positive relationships with the children and their families, providing an additional caring adult who can support parents and caregivers and promote children's healthy growth. Centers strive to create and nurture the following:

<b>Safe and Nurturing Spaces</b>	<ul style="list-style-type: none"> <li>Center indoor and outdoor spaces are welcoming, developmentally appropriate, culturally responsive, safe, nurturing, and engaging.</li> </ul>
<b>Meaningful Adult Relationships</b>	<ul style="list-style-type: none"> <li>All staff, including those outside of the classroom, uses varied strategies to intentionally develop relationships with children and their families that are strengths-based, nurturing, consistent, safe, culturally responsive, and trusting.</li> </ul>
<b>Building a Classroom Community</b>	<ul style="list-style-type: none"> <li>Staff use varied small and large group activities to build a positive, supportive, connected community among the staff, parents/caregivers, and children in the classroom.</li> </ul>
<b>Consistent Routines and Schedules</b>	<ul style="list-style-type: none"> <li>Staff develop and follow clear, consistent, and predictable schedules and routines that support children to feel secure and ensure smooth and safe transitions.</li> </ul>
<b>Clear and Consistent Classroom Expectations</b>	<ul style="list-style-type: none"> <li>Staff and children identify classroom expectations and limits that are clear, consistent, developmentally appropriate, and trauma-sensitive. Children have opportunities to practice and receive positive feedback.</li> </ul>
<b>Social Emotional Teaching</b>	<ul style="list-style-type: none"> <li>Staff use play and a variety of appropriate learning activities and strategies to help children feel safe, to promote social and emotional skills development, and to enhance resilience.</li> </ul>

## How Do We Create and Nurture Relationships, Curriculum and Classrooms to Promote Resilience?

Your first step in creating and nurturing these relationships, curriculum and classrooms that promote resilience goes back to your initial assessment process. Keep in mind that these discussions may be among the most challenging you have during your self-assessment process, as staff may feel like their daily work, skill, and expertise is being judged. As you have these conversations, try to keep them non-judgmental and focused on what's working well as well as what could be better. Think of ways to make the environment feel supportive rather than critical. And look for individual successes as well as center-wide successes. Invite parents to join these conversations and encourage them to share their perspectives on what they like in the center's curriculum and classrooms and why.

### ***Making Sure Your Assessment Reflects Relationships, Curriculum and Classrooms that Promote Resilience***



Once your assessment is complete, you will have identified what your strengths are and where you want to improve. Based on how critical it is to develop relationships, curriculum and classrooms that support resilience, this area is likely one of your high priorities, so you are now ready to set some concrete goals. Don't forget to go back and review Section 4 on Making Change for tips on how to set concrete goals and identify changes that will help you reach those goals. You may also read about Team Sunshine and their work in this area at the conclusion of this section.

The table below provides examples of changes that various centers have tried to achieve their goals in this priority area. Many of these strategies have been taken or adapted from the [Center on the Social and Emotional Foundations of Learning](#) and *Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma*. Keep in mind that these are just a starting place! They are meant to inspire your thinking and creativity as you reflect on a) what you learned was



working well in your own center; b) what could be spread or done more consistently; c) how you might address challenges that you identified; and d) where you might look to other best practices in the field.

**Important Note about These Strategies and Examples**

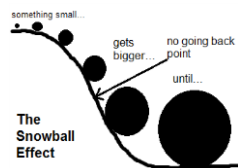
*Before you read through these examples and think about what might work in your own center, we believe it is critical for you to know that none of these practices, tools, or strategies is a magic wand that can be waved over a center without careful attention to relationships and the actual implementation process. In fact, when testing these ideas, many centers discovered that the real work was in the development of meaningful relationships and adaptation of the tool or practice – not just in creating something new, dropping it in, and checking it off the list.*

Strategy Area	Examples of Changes Tested (Food for Thought)
A. Safe and Nurturing Spaces	<ul style="list-style-type: none"> <li>• Dedicate a space in the classroom where children can calm down or take a break with self-soothing materials. Teach children about the space and how to use it.</li> <li>• Conduct an assessment of your space to ensure it is safe, welcoming, culturally affirming and nurturing.</li> </ul>
B. Meaningful Adult Relationships	<ul style="list-style-type: none"> <li>• Identify time during classroom activities or breaks to build one-on-one positive relationships with children, even for a short time.</li> <li>• Use CSEFEL starters for giving positive feedback and encouragement to develop positive relationships.</li> </ul>
C. Building a Classroom Community	<ul style="list-style-type: none"> <li>• Provide children with roles in the classroom such as line leader or paper-picker-upper.</li> <li>• Encourage children to give each other positive feedback and model the same.</li> <li>• Create opportunities for children to work together in collaborative, rather than competitive, ways.</li> </ul>
D. Consistent Routines and Schedules	<ul style="list-style-type: none"> <li>• Provide dedicated time to teachers to plan their schedules.</li> <li>• Reduce transitions during the day, and for necessary transitions use developmentally appropriate strategies to ensure smooth transitions.</li> <li>• Use visuals to teach and prepare children about the schedule and routines.</li> </ul>
E. Clear and Consistent Classroom Expectations	<ul style="list-style-type: none"> <li>• Use visuals to communicate classroom expectations for the classroom and activity stations.</li> </ul>

Strategy Area	Examples of Changes Tested (Food for Thought)
	<ul style="list-style-type: none"> <li>• Use CSEFEL scripted stories for social situations to help children understand expectations and situations.</li> </ul>
<b>F. Social Emotional Teaching</b>	<ul style="list-style-type: none"> <li>• Create activities for children to learn about emotional regulation and develop tools and skills such as the belly breathing, and glitter bottles.</li> <li>• Utilize circle time to teach about feelings and to check in with children. Introduce new feelings such as scared and worried.</li> <li>• Use feeling faces charts, emotion charts, or other CSEFEL tools to help model and teach social emotional skills.</li> </ul>

One of the exciting things about testing changes in this area is that they can be tested on so many different levels. All levels of staff – in all roles – can be energized and engaged in trying out new ideas related to relationships, curriculum and classrooms. For instance, if students take a bus to the center, the bus driver might be encouraged to try a new way of greeting the children as they get on the bus one day. Or the school cook might help with a PDSA related to expectations around snack time. As you bring various staff in to try their own changes, this will help energize them; it will build leadership at various levels; it will create new champions for the work, as they will own their ideas; and their successful ideas can be rolled up into overall improved practices that were developed by multiple people.

### How Do You Spread and Sustain These Changes?



As we discussed in the Getting Ready and Making Change sections, once you have tested some of your ideas and have confidence that your changes are resulting in improvements, it's important to think about how you spread the best practices throughout your center and sustain them. In Relationships, Curriculum, and Classrooms that Promote Resilience, some

tips include:

Handbook	<ul style="list-style-type: none"> <li>• Update the center handbook with the vision and expectations for building relationships and social emotional development.</li> </ul>
Professional Development	<ul style="list-style-type: none"> <li>• Integrate opportunities to build relationships and support social emotional development into professional development across areas of the curriculum.</li> </ul>
Supervision	<ul style="list-style-type: none"> <li>• Build promotion of resilience into regular one-on-one or group supervision discussions.</li> </ul>
Tools and Templates	<ul style="list-style-type: none"> <li>• Create a pocket card or lesson plan template that prompts teachers for opportunities to integrate social emotional learning.</li> <li>• Create a toolkit of resources for teachers: visuals, lesson plans, etc.</li> </ul>
Peer Support	<ul style="list-style-type: none"> <li>• Dedicate time in staff meetings or space on a bulletin board for teachers to share their best practices.</li> <li>• Create a buddy system for teachers to share resources and provide peer coaching to implement new strategies.</li> </ul>



### How Do You Know That You Are Making Improvements?

As you are testing your changes it is critical that you identify what data you can collect and review to know if what you are doing is actually resulting in improvements in the center. As you think about your work related to relationships, curriculum and classrooms that promote resilience, you might think of some of these as possible indicators of success:

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data with Concrete Plans
<b>Decrease in behaviors that are perceived as challenging</b>	Basic Behavior / Discipline Log	Detailed Behavior / Discipline Log	Review the log to see if the types of behaviors noted as challenging change. Check to see if it's the same children being logged. Discuss at weekly meetings to address why particular children and/or behaviors are perceived as challenging and how they might

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data with Concrete Plans
			be most appropriately addressed.
<b>Improvements in students' SED progress</b>	Social Emotional Assessments	Social Emotional Assessments over time (trends)	Review progress on the assessments by individual children as well as by classroom. Make sure to see if there are differences by race or gender. Create graphs to help visualize the progress. Discuss trends that you see for individuals, groups, or classes.
<b>Improvements in teachers' confidence in the classroom</b>	Teacher Observations	Classroom / Teacher Survey	Review observations and surveys to identify the elements that help teachers feel confident. Use these data together with the behavior data for discussions. Make sure that the survey results inform training, coaching, and supervisory follow-up plans.

### What Does This All Look Like in Practice?



*Much like you, Team Sunlight began with their self-assessment and worked through a strategy to address one of their goals in this area. Here's what it looked like for them.*

<b>What Team Sunlight's Self-Assessment Told Them</b>	Staff at all levels were included in the self-assessment process and everyone agreed (from the cook to the teachers to the para-professionals) that transition times were where they experienced the majority of behavioral challenges. They brought in data during the self-assessment (behavior logs) that reinforced their experiences.
<b>Team Sunlight's Goal in This Area</b>	Improve the consistency of routines and schedules, with a focus on transitions
<b>How Team Sunlight Decided to Address This Goal</b>	Several team members wanted to try various ways to create clear expectations for children, especially during transition times. One teacher created a "daily expectation board" and another teacher created a "transition activity" to keep the kids focused and busy during transition times.

<b>How They Tested These Ideas</b>	The “daily expectation board” started as just a list of the day’s activities. The teacher then adjusted it until it included all the activities for the day and she moved a marker as the day went on so children could always see where they were and what was next. The kids were actively engaged in moving the marker so they could see their progress. The “transition activity” started as a song, but was refined so that it was a slightly different activity depending on the transition: one for snack time; one for going outside; and another one for clean-up time.
<b>How They Knew These Strategies Were Resulting in Improvements</b>	They looked at behavioral disruptions and saw a marked drop, especially during the transition times. They also reviewed their teacher “self-competency” survey and discovered that those teachers who had implemented these practices were now feeling more confident.
<b>How They Spread Them</b>	They shared their stories, experiences, and data with other teachers at a staff meeting. They also invited other teachers to shadow them and join them during the transitions so that they could see just how easy these strategies were to do. Last, they offered support in helping other staff members create similar things for their own classrooms and students.
<b>How They Sustained Them</b>	These two practices were written up for the Staff Handbook and the two staff members who had thought up and tested the initial ideas offered to serve as mentors to others. They also shared a write-up of these practices with parents and caregivers to help further set the expectations for these practices. Last, the behavioral disruption data continues to be reviewed quarterly as staff found the “trend” data so helpful to review and discuss.

## Theme 4. Racial Justice to Build Resilience

### Why Is Racial Justice to Build Resilience Important for Trauma-Informed and Resilient Early Care and Education Centers?

As you strive to promote a trauma-informed resilient center, you are ultimately seeking to support children's and families' resilience and their ability to thrive. As you do this, it is essential to recognize that the history of and continued impact of racism have laid more obstacles to health and growth for some families of color. Centuries of discriminatory federal, state and local policies related to access to civic engagement, housing, education, healthcare and financial institutions<sup>27</sup> have caused young children of color to disproportionately experience poverty<sup>28 29</sup> and live in communities with concentrated disadvantage.<sup>30</sup> These threats to the development of young children of color lead to disparities in health, academic achievement and well-being that can persist throughout their lifetimes.<sup>31</sup>

#### Racial Justice

*"...the systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all...."*

Racism not only fundamentally undermines the protective factors that help protect against exposure to violence and trauma, but can also be traumatic experiences in and of themselves. As a result, part of building and supporting resilience and healing for children and their families must include promoting racial justice.

The faculty and staff identified six key intersections between race and trauma, built off the National Child Traumatic Stress Network's 12 Core Concepts for Childhood Trauma<sup>32</sup>:

- **Racial Identity Affects Understanding of Trauma:** Racial/ethnic groups' particular cultural beliefs and values can affect the meaning that a child or family attributes to specific types of traumatic events (like sexual abuse, physical abuse or suicide).
- **Racial Identity Shapes Trauma Response:** Racial/ethnic groups' particular cultural beliefs and values may powerfully influence the ways in which children and families react to traumatic events, including the ways in which they experience and express distress, disclose personal information to others, exchange support, and seek help.
- **Oppression Can Fuel Trauma:** Experiences of racism or oppression can be in themselves traumatic experiences (e.g. genocide, slavery), and when over multiple generations (historical trauma) may affect a racial/ethnic group's response to trauma and loss, their world view, and their expectations regarding the self, others, and social institutions.
- **Racism Impacts the Response to an Individual's Trauma:** Implicit and explicit biases, differing world views, dominant culture frames, and institutional and structural racism may impact how others interact and respond to those who have experienced trauma.

- **Racism Impacts Access to Trauma-Resources:** Racist policies and assumptions by others (from service providers to federal politicians) can serve as obstacles for individuals and communities getting the support and resources they need after exposure to trauma.
- **Racial Identity as Healing from Trauma:** Racial/ethnic groups' particular cultural beliefs and values strongly influence the rituals and other ways through which children and families heal from trauma.

As we discussed in *Relationships, Curriculum, and Classrooms that Promote Resilience*, social emotional development and learning is the critical focus for early care and education centers. Healthy relationships and positive self-identity are at the core of this development and learning. As educators who want to make sure that children have healthy self-esteem and feel valued, we need to build an environment where all children, no matter their race, feel their learning environment reflects back positive images of themselves.<sup>33 34</sup> This helps affirm children's racial and cultural identities, strengthens their self-worth and, down the line, enhances their resilience. These positive images can be found in the books, posters, and toys used within the center, as well as the languages easily spoken.

In order to build this self-esteem and positive self-identity for children and families, we all must become conscious of our own unconscious biases. Recent research has demonstrated that the implicit biases of early educators (based on race and gender) may be linked to disparities in behavioral expectations, suspensions and expulsions.<sup>35</sup> We must have an environment that values our own self-reflection on and learning about the impact of race, biases, the ways that biases can be unconsciously internalized, and how these biases can affect the ways we relate to the children, families, and even coworkers in our center. We can do this by having challenging conversations, telling stories, and looking at data.<sup>36</sup>

When we look at national data on disciplines and suspensions, for instance, we often see disparities by race and ethnicity that can only be explained by implicit biases in judgment and decision-making.<sup>37</sup> These data need to be both reviewed and discussed in the context of how they impact children, families, and communities. We want to assure that all children are treated in ways that are equitable (or mindful of their need) and honors their dignity, seeking to promote growth instead of punishment. Being careful to approach all children with compassion in behavioral interventions, we have an opportunity to modify the behavior without condemning children and their self-image.

For children and families exposed to violence or a traumatic event, connecting and referring families to culturally and linguistically appropriate resources is important.<sup>38</sup> This helps families feel trusting of and supported by their service providers, which typically results in better outcomes. Strong relationships between families and their providers can support their healing and growth. A racial justice approach works to reduce the opportunity and resource gaps within the center and in the systems that families may encounter to achieve these goals.<sup>39 40 41</sup>

A final component of a racial justice approach is organizational in nature, as racism does not just happen on the person-to-person level. Many of our organizations are unwittingly (and often unknowingly) held up by policies and practices that impact families of color more than

**Institutional Racism**

*“...a form of racism expressed in the practice of social and political institutions [processes, attitudes, and behaviors]... [that are] reflected in disparities [in outcomes].”*

white families. These may include such practices or policies as charging late parents \$1.00 per minute or holding parent conferences only during the day time when some parents cannot get time off. Reviewing our own practices and policies, supporting staff and leadership of color to grow and develop their own leadership capacity, and monitoring data to identify and address biases, will help centers address this level of racism as well.<sup>42 43 44</sup>



### What Does Racial Justice to Promote Resilience Look Like in Trauma- Informed and Resilient Early Care and Education Centers?

A center that addresses racial justice to promote resilience ensures that all of the children served feel that their racial identities and worth are affirmed. The center recognizes that to effectively support children and families, families need to feel they are valued and respected, regardless of the negative messages, misconceptions, biases, and racism that may exist in society about their cultures and communities. The center affirms the value and importance of the primary caregiver and family in each child’s life and the leadership of the center reflects the children and the communities served in meaningful ways (both in terms of demographics and experience and understanding), reaffirming the strength and wisdom found in the communities the families come from.



Centers strive to create and nurture the following:

Opportunities to Learn and Reflect	<ul style="list-style-type: none"><li>•Center provides ongoing professional development on racial justice issues and topics relevant to the centers' community. Center provides consistent opportunities for staff reflection about how personal experiences, racial identities and biases impact interactions between staff, children and families.</li></ul>
Supporting and Advocating for Families' Needs	<ul style="list-style-type: none"><li>•Center focuses on understanding individual families, rather than blaming them or making assumptions. Center responds by collaborating with families to problem solve and/or advocate for their needs in ways that affirms their culture, language and racial identities.</li></ul>
Honoring Identity in Center Environment	<ul style="list-style-type: none"><li>•Center toys, curricula, books and visuals reflect the racial, cultural, and ethnic diversity of center families and promote the self-esteem and resilience of all children.</li></ul>
Understanding Implicit Bias	<ul style="list-style-type: none"><li>•Center collects, reviews, and uses data on race and ethnicity to identify and guide strategies to address inequities and avoid implicit bias in center practices, decision-making, and outcomes.</li></ul>
Equitable Leadership Development	<ul style="list-style-type: none"><li>•Center professional development efforts support leadership development to facilitate retention and promotion of staff from all backgrounds.</li></ul>

### How Do We Create and Nurture Racial Justice to Promote Resilience?

Your first step in creating and nurturing a racially just center that promotes resilience goes back to your initial assessment process. Keep in mind that discussions about racial justice are inherently challenging and uncomfortable. Creating spaces where staff feel safe sharing their experiences, perspectives, and beliefs is essential. You'll want to continually explore ways to make the environment feel supportive and safe for everyone, regardless of race.

#### Key Resources for Talking about Racial Justice

[Frameworks Institute](#)

[Race Matters Toolkit](#)

[Teaching Tolerance](#)

### ***Making Sure Your Assessment Reflects a Racial Justice Approach***

Recognize that conversations about race are hard and validate this for others

Dedicate the time needed for real discussions and plan for ongoing conversations

Create safe spaces for everyone's experiences, perspectives, and voices to be heard

Draw upon existing resources for help facilitating and engaging in these challenging conversations

Once your assessment is complete, you will have identified what your strengths are and where you want to improve. Based on how critical it is to address racial justice in order to promote resilience, this area is likely one of your high priorities, so you are now ready to set some concrete goals. Don't forget to go back and review Section 4 on Making Change for tips on how to set concrete goals and identify changes that will help you reach those goals. You may also read about Team Sunshine and their work in this area at the conclusion of this section.

The table below provides examples of changes that various centers have tried to achieve their goals in this priority area. Keep in mind that these are just a starting place! They are meant to inspire your thinking and creativity as you reflect on a) what you learned was working well in your own center; b) what could be spread or done more consistently; c) how you might address challenges that you identified; and d) where you might look to other best practices in the field.

#### **Important Note about These Strategies and Examples**

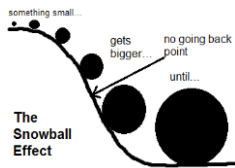
*Before you read through these examples and think about what might work in your own center, we believe it is critical for you to know that none of these practices, tools, or strategies is a magic wand that can be waved over a center without careful attention to relationships and the actual implementation process. In fact, when testing these ideas, many centers discovered that the real work was in the development of meaningful relationships and adaptation of the tool or practice – not just in creating something new, dropping it in, and checking it off the list.*

Strategy Area	Examples of Changes Tested (Food for Thought)
A. <b>Opportunities to Learn and Reflect</b>	<ul style="list-style-type: none"> <li>• Provide training on racial justice, resilience and implicit bias.</li> <li>• Integrate training and discussion about racial justice, inequities and culture in professional development across curriculum areas.</li> <li>• Use cultural self-assessment or Implicit Association Test to evaluate self-biases and assumptions.</li> </ul>
B. <b>Supporting and Advocating for Families' Needs</b>	<ul style="list-style-type: none"> <li>• Ask direct questions of families related to their racial, cultural, and ethnic beliefs, practices, and values.</li> <li>• Communicate with families in their own preferred language.</li> <li>• Develop relationships with community supports, providers, and services that are culturally appropriate to meet families' needs.</li> </ul>
C. <b>Honoring Identity in Center Environment</b>	<ul style="list-style-type: none"> <li>• Conduct assessments of classroom materials, visuals and curriculum to ensure that they are culturally affirming and reflect diversity of the center.</li> <li>• Invite children and families to bring in and share images, pictures, and visuals that reflect their cultural values.</li> <li>• Use bulletin boards and wall space to positively portray the races, cultures, and ethnicities of the children and families served by the center.</li> <li>• Ensure dress-up supplies and other make-believe play items reflect the races and cultures being served.</li> </ul>
D. <b>Understanding Implicit Bias</b>	<ul style="list-style-type: none"> <li>• Collect data by race/ethnicity, gender and language and regularly reflect on data.</li> <li>• Include reflection about how personal experiences, racial identities and biases impact interactions during reflective supervision.</li> <li>• Share vignettes (or real stories) that demonstrate when implicit bias has taken place. Discuss how those biases were (or could have been) addressed.</li> <li>• Do activities with the full staff to help them understand where implicit biases come from and how they impact interactions and relationships with children and families.</li> </ul>
E. <b>Equitable Leadership Development</b>	<ul style="list-style-type: none"> <li>• Build questions about bias and equity into the interviewing and hiring process.</li> <li>• Provide leadership development opportunities for all staff, with a focus on equity at the leadership level.</li> <li>• Ensure that all positions for leadership have a diverse panel of candidates to choose from when hiring / promoting.</li> </ul>

In this area as you test changes, you will constantly be balancing what we call “practice” and “process.” This means that as you’re trying new ideas (practices), you’ll still need to be sensitive

and attentive to how challenging the conversations and work related to race can be. For instance, a teacher might want to try having children play with dolls that look like them while she talks about how beautiful they are. But as she does this, another teacher might question why she isn't using the white dolls she already has in the classroom. This practice (reinforcing self-identity and self-esteem) needs to be supplemented with a facilitated dialogue that provides education, awareness, and skills about race, racial identity, trauma, and resilience. Additionally, as you test different things related to racial justice, remember to be patient and supportive. Work in this area tends to be a journey for most people and they often need guidance and help along the way.

### How Do You Spread and Sustain These Changes?



As we discussed in the Getting Ready and Making Change sections, once you have tested some of your ideas and have confidence that your changes are resulting in improvements, it's important to think about how you spread the best practices throughout your center and sustain them. In Racial Justice, some tips include:

<b>Handbook</b>	<ul style="list-style-type: none"> <li>• Update handbook to include vision and expectations around racial justice and equity.</li> </ul>
<b>Professional Development</b>	<ul style="list-style-type: none"> <li>• Build questions on bias and equity into the interviewing, hiring and promotion processes.</li> <li>• Recruit staff from the communities in which children and families live.</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>• Collect and review data by race/ethnicity, gender and language.</li> </ul>
<b>Tools and Templates</b>	<ul style="list-style-type: none"> <li>• Provide teachers with resources to honor culture in their classroom and curriculum.</li> </ul>
<b>Peer Support</b>	<ul style="list-style-type: none"> <li>• Have a "racial justice" buddy -- someone you consider safe to share reflections, questions, concerns, or ideas.</li> </ul>



## How Do You Know That You Are Making Improvements?

As you are testing your changes it is critical that you identify what data you can collect and review to know if what you are doing is actually resulting in improvements in the center. As you think about your work related to racial justice, you might think of some of these as possible indicators of success:

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data with Concrete Plans
<b>Increase in number of visuals showing people of color or non-English speakers</b>	Inventory of books, posters, toys, etc. you have in the classroom	Inventory of what books, posters, toys, etc. you want in the classroom (incl. parent / community input)	Review the differences between what you have in your center and the population you serve. Create a plan to ensure that they match and are used by teachers and students. Invite parents and the community into the review process as well as to help address any gaps you may identify.
<b>Improvements in racial demographic trends of SEL development indicators</b>	SEL development indicators (e.g., sense of competence)	SEL development indicators (e.g., sense of competence) over time (trends)	Review data (especially any trends you may see) and develop graphs to make the data visual and clear for everyone. Discuss at meetings and make plans to address any disparities in intentional ways.
<b>Improvements in racial demographic trends of hiring, promotions, and leadership in the center</b>	Human resources data related to hiring, promotions, and roles	Human resources data related to hiring, promotions, and roles over time (trends)	Review data (especially any trends you may see) and develop graphs to make the data visual and clear for everyone. Discuss at staff and leadership team meetings and make plans to address any disparities in intentional ways.
<b>Improvements in racial demographic trends of discipline and/or suspension data</b>	Discipline data; suspension data (by race)	Discipline data; suspension data (by race) over time (trends)	Use trend data (graphs or charts) that show data broken down by race to illustrate any differences or changes. Discuss the data and any trends you see at staff meetings. Have facilitated dialogues about decisions related to discipline and suspensions.

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data with Concrete Plans
<b>Improvements in qualitative data on racial climate</b>	Self-assessment data	Pre- / post-survey with staff and/or parents about racial climate	Review data and discuss with staff and with parents. Bring to the Parent Advisory Committee and ask for feedback and input on how to make things better. Implement those ideas!

### What Does This All Look Like in Practice?



*Much like you, Team Sunlight began with their self-assessment and worked through a strategy to address one of their goals in this area. Here's what it looked like for them.*

<b>What Team Sunlight's Self-Assessment Told Them</b>	Team Sunlight included a very diverse group of staff and parents in their self-assessment process. In this area, they realized that their environment does not really reflect the families in their community. They also looked at data and discovered disparities in discipline (black boys "got in trouble" more often).
<b>Team Sunlight's Goals in This Area</b>	Improve how they honor identity in the center environment and how they recognize and address implicit bias
<b>How Team Sunlight Decided to Address These Goals</b>	Team Sunlight had two different strategies for these two different goals. First, they wanted to inventory their environment to see where and what the gaps were. Second, they wanted to open discussions about implicit biases with staff.
<b>How They Tested These Ideas</b>	For the first strategy, the team invited in parents to help them look around the center and see what they had that reflected the children, families and community. As they identified gaps and needs, they also identified different resources they might draw on to fill those gaps and needs. Last, they talked with teachers about how to use some of these new resources and supplies to reinforce children's positive self-identities. For the second strategy, the team began with themselves and did some facilitated activities using vignettes and talking about assumptions they made. After getting more comfortable, they invited other staff members in to join them.

<b>How They Knew These Strategies Were Resulting in Improvements</b>	They reviewed their classroom inventory over time and saw a marked improvement, which excited them greatly. They also noticed that the disparities in behavioral disruptions resulting in discipline seemed down in the classrooms where the teacher was on the team doing the implicit bias work.
<b>How They Spread Them</b>	They shared the discipline data at a staff meeting and had teachers talk about their shifts in perspective and understanding. They talked candidly about how these conversations impacted them and how it ultimately impacted their relationships with the children and families. Teachers with the improved inventories brought pictures to a staff meeting and also posted them visibly around the center (e.g., children playing with Black dolls).
<b>How They Sustained Them</b>	The classroom inventory was donated and purchased from a variety of places and is there to stay. The implicit bias discussions are now part of new staff orientation and are incorporated into every discussion about behavioral disruptions and disciplinary action in the center.

## Theme 5. Responding to and Supporting Families Exposed to Violence and Trauma

### Why is Responding to and Supporting Families Exposed to Violence and Trauma Important for Trauma-Informed and Resilient Early Care and Education Centers?

While our primary goal throughout our work with children and families is to support resilience and prevent them from being exposed to bad things, we have to accept that sometimes they still will be exposed to trauma or violence. When this happens, we must be able to recognize it, respond to it, and support them as they overcome the impacts of it. Many of the same skills that build resiliency and focus on positive social emotional development will come into play here, as all of these allow staff and children to better manage traumatic reactions and behaviors as well.

Some staff may believe that young children, including infants, won't be affected by exposure to trauma or violence, but research has shown that they are. According to the NCTSN, young children are exposed to traumatic stressors at rates similar to those of older children. In one study of children aged 2–5, more than half (52.5%) had experienced a severe stressor in their lifetime.<sup>45</sup> The most common traumatic stressors for young children include: accidents, physical trauma, abuse, neglect, and exposure to domestic and community violence.<sup>46</sup>

We know that safe, supportive, and collaborative relationships can be healing by their very nature. We also know that creating environments focused on safety, trust and control is trauma-informed. So when we focus on relationships and environments that look and feel like this, we are helping children and families exposed to violence or trauma heal. Making sure your daily interactions and relationships with children promote resilience is essential, but is also one of the hardest thing to change. Interactions and relationships include such elements as attitude, tone of voice, posture, touching, giving of praise, giving animated attention, use of language, etc. So in addition to specific practices, such as transition planning, the use of self in teaching is fundamental and its role in trauma-informed work cannot be overstated.

In addition to the healing that can occur within the center space, these stable, consistent, nurturing, calm environments can help teachers better identify children and families who may need additional support to heal in a clinical or alternative setting. Once identified, these children and families can be referred and connected to the appropriate partners, which helps

#### **Key Resources on Responding and Supporting Children and Families Exposed to Trauma**

[Center for the Study of Social Policy: Strengthening Families](#)

[Futures without Violence](#)

[National Center for Child Traumatic Stress](#)

[Zero to Three](#)



promote their healing and thriving, and can even prevent the cycles of violence and trauma from continuing.

Although we might wish to have enough mental health services and associated resources for children and their families, we often do not. But when there are efficient and effective systems in place that we can rely on to refer children and families to the appropriate mental health systems or child welfare systems, families' lives are made that much easier. Families may benefit from services that can provide emotional support, assistance in being connected to other systems, guidance on the child's developmental progress, assessment and encouragement of the caregiver/child relationship, and, when appropriate, trauma-focused therapy that focuses on the child and supports the parent, such as Attachment, Self-Regulation and Competence or Child Parent Psychotherapy<sup>47 48 49</sup>

Centers may also play an important role in child safety in situations where a child has been abused or is at high risk of abuse. These situations may be difficult, not only because they involve sensitive and complicated family issues, but also because the center is required to notify Child Protective Services of suspected abuse or neglect. Trauma-informed centers support their teachers in developing positive relationships with all parents, which provides a foundation for talking with them about difficult issues. Trauma-informed centers also provide support to staff about how to talk with parents about potential concerns of abuse.

Partnerships with mental health practitioners help facilitate referrals for children and families in need. Moreover, the better the relationships are between center staff and community providers, the more likely it is for families to be connected directly to these services and even have follow-up. As the relationships develop on the professional level, center staff may have access to these partners for consultations when needed. And sometimes these informal consultations lead to mental health professionals serving as center consultants who can support all sorts of work related to children's mental health and trauma.<sup>50</sup>



### What Does Responding to and Supporting Families Exposed to Violence and Trauma Look Like in Trauma-Informed and Resilient Early Care and Education Center?

Trauma-informed and resilient centers are safe and predictable in order to reduce traumatic stressors and triggers, as well as to help children learn, grow, and heal. Staff understand how important it is for children and their families to build nurturing relationships for healthy social emotional development. Staff also understand that while they can't prevent all exposure to

violence and trauma, they can play a critical role in helping children and families heal – either through their own direct work and caring, through consultation with mental health partners, or by connecting them directly to skilled mental health clinicians for services. Perhaps most strikingly, staff in trauma-informed resilient centers realize that children’s behaviors are often just reactions to situations in their lives and thus can respond with compassion rather than discipline.

Centers strive to create and nurture the following:

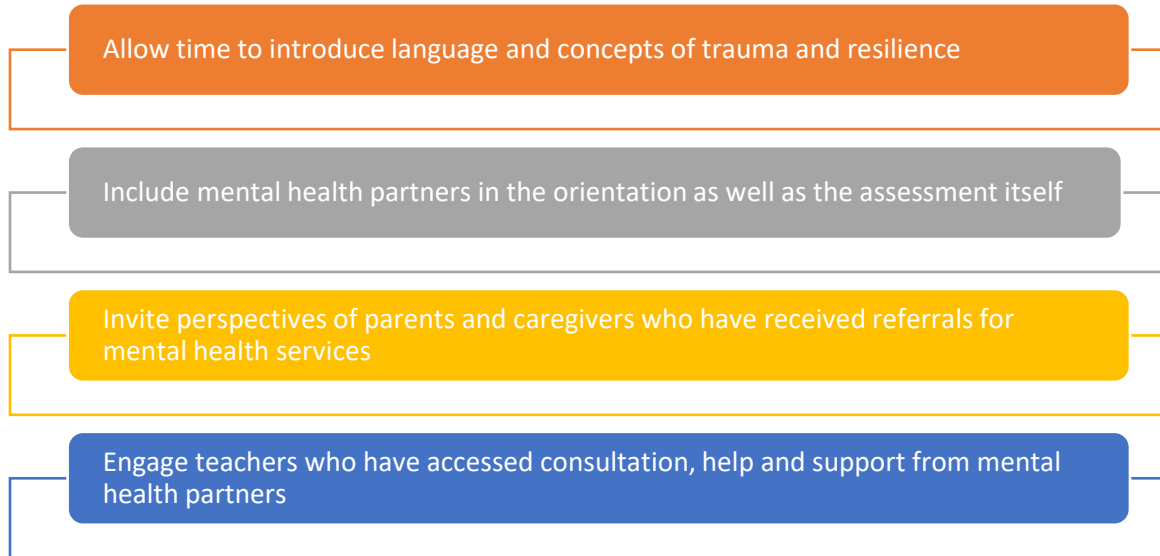
<b>Universal Education to Promote Resilience</b>	<ul style="list-style-type: none"> <li>Center provides information and resources to parents/caregivers about the impact of trauma <b>and</b> about protective factors that support resilience and healing for children and families. Staff is supported to recognize the sensitive nature of these topics and to be aware of the feelings/reactions of parents/caregivers.</li> </ul>
<b>Collaborative Identification and Referral Process</b>	<ul style="list-style-type: none"> <li>Center works together with parents/caregivers to identify when a child and/or family may need additional supports. The center thoughtfully refers families to a variety of clinical, informal, and culturally specific resources and follows up on referrals for children and families.</li> </ul>
<b>Trauma-Informed Interactions with Children and Families</b>	<ul style="list-style-type: none"> <li>When working with children, families, and classrooms affected by exposure to violence, center creates climates that are calming, predictable, nurturing, culturally responsive, safe, reduce triggers and value voice and choice.</li> </ul>
<b>Trauma-Informed Mental Health Consultation</b>	<ul style="list-style-type: none"> <li>Trauma-informed mental health professionals conduct observations and assessments and work together with staff and parents/caregivers to identify strategies, resources, and referrals to support children’s healing in ways that affirm their cultural, linguistic, and racial identities.</li> </ul>
<b>Reflective and Collaborative Practice for Addressing Challenging Behaviors</b>	<ul style="list-style-type: none"> <li>Center supports staff to examine their attitudes and reactions to students and challenging behaviors. Center collaborates with parents/caregivers and other appropriate partners to develop positive behavior support plans that respond to the unique needs and cultures of each individual child and family.</li> </ul>

## How Do We Create and Nurture Centers that Respond to and Support Families Exposed to Violence and Trauma?

The first step in determining how well your center responds to and supports families exposed to violence and trauma goes back to your initial assessment process. The challenge of this conversation in the assessment process may be simply that the language of trauma and resilience is new to the staff and those participating in the assessment process. The adage “you

don't know what you don't know" applies here as it can be difficult to assess how well you're doing on something if you're not really sure what it is yet. Because of this, make sure you allow time for some orientation about trauma and resilience prior to the assessment.

***Making Sure Your Assessment Reflects How Well You Respond to Exposure to Violence and Trauma***



Once your assessment is complete, you will have identified what your strengths are and where you want to improve. Based on how critical it is to respond to and support families exposed to violence and trauma, this area is likely one of your high priorities, so you are now ready to set some concrete goals. Don't forget to go back and review Section 4 on Making Change for tips on how to set concrete goals and identify changes that will help you reach those goals. You may also read about Team Sunshine and their work in this area at the conclusion of this section.

The table below provides examples of changes that various centers have tried to achieve their goals in this priority area. Keep in mind that these are just a starting place! They are meant to inspire your thinking and creativity as you reflect on a) what you learned was working well in your own center; b) what could be spread or done more consistently; c) how you might address challenges that you identified; and d) where you might look to other best practices in the field.

**Important Note about These Strategies and Examples**

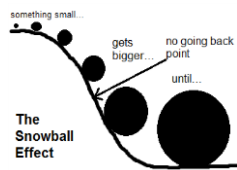
*Before you read through these examples and think about what might work in your own center, we believe it is critical for you to know that none of these practices, tools, or strategies is a magic wand that can be waved over a center without careful attention to relationships and the actual implementation process. In fact, when testing these ideas, many centers discovered that the real work was in the development of meaningful relationships and adaptation of the tool or practice – not just in creating something new, dropping it in, and checking it off the list.*

Strategy Area	Examples of Changes Tested (Food for Thought)
A. <b>Universal Education to Promote Resilience</b>	<ul style="list-style-type: none"> <li>• Provide education to parents about resilience and the impact of trauma through one-on-one conversations, materials or a parent workshop.</li> <li>• Use staff professional development to focus on resilience and how to work with parents in strengths-focused ways.</li> <li>• Use written materials to hang around the center to reinforce positive messages about resilience.</li> </ul>
B. <b>Collaborative Identification and Referral Process</b>	<ul style="list-style-type: none"> <li>• Provide staff training about the signs of trauma so that they can identify when a child and family may need additional support.</li> <li>• Create tools, training and ongoing coaching about how to have conversations with parents when a concern arise and how to collaborate with parents.</li> <li>• Use simple, clear “screening” questions when concerns arise.</li> </ul>
C. <b>Trauma-Informed Interactions with Children and Families</b>	<ul style="list-style-type: none"> <li>• Create small group opportunities for children to develop relationships and social skills.</li> <li>• Dedicate a space in the classroom where children can calm down or take a break with soothing materials. Teach children about the space and how to use it.</li> <li>• Conduct self-assessment of attitude, tone of voice, posture, touching, giving of praise, giving animated attention, use of language, and other elements of “self” that impact interactions and relationships.</li> </ul>
D. <b>Trauma-Informed Mental Health Consultation</b>	<ul style="list-style-type: none"> <li>• Create referral process, standard observation form and standard process for follow up and coaching to receive mental health consultation for challenging behaviors.</li> <li>• Create partnerships with mental health agency or community health center to provide training and mental health consultations.</li> </ul>

Strategy Area	Examples of Changes Tested (Food for Thought)
	<ul style="list-style-type: none"> <li>• Conduct weekly huddles with mental health consultant to discuss challenging situations or behaviors and help understand them in the context of trauma and mental health.</li> </ul>
E. Reflective and Collaborative Practice for Addressing Challenging Behaviors	<ul style="list-style-type: none"> <li>• Provide reflective supervision to teachers.</li> <li>• Conduct reflective incident reviews that allow for reflection, discussion, and open feedback on responses to challenging behaviors and incidents.</li> <li>• Provide coaching and consultation related specifically to challenging behaviors.</li> </ul>

In testing changes in this area, you will quickly find how important it is to develop solid relationships with your mental health partners. They can provide invaluable support and expertise in a variety of ways, ranging from helping train staff to normalizing challenging behaviors to identifying when outside referrals might be necessary to providing real-time consultation to connecting children and families to actual services to following up with other service providers. Developing these relationships and collaborations early on and in meaningful ways will pay dividends. Similarly, developing positive relationships with child welfare partners will also be helpful as some of the violence and trauma-related issues that arise may require their involvement in some way. Being able to use these partners as consultants for tricky situations as well as being able to collaborate with families is the ideal.

### How Do You Spread and Sustain These Changes?



As we discussed in the Getting Ready and Making Change sections, once you have tested some of your ideas and have confidence that your changes are resulting in improvements, it's important to think about how you spread the best practices throughout your center and sustain them.

In Responding to and Supporting Families Exposed to Violence and Trauma, some tips include:

<b>Handbook</b>	<ul style="list-style-type: none"> <li>• Ensure the center handbook is updated with policies and procedures for making referrals for mental health consultation.</li> </ul>
<b>Professional Development</b>	<ul style="list-style-type: none"> <li>• Provide initial and ongoing training on mental health, trauma, resilience, screening, and assessment.</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>• Provide reflective supervision in groups or one-on-one.</li> </ul>
<b>Tools and Templates</b>	<ul style="list-style-type: none"> <li>• Provide accessible templates and tools for providing education to families about trauma and resilience.</li> </ul>
<b>Peer Support</b>	<ul style="list-style-type: none"> <li>• Have in-center coaches, consultants, or champions who can provide real-time support for staff when situations or challenges related to trauma, violence, or mental health emerge.</li> </ul>



### How Do You Know That You Are Making Improvements?

As you are testing your changes it is critical that you identify what data you can collect and review to know if what you are doing is actually resulting in improvements in the center. As you think about your work related to responding to and supporting families exposed to violence and trauma, you might think of some of these as possible indicators of success:

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data with Concrete Plans
<b>Increase in mental health relationships and collaboration</b>	List of onsite or community mental health partners	Resource list that includes names, contact information, and services / treatments provided	Review with teachers and staff on a periodic basis for updating and ongoing awareness. Incorporate into periodic staff meetings. Invite partners to a center open house or brown bag lunch as a meet and greet.

Possible Indicator of Success	What Data You Already Have	What Data You Might Want	How to Use the Data with Concrete Plans
<b>Increase in trainings on trauma-related topics</b>	Number of trainings; staff attending trainings	Pre- / post-surveys for trainings	See if there are a variety of trauma-related trainings offered; if all staff are attending the trainings; and if the training material is “sticking.” Use at team meetings to identify ongoing training and support needs.
<b>Increase in care plans and/or referrals to community human service agencies</b>	Number of care plans; number of referrals	Number of referrals; where referrals are made and by whom; what happens to referrals	See if all staff are making referrals. Identify partners accepting referrals. Check care plans that include community partners. Follow up on referrals. Review with community partners to identify needs, utilization, and potentially outcomes.
<b>Increase in collaborative positive behavior plans</b>	Number of positive behavior plans	Details of the positive behavior plans (e.g., who is there; what is content)	Review qualitative aspects of plans to ensure they are positive, collaborative, and are more than “sticker charts.” See if they are different for different children. Check for how they are connected to challenging behaviors. Review with small groups of teachers during reflective supervision opportunities.

## WHAT DOES THIS ALL LOOK LIKE IN PRACTICE?



*Much like you, Team Sunlight began with their self-assessment and worked through a strategy to address one of their goals in this area. Here’s what it looked like for them.*

<b>What Team Sunlight’s Self-Assessment Told Them</b>	Team Sunlight included a mental health partner in their assessment process. Through this process they realized that they weren’t very strong at identifying children and families who may need outside referrals or support related to violence or trauma exposure.
<b>Team Sunlight’s Goal in This Area</b>	Improve how they collaborate with mental health partners to identify and refer children and families for services.

<b>How Team Sunlight Decided to Address This Goal</b>	The mental health partner on the team offered to do two immediate things related to this goal: 1) provide brief training to supplement the Trauma 101 training, focused on “how you know a referral is needed”; and 2) be available for real-time consultation with teachers via phone.
<b>How They Tested These Ideas</b>	The “How You Know” training was tested first with the members of Team Sunlight. They gave the mental health partner valuable feedback on how to modify the training and turn it into a 45 minute session that could be done during nap time. They also tried the real-time consultation for two weeks to make sure she wouldn’t be totally overwhelmed with calls and could get back to staff in a reasonable amount of time.
<b>How They Knew These Strategies Were Resulting in Improvements</b>	They saw that they were beginning to refer more to community providers, and through their mental health partner were able to develop many more collaborative linkages and relationships for the needed services.
<b>How They Spread Them</b>	Additional teachers were introduced to the mental health partner through the informal mini-training session. At this time, she invited them to use her as an ongoing consultant as well.
<b>How They Sustained Them</b>	They created a resource guide that included a brief overview of what types of services various community providers offered. They also offered the brief training to all staff as a periodic “booster” in which teachers could bring their own stories for consultation.



## Concluding Reflections

The primary goal of this Toolkit is to advance the field of early care and education by sharing the lessons learned through the Boston Public Health Commission's *Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative (BSC)*. We have strived to synthesize the work of the teams and present it in ways that are user-friendly, clear, and helpful to the field. We hope that this Toolkit will be used as a true tool for teachers, parents, administrators, and policy-makers alike. Our vision is that the strategies and ideas you test will continue to deepen and enrich the work done by the initial six teams.

We continue to view this work as a journey, with a periodic need to refuel, get out of the car to stretch your legs, invite others along, check the map, and respond to road blocks, detours, and “under construction” zones as they arise. As such, we believe that the process of making changes, as described in sections 3 and 4, are just as important as section 5. While section 5 is filled with amazing ideas, jumping straight into section 5 alone would be like climbing into a car for a cross-country trip without a map.

So even if you are “done” reading this from cover to cover, we hope you will continue to use this guide, along with the strategies, tools, and resources within it, in your work with children, parents, caregivers, teachers, and early care and education centers. Ultimately, if we all do this, one day we may finally see a nation filled with early care and education centers that have developed and implemented practices, procedures, policies, and environments to **prevent** exposure to violence, **protect** children, help children who have been exposed to violence **heal**, and support families to help their children **thrive**.

## Appendices

- 1.a. Participating Teams, Faculty, and Project Staff
- 1.b. Evaluation
- 2.a. Trauma-Informed Principles
- 2.b. Collaborative Change Framework
- 3.a. Vision-Setting Meeting Worksheet
- 3.b. Senior Leader Expectations, Roles and Responsibilities
- 3.c. Team Member Guidelines for Selection and Expectations
- 3.d. Sample Ice Breaker Activities
- 3.e. Hints and Tips for Creating Safe Spaces
- 3.f. Sample Trauma 101 Training Agenda
- 3.g. Sample Self-Assessment Tool with Facilitator Notes
- 4.a. Sample PDSA Form
- 4.b. Sample PDSA Cycle Tracking Form
- 4.c. Strategies for Engaging Peers, Parents, and Leaders to Sustain Change
- 4.d. Strategies for Using Tools, Structures, and Data to Sustain Change

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<sup>1</sup> Center on the Social Emotional Foundations for Early Learning (2008). Accessed online:

[http://csefel.vanderbilt.edu/documents/rs\\_screening\\_assessment.pdf](http://csefel.vanderbilt.edu/documents/rs_screening_assessment.pdf).

<sup>2</sup> Rice KF & Groves B. (2005). *Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma*. Washington DC: Zero to Three Press.

<sup>3</sup> Adverse Childhood Experiences (ACE) Study. Accessed online: <http://www.cdc.gov/ace/about.htm>

<sup>4</sup> Centers for Disease Control and Prevention. Accessed online:

<http://www.cdc.gov/nchhstp/socialdeterminants/faq.html>.

<sup>5</sup> Finkelhor D., Turner, H., Shattuck, A., Hamby, S., Kracke, K. (2015). *Children's Exposure to Violence, Crime, and Abuse: An Update*. OJJDP Juvenile Justice Bulletin. National Survey of Children's Exposure to Violence.

<sup>6</sup> National Child Traumatic Stress Network (2005). *Understanding Child Traumatic Stress*. Available online:

[http://www.nctsn.org/sites/default/files/assets/pdfs/understanding\\_child\\_traumatic\\_stress\\_brochure\\_9-29-05.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/understanding_child_traumatic_stress_brochure_9-29-05.pdf).

<sup>7</sup> Harper Browne, C. (2014). *The Strengthening Families Approach and Protective Factors Framework: Branching out and reaching deeper*. Washington, DC: Center for the Study of Social Policy.

<sup>8</sup> Center on the Social Emotional Foundations for Early Learning (2008). Accessed online:

[http://csefel.vanderbilt.edu/documents/rs\\_screening\\_assessment.pdf](http://csefel.vanderbilt.edu/documents/rs_screening_assessment.pdf).

<sup>9</sup> Zimmerman, C., Caronongan, P. (2005). Boston EQUIP, Associated Early Care and Education. *Access and Adequacy of Comprehensive Services for At-Risk Children in Boston's Early Care and Education Programs: An analysis of the 2003-2004 Community Profiles data*.

<sup>10</sup> City of Boston (2008). *Thrive in Five: Boston's School Readiness Roadmap*. Available online:

[http://www.thrivein5boston.org/pdf/TN5\\_Full\\_Report.pdf](http://www.thrivein5boston.org/pdf/TN5_Full_Report.pdf).

<sup>11</sup> Rice KF & Groves B. (2005). *Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma*. Washington DC: Zero to Three Press.

<sup>12</sup> The Institute for Healthcare Improvement (2003). *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement. Available online:

<http://www.ihl.org/resources/pages/ihlwhitepapers/thebreakthroughseriesihicollaborativemodelforachievingbreakthroughimprovement.aspx>.

<sup>13</sup> National Child Traumatic Stress Network, Secondary Traumatic Stress Committee (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. Available online: <http://www.nctsn.org/products/secondary-traumatic-stress-fact-sheet-child-serving-professionals%20>.

- <sup>14</sup> Substance Abuse and Mental Health Services Administration (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Available online: <http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>.
- <sup>15</sup> Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 2, Building a Trauma-Informed Workforce. Rockville (MD). Available online: <http://www.ncbi.nlm.nih.gov/books/NBK207194/>.
- <sup>16</sup> Zero to Three. Reflective Practice and Program Development. Available online: <https://www.zerotothree.org/resources/series/reflective-practice-and-program-development>.
- <sup>17</sup> Roblin, D. W., Howard, D. H., Ren, J., & Becker, E. R. (2011). An evaluation of the influence of primary care team functioning on the health of Medicare beneficiaries. *Medical Care Research and Review*, 68(2), 177-201.
- <sup>18</sup> Center on the Developing Child, Harvard University. Deep dives: early childhood mental health. Available online: <http://developingchild.harvard.edu/science/deep-dives/mental-health/>.
- <sup>19</sup> Benard, B. (1991). Fostering resiliency in kids: Protective factors in the family, school, and community. WestEd.org. Available online: [https://www.wested.org/wp-content/files\\_mf/1373568312resource93.pdf](https://www.wested.org/wp-content/files_mf/1373568312resource93.pdf).
- <sup>20</sup> Office of Head Start National Centers. The National Center on Parent, Family, and Community Engagement. Building partnerships: Guide to developing relationships with families. Available online: <file:///C:/Users/Jen/Documents/BPHC/Post-LS4/building-partnerships-developing-relationships-families.pdf>.
- <sup>21</sup> Center for the Study of Social Policy. The protective factors framework. Available online: <http://www.cssp.org/reform/strengtheningfamilies/about/protective-factors-framework>.
- <sup>22</sup> Center on the Developing Child (2015). In brief: Early childhood mental health. Available online: <http://developingchild.harvard.edu/wp-content/uploads/2015/05/InBrief-Early-Childhood-Mental-Health-1.pdf>.
- <sup>23</sup> Centers for Disease Control and Prevention. Facts about child development. Available online: <http://www.cdc.gov/ncbddd/childdevelopment/facts.html>.
- <sup>24</sup> Center on the Social and Emotional Foundations for Early Learning (2008). Available online: [http://csefel.vanderbilt.edu/documents/rs\\_screening\\_assessment.pdf](http://csefel.vanderbilt.edu/documents/rs_screening_assessment.pdf).
- <sup>25</sup> Center for Academic, Social and Emotional Learning (2015). Social and emotional learning core competencies. Available online: <http://www.casel.org/social-and-emotional-learning/core-competencies/>.
- <sup>26</sup> Rice, K. F., & Groves, B. M. (2005). Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma. *Zero to Three*.

- <sup>27</sup> Jones, CP. (2002). Confronting Institutionalized Racism. *Phylon* (1960-), 50(1/2), 7-22. Available online: <http://www.unnaturalcauses.org/assets/uploads/file/Jones-Confronting-Institutionalized-Racism.pdf>.
- <sup>28</sup> Wright, V. R., Chau, M., & Aratani, Y. (March 2011) Who are America's poor children? The official story. Available online: [http://www.nccp.org/publications/pub\\_1001.html](http://www.nccp.org/publications/pub_1001.html).
- <sup>29</sup> United States Census Bureau (2014).
- <sup>30</sup> Acevedo-Garcia, D. McArdle, N. Osypuk, T.L. Lefkowitz, B. & Krimgold, BK. (2007) Children left behind: how metropolitan areas are failing America's children. Available online: [http://diversitydata.org/Publications/children\\_left\\_behind\\_final\\_report.pdf](http://diversitydata.org/Publications/children_left_behind_final_report.pdf).
- <sup>31</sup> Boston Public Health Commission (2015). Racial justice and health equity initiative: 2015 overview. Available online: <http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Documents/RJHEI%202015%20Overview%20FINAL.pdf>.
- <sup>32</sup> NCTSN Core Curriculum on Childhood Trauma Task Force (2012). *The 12 core concepts: Concepts for understanding traumatic stress responses in children and families*. Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress. Available online: <http://nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts>.
- <sup>33</sup> Clark, K. B., & Clark, M. K. (1939). The development of consciousness of self and the emergence of racial identification in Negro preschool children. *The Journal of Social Psychology*, 10(4), 591-599.
- <sup>34</sup> Clark, K. B., & Clark, M. P. (1918). *Racial identification and preference in Negro children*. Bobbs-Merrill.
- <sup>35</sup> Gilliam, W., Maupin, A., Reyes, C., Accavitti, M., Frederick Shic, B. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions? A research study brief. Yale University Child Study Center. W.K. Kellogg Foundation. September 28, 2016. Available online: [http://ziglercenter.yale.edu/publications/Preschool%20Implicit%20Bias%20Policy%20Brief\\_final\\_9\\_26\\_276766\\_5379.pdf](http://ziglercenter.yale.edu/publications/Preschool%20Implicit%20Bias%20Policy%20Brief_final_9_26_276766_5379.pdf).
- <sup>36</sup> Staats, C., Capatosto, K., Wright, R., Jackson, V. (2016). State of the science: Implicit Bias Review 2016 Edition. W.K. Kellogg Foundation. Available online: <http://kirwaninstitute.osu.edu/wp-content/uploads/2016/07/implicit-bias-2016.pdf>.
- <sup>37</sup> Blad, E. (2016) Disparities continue to plague U.S. schools, federal data show. Education Week, Published online June 7, 2016. Available online: <http://www.edweek.org/ew/articles/2016/06/07/disparities-continue-to-plague-us-schools-federal.html?print=1>.
- <sup>38</sup> Substance Abuse and Mental Health Services Administration. SAMHSA's efforts to address trauma and violence. Available online: <http://www.samhsa.gov/topics/trauma-violence/samhsas-trauma-informed-approach>.

- <sup>39</sup> Thrive by Five Washington. 2010. Advancing racial equity in early learning. Available online: <https://thrivewa.org/wp-content/uploads/Advancing-Racial-Equity-in-Early-Learning-Theory-of-Change-FINAL.pdf>.
- <sup>40</sup> Keleher, T. (2012). Building community leadership and power to advance racial justice. Philanthropic Initiative for Racial Equity. Critical Issues Forum: Vol. 4. Mobilizing Community Resources to Address Structural Racism. Available online: <http://racialequity.org/docs/cif4buildingcommunity.pdf>.
- <sup>41</sup> Seattle Human Services Coalition (2005). Identifying institutional racism project. Available online: <http://www.shscoalition.org/identifying-institutional-racism/>.
- <sup>42</sup> Crossroads Ministry (2007). Continuum on becoming an anti-racist multi-cultural institution. Available online: [http://crossroadsantiracism.org/wp-content/themes/crossroads/PDFs/Crossroads\\_Anti-Racism\\_Documentation\\_w- Appendices.pdf](http://crossroadsantiracism.org/wp-content/themes/crossroads/PDFs/Crossroads_Anti-Racism_Documentation_w- Appendices.pdf).
- <sup>43</sup> Annie E. Casey Foundation. 2006. Race matters toolkit. Available online: [http://www.aecf.org/search?title=Race%20Matters%20Collection&facet%5B%5D=report\\_series%3ARace+Matters+Collection](http://www.aecf.org/search?title=Race%20Matters%20Collection&facet%5B%5D=report_series%3ARace+Matters+Collection).
- <sup>44</sup> Batts, V. (2005). Is reconciliation possible? Lessons from combating modern racism. Available online: <http://visions-inc.org/article/is-reconciliation-possible-lessons-from-combating-modern-racism/>.
- <sup>45</sup> Egger, H., & Angold, A. (2004). Stressful life events and PTSD in preschool children. Paper presented at the annual meeting of the American Academy of Child & Adolescent Psychiatry, Washington, DC.
- <sup>46</sup> Zero to Six Collaborative Group, National Child Traumatic Stress Network (2010). Early childhood trauma. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- <sup>47</sup> Weatherston, D. J. (2000). The infant mental health specialist. *Zero to Three*, 21(2), 3-10.
- <sup>48</sup> Kinniburgh, K. J., Blaustein, M., Spinazzola, J., & Van der Kolk, B. A. (2005). Attachment, Self-Regulation, and Competency. *Psychiatric Annals*.
- <sup>49</sup> Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(12), 1241-1248.
- <sup>50</sup> Johnston, K., & Brinamen, C. (2006). Mental Health Consultation in Child Care: Transforming Relationships among Directors, Staff, and Families. *Zero to Three*.

## List of Participating Teams

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- ❖ Bridge Boston Charter School
- ❖ Children's Services of Roxbury
- ❖ Catholic Charitable Bureau of the Archdiocese of Boston, Inc. (CCAB) Nazareth Child Care Center
- ❖ Ellis Memorial & Eldredge House, Inc.
- ❖ Nurtury (formerly Associated Early Care and Education)
- ❖ Wesley Childcare Center

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## **Appendix 1.b.: Description of the Evaluation**

### **Purpose**

The purpose of the evaluation was to learn about the Breakthrough Series Collaborative approach to building trauma-informed practice and systems in the early education and care context. The evaluation focuses on two questions:

1. How is the Breakthrough Series Collaborative approach implemented in the Trauma-Informed Early Child Care Systems initiative?
2. How do people, practices, and systems change as a result of the BSC, and with what impact on programs, children and families, communities, and systems?

### **Background**

An extraordinary number of young children are exposed to trauma that can impact their health, development, and readiness for school. Early care and education programs can play an important role in reducing the impact and prevalence of traumatic stress in young children's lives, yet professional training and technical assistance are needed to support this role. This study investigated the Trauma Informed Early Care and Education System Breakthrough Series Collaborative that engaged six urban ECE programs to promote the adoption of trauma-informed practices to improve quality on multiple, measurable dimensions. The scientific literature on organizational change and learning reveals numerous barriers to the adoption of new practices. The BSC improvement methodology was designed to overcome many of these barriers, and has been implemented widely with many successes in the health care field. This comparative multiple case study examined how the six urban ECE programs improved trauma-informed practice as a result of the BSC. Results highlight how ECE programs implemented new trauma-informed practices, and identify key facilitators and barriers to improvement. The BSC model is a promising new approach for promoting trauma informed early care and education programs and systems.

### **Study Methods**

This study used a structured, primarily qualitative, multiple case study methodology (Yin, 2014) and included data collected through interviews, observations (of classroom quality and the BSC interventions), and document review in order to explore how improvements developed, spread, and were sustained in early care and education programs and systems, and with what outcomes. The data sources and participants are shown in Table 1.

Data were analyzed using qualitative coding methods (Miles, Huberman, & Saldana, 2014), and descriptive statistics. First, we analyzed the data for each ECE center and then compared that with that of the other centers. Then, we analyzed the multiple sources of data about the overall implementation of the BSC with all the centers.

Table 1: Data Sources Used in the Evaluation

Data Sources	Participant Group(s)	# of documents or participants
Meeting observation notes	<ul style="list-style-type: none"> <li>• BSC meetings (Learning Sessions, affinity group conference calls and meetings, faculty meetings, etc)</li> <li>• ECE program team meetings</li> </ul>	100 meetings
Individual interviews	<ul style="list-style-type: none"> <li>• All members of the 6 ECE program teams</li> <li>• BSC staff and faculty</li> </ul>	48 interviews (mid-point, and post intervention)
Classroom observations pre, mid, and post BSC (using the CLASS <sup>1</sup> Infant, Toddler, and PreK-K)	<ul style="list-style-type: none"> <li>• 6 ECE programs</li> </ul>	16 classrooms, observed pre, mid-point, and post intervention
Documents: improvement tracking forms, team self-assessments, online posts and discussion	<ul style="list-style-type: none"> <li>• ECE program teams</li> </ul>	74

## Results

The evaluation documents both WHAT teams changed, as well as HOW they were able to make those changes. First, we learned that teams gained new knowledge and awareness about trauma-informed care. They gained a language for talking about and understanding trauma and its impact, and for talking with children about their behavior and feelings. Second, we found that teams strengthened their partnerships with parents and families. Third, we found improvements in classroom practices with children. For example, teachers improved the classroom climate and their sensitivity to the needs of individual children. They became more proactive in meeting children's and families' needs.

We found that three key elements of the BSC approach helped early care and education programs to make these changes: 1) the cross-role team meetings at centers 2) learning to use the metrics to inform their improvement process, and 3) increasing supports for improvement at all levels within the centers.

First, results showed how the use of cross-role teams positively influenced early educators' capacity to learn and apply new knowledge to improve their practice. The ECE program teams included teachers, program directors, and a parent. Bringing together participants from across diverse roles fostered the development of a collaborative learning community within centers. In contrast to traditional professional development approaches, where one teacher might get training on a specific topic, here many individuals shared in the learning process which enabled

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<sup>1</sup> Classroom Assessment Scoring System, <http://www.teachstone.org/about-the-class/class-organization/>

them to plan together how to make changes in their practice and overcome common barriers to change.

Second, participants learned how to use data and feedback loops to inform improvements in their practices. For example, teams learned how to use Plan, Do, Study, Act (PDSA) cycles – an inquiry-based method for applying new knowledge to practice. Through these PDSAs, participants learned how to plan for and test small changes, using data to assess whether the change resulted in the desired outcome. The following quote highlights how a teacher learned to use PDSAs to translate new knowledge into improved practice. She described how she had tried to engage a parent to discuss a child’s progress report, but the parent was not responding:

*I felt like I was taking the steps and [the parent] was brushing it off. And then I was like, “Okay, that didn't work.” Through the [BSC] I learned, “Okay, that didn't work so what am I gonna do next to try to communicate with that parent?” ... Not just “That didn't work, okay, I'm just gonna back off.” And that's when the PDSA of the e-mail came to mind. So I think that's definitely a good example of how my parent approach has changed. Now I'm persistent in a way that's respectful. I feel like this parent doesn't like the face-to-face communication or might have her reasons why not. So this e-mail worked for her, and I just have to keep trying and find another way if something doesn't work.*

This quote reveals how the PDSA process became a tool that enabled this teacher to adapt and modify her efforts to improve parent engagement, thus enabling her to apply what she learned about parent engagement more effectively to her practice.

Third, centers learned how to create the infrastructure to support change. Most significantly, they established regular weekly team meetings, with the support of the formal leadership at the center. In most of the participating center, teachers were assigned to work directly with children all day, with no paid planning or meeting time. Therefore, they had to overcome the barriers to establishing these regular team meeting routines to increase their organizational capacity for change and improvement.

## **Conclusion**

The evaluation highlights two important contributions. First, it articulates specific examples of trauma-informed practice the teams implemented and adds to an understanding of early care and education’s role in trauma response and prevention. Growing awareness of the impact of traumatic stress in early childhood contributes to the need to understand how early care and education can be most effective in its unique role promoting resilience. Second, results highlight how teams were able to make these changes through the BSC process. This study identifies how the BSC methodology worked and can be adapted for the early care and education context. The BSC approach can be adopted to advance child care quality improvement and trauma-informed practice.

## SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles

Trauma researchers, practitioners and survivors have recognized that the understanding of trauma and trauma-specific interventions is not sufficient to optimize outcomes for trauma survivors nor to influence how service systems conduct their business.

The context in which trauma is addressed or treatments deployed contributes to the outcomes for the trauma survivors, the people receiving services, and the individuals staffing the systems. Referred to variably as “trauma-informed care” or “trauma-informed approach” this framework is regarded as essential to the context of care.<sup>22,32,33</sup> SAMHSA's concept of a trauma-informed approach is grounded in a set of four assumptions and six key principles.

*A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.*

A trauma informed approach is distinct from trauma-specific services or trauma systems. A trauma informed approach is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture.

*Referred to variably as “trauma-informed care” or “trauma-informed approach” this framework is regarded as essential to the context of care.*

### THE FOUR “R’S: KEY ASSUMPTIONS IN A TRAUMA-INFORMED APPROACH

In a trauma-informed approach, all people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals. People's experience and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances, whether these occurred in the past (i.e., a client dealing with prior child abuse), whether they are currently manifesting (i.e., a staff member living with domestic violence in the home), or whether they are related to the emotional distress that results in hearing about the firsthand experiences of another (i.e., secondary traumatic stress experienced by a direct care professional). There is an understanding that trauma plays a role in mental and substance use disorders and should be systematically addressed in prevention, treatment, and recovery settings. Similarly, there is a realization that trauma is not confined to the behavioral health specialty service sector, but is integral to other systems (e.g., child welfare, criminal justice, primary health care, peer-run and community organizations) and is often a barrier to effective outcomes in those systems as well.

People in the organization or system are also able to **recognize** the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by individuals seeking or providing services in these settings. Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.

The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning. The program, organization, or system integrates an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly. Staff in every part of the organization, from the person who greets clients at the door to the executives and the governance board, have changed their language, behaviors and policies to take into consideration the experiences of trauma among children and adult users of the services and among staff providing the services. This is accomplished through staff training, a budget that supports this ongoing training, and leadership that realizes the role of trauma in the lives of their staff and the people they serve. The organization has practitioners trained in evidence-based trauma practices. Policies of the organization, such as mission statements, staff handbooks and manuals promote a culture based on beliefs about resilience, recovery, and healing from trauma. For instance, the agency's mission may include an intentional statement on the organization's commitment to promote trauma recovery; agency policies demonstrate a commitment to incorporating perspectives of people served through the establishment of client advisory boards or inclusion of people who have received services on the agency's board of directors; or agency training includes resources for mentoring supervisors on helping staff address secondary traumatic stress. The organization is committed to providing a physically and psychologically safe environment. Leadership ensures that staff work in an environment that promotes trust, fairness and transparency. The program's, organization's, or system's response involves a universal precautions approach in which one expects the presence of trauma in lives of individuals being served, ensuring not to replicate it.

A trauma-informed approach seeks to **resist re-traumatization** of clients as well as staff. Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission.<sup>27</sup> Staff who work within a trauma-informed environment are taught to recognize how organizational practices may

trigger painful memories and re-traumatize clients with trauma histories. For example, they recognize that using restraints on a person who has been sexually abused or placing a child who has been neglected and abandoned in a seclusion room may be re-traumatizing and interfere with healing and recovery.

## SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific.

### *SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH*

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

The six key principles fundamental to a trauma-informed approach include:<sup>24,36</sup>

**1. Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

**2. Trustworthiness and Transparency:**

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

**3. Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

**4. Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”<sup>12</sup>

**5. Empowerment, Voice and Choice:** Throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.<sup>34</sup> Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

**6. Cultural, Historical, and Gender Issues:**

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

# Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative Collaborative Change Framework

## I. Center Structure and Processes

<b>A</b>	<b>Healthy and Resilient Staff:</b> Center values work-life balance and wellness, maintains clear and consistent staff roles and expectations, and implements ongoing opportunities for peer support and self-care.
<b>B</b>	<b>Collaborative and Reflective Practice:</b> Center supports ongoing and consistent opportunities for all staff to participate in center planning and decision making, engage in reflective supervision about their interactions with each other, children and families, and collaborate as a team to problem solve and to improve practice.
<b>C</b>	<b>Professional Development on Trauma and Resilience:</b> Center provides ongoing training and coaching on the impact of trauma on child development, behavior, and social emotional learning, and the importance of self-care, nurturing relationships and racial justice to develop resilience.
<b>D</b>	<b>Information Gathering and Sharing:</b> Center and partners gather and share information about children and families in partnership with families in strengths-based and respectful ways. The confidentiality and the privacy rights of all families are respected. Center and partners clearly communicate mandated reporting obligations.
<b>E</b>	<b>Access to Resources or Partnerships:</b> Center seeks and maintains an active list of community resources and partnerships that support families' varied needs.

## II. Equitable Partnerships with Parents/Caregivers

<b>A</b>	<b>Open Communication:</b> Center maintains multiple pathways for all parents/caregivers to communicate with staff and supports staff in respectfully addressing conflict. Center is particularly mindful of their differing life experiences, spoken languages, and literacy levels.
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## Appendix 2.b.

<b>B</b>	<b>Trauma Sensitive Adult Relationships:</b> Center proactively supports relationship building between teachers and all parents/caregivers so that families feel welcomed, respected, included, and valued. Center is mindful of the possibility of the parents/caregivers' own trauma exposure and impact on their behavior.
<b>C</b>	<b>Valuing Parents'/Caregivers' Expertise:</b> Center values all parents'/caregivers' experiences and strengths, and incorporates them into support for their children.
<b>D</b>	<b>Parents'/Caregivers' Participation and Leadership Promotion:</b> Center maintains multiple and varied opportunities for all parents/caregivers to join center and classroom activities, to support child's learning, to connect families to resources, and to formally participate in center planning.

### III. Relationships, Curriculum and Classrooms that Promote Resilience

<b>A</b>	<b>Safe and Nurturing Spaces:</b> Center indoor and outdoor spaces are welcoming, developmentally appropriate, culturally responsive, safe, nurturing, and engaging.
<b>B</b>	<b>Meaningful Adult Relationships:</b> All staff, including those outside of the classroom, uses varied strategies to intentionally develop relationships with children and their families that are strengths-based, nurturing, consistent, safe, culturally responsive, and trusting.
<b>C</b>	<b>Building a Classroom Community:</b> Staff use varied small and large group activities to build a positive, supportive, connected community among the staff, parents/caregivers, and children in the classroom.
<b>D</b>	<b>Consistent Routines and Schedules:</b> Staff develops and follows clear, consistent, and predictable schedules and routines that support children to feel secure and ensure smooth and safe transitions.
<b>E</b>	<b>Clear and Consistent Classroom Expectations:</b> Staff and children identify classroom expectations and limits that are clear, consistent, developmentally appropriate, and trauma-sensitive. Children have opportunities to practice and receive positive feedback.
<b>F</b>	<b>Social Emotional Teaching:</b> Staff use play and a variety of appropriate learning activities and strategies to help children feel safe, to promote social and emotional skills development, and to enhance resilience.



#### IV. Racial Justice to Enhance Resilience

<b>A</b>	<b>Opportunities to Learn and Reflect:</b> Center provides ongoing professional development on racial justice issues and topics relevant to the centers' community. Center provides consistent opportunities for staff reflection about how personal experiences, racial identities and biases impact interactions between staff, children and families.
<b>B</b>	<b>Supporting and Advocating for Families' Needs:</b> Center focuses on understanding individual families, rather than blaming them or making assumptions. Center responds by collaborating with families to problem solve and/or advocate for their needs in ways that affirms their culture, language and racial identities.
<b>C</b>	<b>Honoring Identity in Center Environment:</b> Center toys, curricula, books and visuals reflect the racial and ethnic diversity of center families and promote the self-esteem and resilience of all children.
<b>D</b>	<b>Understanding Implicit Bias:</b> Center collects, reviews, and uses data on race and ethnicity to identify and guide strategies to address inequities and avoid implicit bias in center practices, decision making, and outcomes.
<b>E</b>	<b>Equitable Leadership Development:</b> Center professional development efforts support leadership development to facilitate retention and promotion of staff from all backgrounds.

#### V. Responding to and Supporting Families Exposed to Violence and Trauma

<b>A</b>	<b>Universal Education to Promote Resilience:</b> Center provides information and resources to parents/caregivers about the impact of trauma <u>and</u> about protective factors that support resilience and healing for children and families. Staff is supported to recognize the sensitive nature of this topic and to be aware of the feelings/reactions of parents/caregivers.
<b>B</b>	<b>Collaborative Identification and Referral Process:</b> Center works together with the parents/caregivers to identify when a child and family may need additional supports. The center thoughtfully refers families to a variety of clinical, informal, and culturally specific resources and follows up on referrals for children and families.
<b>C</b>	<b>Trauma-Informed Interactions with Children and Families:</b> When working with children, families, and classrooms affected by exposure to violence, center creates climates that are calming, predictable, nurturing, culturally responsive, safe, reduce triggers and value voice and choice.

Appendix 2.b.

<b>D</b>	<b>Trauma-Informed Mental Health Consultation:</b> Trauma informed mental health professionals conduct observations and assessments and work together with staff, classrooms and parents to identify strategies, resources and referrals to support children’s healing in ways that affirm their culture, language and racial identities.
<b>E</b>	<b>Reflective and Collaborative Practice for Addressing Challenging Behaviors:</b> Center supports staff to examine their attitudes and reactions to students and challenging behaviors. Center partners with parents/caregivers and other appropriate partners to develop positive behavior support plans that respond to the unique needs and cultures of each individual child and family.

## Core Team Exercise: Defining *YOUR* Team's Dream

Creating a shared dream focuses efforts, builds morale, and lends understanding to diversity within the Core Team. This activity was completed by demonstration sites at the first Learning Collaborative Learning Session, prior to implementing services. The Core Team can use this team-building exercise (including the following worksheet) to help identify your dream for the health practice—how your practice will be different as a result of this initiative.

- 1) **Identify** who will facilitate the discussion, who will serve as timekeeper, who will take notes, and who will report out for you. These should be four different people.
- 2) Begin with **brainstorming**. Have each person write a one-sentence statement about how your site will be different at the end of the project. Keep doing this until you run out of ideas. Aim for quantity; don't worry about wording or starting with the most important change you'd like to see. *(Don't spend more than 10 minutes on this part of the discussion.)*
- 3) **Review** your list. Make sure you understand all the statements, and revise for clarity if needed. Consider your site's initial reason for participating in the project: Do any of the statements reflect what you hoped to achieve when your practice decided to launch this initiative?
- 4) Decide if you need to **add** anything to the list.
- 5) See whether there are statements that reflect closely-related concepts. **Combine** them into a more limited number of statements, but make sure you don't lose important content by doing this.
- 1) **Prioritize**. Are there two to three ideas that most clearly reflect your shared hopes for the project? Now do some word-smithing: Put those ideas together in a paragraph of a few sentences reflecting the elements of your dream and the way those elements fit together.
- 7) When you are satisfied with the paragraph, have your spokesperson **read it aloud**.
- 8) **Revise** it so that it resonates with the whole team.
- 9) Identify two ways to **share** your dream with your medical home colleagues to build awareness of this new initiative.



## Senior Leaders in Collaboratives: Expectations, Roles and Responsibilities

**Senior Leader:** High-level administrator or leader from the early education and care agency / center; responsible for providing leadership, support and advocacy on behalf of the team

### Expectations

This individual demonstrates a leadership commitment on behalf of the center to create and sustain a culture of change that embraces the quality improvement methodology of the Breakthrough Series Collaborative (BSC). In doing so, this person becomes a champion of the methodology and continually seeks out opportunities to broaden the reach, scope and sustainability of the work of the BSC throughout the center.

### Roles and Responsibilities

A Senior Leader is responsible for the following areas of leadership:

#### ***Leadership in Practice***

- Provide staff the opportunity to test practice changes based on the Collaborative Change Framework
- Play a strong role in selecting and convening the Core Team according to requirements and recommendations from BSC faculty and staff
- Remove identified barriers that impede progress from occurring on a practice level, e.g., the use of culturally responsive tools and training
- Monitor child/family-specific outcomes for children and families
- Monitor center-specific process outcomes for teachers and other staff
- Expand successful practice changes from identified classrooms to the entire center

#### ***Leadership in Infrastructure and System Improvements***

- Create innovative tests of policy changes
- Provide the Core Team with the resources, including time, materials, and equipment, access to local experts, and support from broader center and agency leadership
- Support and facilitate the spread of successful practice and policy changes in real time throughout the center and agency

### Appendix 3.b.

- Confront organizational culture barriers that impede improvements from occurring, including addressing issues of implicit bias and institutional and structural racism
- Monitor system-level outcomes for children and families in the center and community

#### ***Leadership in Community Awareness and Action***

- Make entire community (including partners) aware of the work of the BSC
- Actively promote parent, caregiver, and community engagement
- Actively engage other government systems (e.g., child welfare, schools, public health), advocates, and community providers in the change effort
- Develop relationships with and educate diverse community groups who are equally committed to the work

#### ***Leadership in Support of the Core Team***

- Create an environment of equal voice for the Core Team members and provide members with opportunities to test practice changes. (The team is not organized according to a conventional hierarchy, which requires a balancing act between allowing the process to work and asserting Senior Leader authority.)
- Complete pre-Learning Session pre-work readings and activities
- Attend all Learning Sessions
- Support the Day-to-Day Manager
- Build leadership capacity in the team
- Remove barriers that impede progress
- Communicate regularly with extended team members, other teams, project staff and faculty
- Regularly use the extranet as a communication vehicle for the project
- Participate on project conference calls monthly or as regularly scheduled based on need
- Initiate, maintain, and evaluate small tests of change, with an eye toward transformative system change
- Share results of change processes on a monthly basis with the Collaborative

## Team Members in Collaboratives: Guidelines for Selection and Expectations

### Recommended Core Team Membership

The **Core Team** should be comprised of 6-8 individuals representing the following specific areas of expertise:

- **Senior Leader:** High-level administrator or leader from the early education and care agency / center; responsible for providing leadership, support and advocacy on behalf of the team
- **Day-to-Day Manager:** High-level manager from the early education and care agency / center who will oversee the activities of the team and actively guide the work of the Core Team. This person must have easy access to the Senior Leader and will have primary responsibility for overseeing and managing all work in this project
- **Early Education and Care Agency / Center Supervisor:** Responsible for supervision of direct child care teachers and staff; may work directly with children and families
- **Early Education and Care Agency / Center Teacher:** Works directly with children and families in the child care center
- **Caregiver / Parent:** Caregiver or parent of a child who previously attended the early education and care agency / center; should **not** currently have a child at the agency / center
- **Mental Health Clinician:** Responsible for conducting and/or providing evidence-informed trauma screenings, assessments, and/or interventions to children and families; should work closely early education and care agency / center
- **Mental Health Agency Administrator:** High-level agency administrator who can affect policy and practice change throughout the targeted mental health organization; should have experience with cross-system issues (the intersection between early education and care, families, and child trauma), evidence-informed trauma interventions that are appropriate for children and families who have been exposed to violence, and with bringing trauma-informed practices, information, or approaches to the community
- **Community or Cross-System Partner:** Can represent formal (e.g. child welfare agency, schools, mental health, substance abuse, domestic violence, family/dependency court) or informal (e.g. faith-based, community outreach organization, neighborhood group) services or partners; must be able to test changes related specifically to the scope of this BSC

## Guidelines for Selecting Core Team Members

We have learned from past BSCs that establishing a carefully selected Core Team at the beginning of the project is crucial to achieving the BSC's mission. This section provides criteria to help guide the selection of Core Team members.

The **Core Team** will:

- Meet at least twice per month
- Participate on all Collaborative conference calls
- Actively use the online Collaborative extranet site
- Test small changes and share the results of those tests
- Collect and share required monthly metrics
- Attend all three in-person Learning Sessions
- Remain consistent throughout the entire BSC

Along with the aforementioned levels of expertise and experience, it is important that all **Core Team** members:

- Have a passionate desire to improve outcomes for children and families in early education and care settings, especially those who have been – or are at risk of being – exposed to violence;
- Are creative and innovative thinkers;
- Are viewed as opinion leaders by their peers and colleagues;
- Are champions of new ideas and learning techniques;
- Have excellent interpersonal, facilitation, and listening skills;
- Are open to new ideas and ways of doing things;
- Have a history of successfully adapting to change; and
- Are committed and proactive in implementing change (do-ers, rather than planners).

## Core Team Expectations

- Selection of a 6-8 person Core Team that fulfills the required competencies (above). The Core Team members will remain constant throughout the entire BSC and each team member will commit to:

### Appendix 3.c.

- Attendance and active participation at all four two-day in-person Learning Sessions;
- Active participation on monthly conference calls and additional calls as appropriate;
- Active participation in all activities, including those prior to Learning Session 1 as well as between the Learning Sessions;
- Active participation in regular (at least twice per month) Core Team meetings related specifically to BSC work;
- Collection and active use of monthly metrics to assess progress and guide future improvements;
- Using the online Collaborative website to regularly communicate and share information with other teams and faculty;
- Participation in additional conference calls by topic area or role for enhanced learning, skill-building, and sharing; and
- Willingness to explore and address his/her own values, attitudes and biases and how those impact policies, practices, and relationships with colleagues, families, children, and communities.





*Trauma Awareness & Resilience  
Training Institute for Youth Workers*

**FACILITATOR'S GUIDE**



*Boston Area Rape Crisis Center & Boston Defending Childhood Initiative*

### **SAMPLE ICE-MELTERS**

- You can always ask the youth workers to provide an ice-melter!
- Be mindful of participants with disabilities (e.g. the need to speak loudly and clearly, providing modifications for physical movement activities, describing directions instead of pointing or gesturing for those with visual impairment)
- Be mindful of the mood of the room: ice-melters can bring up the energy (if it is low), settle it down (if it too high), help participants get to know one another, or start to think about the upcoming training content. Physically active ice-melters tend to bring up energy, while mindfulness or discussion/reflection ones settle it down.
- Ice-melter ideas:
  - *Things in Common*: break participants into groups and have them find 5 things that they have in common
  - *Name Wave*: have participants say their name one after another, and “doing the wave” (standing and raising arms above the head and then back down) as they say their name. You can time how long it takes for everyone to go around, and see whether they can get faster each time.
  - *Mindfulness/Grounding Exercise*: practice in the large group using one of the ideas from the mindfulness/grounding handout
  - *The Great Wind Blows*: put chairs in circle, with one less than the number of participants. Have one participant begin by saying to the group “the great wind blows for [example: people wearing blue]” and then everyone who is wearing blue has to get up and find another seat. The person who does not make it to another seat then has to go next to say to the group “the great wind blows for [give another example]”
  - *Thinking about our Mentors*: Have participants break into pairs and describe someone who was a mentor to them (professionally or personally), specifically what qualities this person had and how they were able to empower, motivate or inspire you

## Hints and Tips on Creating Safe Spaces

### *Creating a Trauma Informed Training Environment*

#### **Before Training**

*Anticipate that participants could experience a range of emotions during training*

- Create a plan in advance for how you can consistently attend to these responses (e.g. strategize with co-facilitator who could follow up with people during and after training)
- Meet with co-facilitator ahead of time and talk through cultural considerations, accessibility, resources, and challenges
- Training partners should discuss how they will approach problems such as participants who struggle with the ideas presented, who make oppressive remarks or who seem disengaged
- If you are training alone, you might want to still set aside dedicated time to think through these issues with a supportive colleague prior to training

#### **Physical Space**

*Preparing the physical training space to allow for self-awareness and self-care is essential*

- Location should be accessible to participants walking or public transport
- Seating should be arranged is to consider individual experiences of vulnerability, safety, and comfort
- Space should accommodate getting in and out of their seats easily
- Space and color are important considerations, bring photos, images, quotes, colorful clay, pipe cleaners or toys

#### **Emotional Safety**

*Is supported by the tone we set throughout the training*

- Mindful of pace, timing and inclusion of breaks.
- Using beautiful images after challenging content
- Being transparent includes ensuring that our expectations and in our relationships and organizations are clear rather than hidden
- If there is a shift in energy due to content not resonating, challenging material, or if someone raises an issue or concern it is an opportunity to respond respectfully and transparently, ***never silence or minimize***
- Learn to balance content with hopefulness, for example always follow up conversations about trauma with a conversation about resilience
- Offer and support choice throughout training

#### **After Training**

*After and during trainings*

- It is critical to build space, support, and time for reflection, processing, and self-care
- Debriefing with co-facilitators after each session to reflect on what worked and what could improve is an important part of a trauma informed training
- Following up with participants if they had any questions, concerns or needed to be connected to additional resources is also an important part to training

## Appendix 3.e.

### *Listening & Responding Techniques*

**Acknowledge:** To recognize the response.

“That’s an interesting way to look at it...”

**Paraphrase:** Say in your own words what the speaker has said so the person feels understood, or to correct any possible misunderstanding.

“So, you are saying that it is hard to set goals when you’re in a crisis situation.”

**Summarize:** Repeat the main discussion points to create focus.

“So far, you’ve come up with three ways that adults learn: 1) They like variety, 2) They want to apply the learning to their own needs, and 3) They don’t want to be lectured to

**Clarify:** Restate what the person said to check your understanding.

“If I understand you correctly, it sounds as if you’re saying that it is possible to have a satisfying life without setting goals for ourselves.”

**Expand:** Elaborate on the person’s contribution to reinforce learning.

“Your comment about giving too much praise reminds us of how self-esteem is often misunderstood. Again, self-esteem is gained not by too much affirmation but by achievement.”

**Refocus:** Gently steer the person back to the topic when the person goes off on a tangent or goes on for too long.

“Sounds like you’ve been thinking about this a lot about how it connects to your work. Back to...”

**Probe:** Invite the speaker to provide more information.

“Please say more about that.”

**Disagree:** Gently differ with person’s comments to stimulate expanded discussion.

“I can see where you’re coming from, but I am not sure that what you are describing is *always* the case. What other kinds of experiences have others had?”

**Energize:** Stimulate the group by quickening the pace, using humor, or encouraging the group to contribute more.

“Please find someone at another table and for the next five minutes work with your partner on the following...”

**Compliment:** Offer sincere praise when someone makes an interesting or insightful comment.

“That’s a really good point. I am glad you brought that to our attention.”

**Mediate:** Bring out differences of opinion between participants and relieve tensions that may be brewing. “I think Michael and Linda are not really in disagreement with each other. They are showing us two sides of the issue.”

**Trauma-Informed Early Education and Care Systems  
Breakthrough Series Collaborative  
Trauma 101 Training Outline: March 2014**

**Goals of Training**

1. Understand the healing role of relationships in early education and care settings, and children's capacity to heal and thrive in the face of trauma
  - a. Increase awareness of strategies to support children's resiliency through positive adult relationships
2. Be able to identify when help is needed when working with a child

**Training Objectives**

1. Understand the basic definition of trauma and develop a shared understanding of the term
2. Understand the impact of trauma on the children with whom early education and care centers work
  - a. Consider the effects of trauma on the classroom and classroom climate
  - b. Increase awareness of strategies for addressing the effects of trauma on the classroom and classroom climate
3. Understand the healing role of relationships in early education and care settings, and children's capacity to heal and thrive in the face of trauma
  - a. Increase awareness of strategies to support children's resiliency through positive adult relationships
4. Understand the impact of working with child exposed to trauma on ourselves
  - a. Recognize symptoms of compassion fatigue
  - b. Increase awareness of strategies for self-care
5. Be able to identify when help is needed when working with a child

**Facilitation Notes**

- Approximate times are listed, but activities may take longer to allow for more discussion.
- Please refer to the Self Care Activity Guide for potential self care activities to use for closing activities at the end of every module. These are highly recommended. Please feel free to use other activities you feel are appropriate and would resonate with staff.
- Modules may be conducted separately, or as part of one day-long training.
- We recommend facilitating each module as a pair.

Appendix 3.f.  
 Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative  
 Trauma 101 Training Outline

## **Module 1: Understanding Trauma and its Impact on Children**

*Estimated Time: 2 hours*

### **Learning Objectives**

1. Understand the basic definition of trauma and develop a shared understanding of the term
2. Understand the impact of trauma on the children with whom early education and care centers work
  - a. Consider the effects of trauma on the classroom and classroom climate
  - b. Increase awareness of strategies for addressing the effects of trauma on the classroom and classroom climate

### **Flow and Possible Topics/Activities**

<b>Session (Est. time)</b>	<b>Brief Description / Key Topics/Activities</b>
Introduction (10 min)	<ul style="list-style-type: none"> <li>○ <b>Check in/Icebreaker:</b></li> <li>○ <b>Goals of training</b> <ol style="list-style-type: none"> <li>1. Understand the basic definition of trauma and develop a shared understanding of the term</li> <li>2. Understand the impact of trauma on the children with whom early education and care centers work               <ol style="list-style-type: none"> <li>a. Consider the effects of trauma on the classroom and classroom climate</li> <li>b. Increase awareness of strategies for addressing the effects of trauma on the classroom and classroom climate</li> </ol> </li> </ol> </li> <li>○ <b>Disclaimer</b> <ul style="list-style-type: none"> <li>○ <i>The material may be difficult; participants should feel free to take care of themselves as needed during the training, and get up and take a break if they would like.</i></li> </ul> </li> <li>○ <b>Content Overview</b> <ul style="list-style-type: none"> <li>○ Provide overview/framework for training</li> </ul> </li> </ul>
Build Awareness of Trauma (15 min)	<ul style="list-style-type: none"> <li>○ Ask people to share what they think of when they hear the word “trauma.” In addition to examples of types of trauma that children may experience, ask people to share how they would define trauma.</li> <li>○ Take home points: traumatic experiences go beyond physical violence; not all children are equally affected by trauma</li> <li>○ Present national and local data about trauma and adverse childhood experiences.</li> <li>○ Discuss – <i>What was surprising to you?</i></li> </ul>
Build Knowledge of the Experience of Children Exposed to Trauma (45 min)	<ul style="list-style-type: none"> <li>○ Relating Trauma to a Common Stressor           <ul style="list-style-type: none"> <li>○ Driving in traffic example               <ul style="list-style-type: none"> <li>○ Talking points: <i>These stressful experiences also shape our views of the world. For example, what if you’re in traffic every single day? When you get in the car, what are you anticipating? How can that affect how you start your day, how you feel about your job, etc.?</i></li> </ul> </li> </ul> </li> </ul>

Appendix 3.f.

*Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative  
Trauma 101 Training Outline*

Session (Est. time)	Brief Description / Key Topics/Activities
	<ul style="list-style-type: none"> <li>○ Effect on bodies and brain development               <ul style="list-style-type: none"> <li>○ Brain Builders video: <a href="http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development">http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development</a></li> <li>○ The Amazing Brain Series from <a href="#">Multiplying Connections</a>.</li> </ul> </li> </ul>
Effect on the Classroom (45 min)	<ul style="list-style-type: none"> <li>○ Discuss the impact trauma has on the following: safety, stability, academics/learning, teachers/between teachers, classroom climate</li> <li>○ Small groups: Brainstorm strategies to support young children to feel safe and thrive in the classroom. Resource: <i>Rice KF &amp; Groves B. (2005). Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma. Washington DC: Zero to Three Press</i></li> <li>○ Ask groups to report back</li> </ul>
Self-Care Closing (5 min.)	

## **Module 2: The Power of Relationships: Supporting Children's Resiliency**

*Estimated Time: 2 hours*

### **Learning Objectives**

1. Understand the healing role of relationships in early education and care settings, and children's capacity to heal and thrive in the face of trauma
2. Increase awareness of strategies to support children's resiliency through positive adult relationships

### **Flow and Possible Topics/Activities**

<b>Session (Est. time)</b>	<b>Brief Description / Key Topics/Activities</b>
Introduction (10 min)	<ul style="list-style-type: none"> <li>○ <b>Check in/Icebreaker</b></li> <li>○ <b>Goals of training</b> <ol style="list-style-type: none"> <li>1. Understand the healing role of relationships in early education and care settings, and children's capacity to heal and thrive in the face of trauma               <ol style="list-style-type: none"> <li>a. Increase awareness of strategies to support children's resiliency through positive adult relationship</li> </ol> </li> <li>2. Be able to identify when help is needed when working with a child</li> </ol> </li> <li>○ <b>Disclaimer</b> <ul style="list-style-type: none"> <li>○ <i>The material may be difficult; participants should feel free to take care of themselves as needed during the training, and get up and take a break if they would like.</i></li> </ul> </li> <li>○ <b>Content Overview</b> <ul style="list-style-type: none"> <li>○ Provide overview/framework for training</li> </ul> </li> </ul>
Disconnected Adult Activity (15 min.)	<ul style="list-style-type: none"> <li>○ <b>Talking-Listening Activity:</b> <i>Activity will focus on the experience of a child talking to a disconnected adult, and consider what impact that kind of interaction would have on the child's relationship with that adult.</i></li> <li>○ Discuss how it felt to be the speaker; how it felt to be the listener; connect to how this might affect relationships with children.</li> <li>○ Take-home point: <i>The teacher has a powerful role to play in connecting with children, making them feel validated and important, and providing a safe, stable relationship.</i></li> <li>○ <i>Resource: Still Face Baby Video.</i></li> </ul>



Appendix 3.f.  
 Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative  
 Trauma 101 Training Outline

Session (Est. time)	Brief Description / Key Topics/Activities
Impact of Trauma on Children's Relationships, and Sense of Self/Others/The World (35 to 45 min)	<ul style="list-style-type: none"> <li>○ Brief Review of the following information that was learned in Module I about the impacts of trauma on brain functioning</li> <li>○ Connect to how many children who have experienced trauma have learned to expect and believe the worst about themselves and the people who care for them. These beliefs and expectations are like an "Invisible Suitcase" that children carry with them everywhere they go (NCTSN, 2010.)</li> <li>○ Adapt and facilitate the <i>Invisible Suitcase Activity</i> from <a href="#">The National Child Traumatic Stress Network's</a> training for "Caring for Children who have Experienced Trauma: A Workshop for Resource Parents"</li> <li>○ <b>Transition Question:</b> <i>How do we help children change the story they have of themselves, significant adults and the world in which they live? What are some things/factors that can help facilitate this change?</i></li> </ul>
Relationship Building (15 min)	<ul style="list-style-type: none"> <li>○ Brainstorm strategies to build relationships with children</li> <li>○ Ask participants: <i>Think about the messages you want to give to children about themselves, others, and their world. What are the things you want them to know or to think? Write down three of the messages you most want to give to the children you work with? They might be things like "You are loved." "You are important." "We are a team." Etc.</i></li> <li>○ Ask people to take turns reading out their messages if they feel comfortable. As a teacher, what do to send children those messages? (be at eye-level, praise, etc.)</li> <li>○ <u>Transition:</u> <i>There are already great ways you are working with children to connect with them, and build strong relationships. Now we are going to continue to think about the ways we connect with children, by thinking about the words we use when we're intervening.</i></li> </ul>
Role Play Activity (20 min)	<ul style="list-style-type: none"> <li>○ Break participants into groups of 2-4 people. Hand each group 1 or 2 strips of paper with a scenario on them. (Have a variety of brief scenarios to choose from.)</li> <li>○ <u>Really consider the actual words you would use if you were in this situation.</u> <i>This is a chance to practice what we would say in a safe space, so it is easier to find the language we want to use should we find ourselves in a similar situation. Please keep in mind we may not know if these children have experienced trauma, so a trauma-informed approach is going to be sensitive to that, <u>as well as</u> be the best way to approach a child who has not experienced trauma.</i></li> <li>○ Questions to ask:           <ul style="list-style-type: none"> <li>○ <i>What do you think the child needs at that moment?</i></li> <li>○ <i>What is the child trying to communicate?</i></li> <li>○ <i>What might the child be thinking?</i></li> <li>○ <i>What would you <u>want</u> to say or do in that moment?</i></li> </ul> </li> </ul>

Appendix 3.f.  
*Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative*  
*Trauma 101 Training Outline*

Session (Est. time)	Brief Description / Key Topics/Activities
	<ul style="list-style-type: none"> <li>○ <i>What would you <u>actually</u> say to that child or parent?</i></li> <li>○ <i>How would you address the needs of the other children who may be hearing/seeing this?</i></li> <li>○ Ask groups to report back on how that felt</li> <li>○ <u>Transition:</u> As we talked about, trauma can have a negative effect on relationships. But building positive relationships with children helps them feel safe, lovable, and valued. Those factors build what we call “resiliency.”</li> </ul>
Promoting resiliency and hope (10-15 min)	<ul style="list-style-type: none"> <li>○ Present definition of resiliency: <i>Resilience is the ability to adapt well over time to life-changing situations and stressful conditions</i></li> <li>○ Define the parts of resilience in children. Resource: The American Academy of Pediatrics, <a href="http://www.healthychildren.org">www.healthychildren.org</a>, “Building Resilience in Children.”</li> <li>○ Break participants into groups, and assign each group 2 to 3 parts of resilience. Ask them to write down a few things they could do in their classroom to help children build and enhance those qualities and skills.</li> </ul>
Questions (5 min)	
Self-Care Closing (5 min)	

## **Module 3: Healthy Staff: Compassion Fatigue and the Importance of Self Care**

*Estimated Time: 1.5-1.75 hours*

### **Learning Objectives**

1. Understand the impact of working with child exposed to trauma on ourselves
  - a. Recognize symptoms of compassion fatigue
  - b. Increase awareness of strategies for self-care
2. Be able to identify when help is needed when working with a child

### **Flow and Possible Topics/Activities**

<b>Session (Est. time)</b>	<b>Brief Description / Key Topics/Activities</b>
Introduction (10 min)	<ul style="list-style-type: none"> <li>○ <b>Check in/Icebreaker</b></li> <li>○ <b>Goals of training</b> <ol style="list-style-type: none"> <li>1. Understand the impact of working with child exposed to trauma on ourselves               <ol style="list-style-type: none"> <li>a. Recognize symptoms of compassion fatigue</li> <li>b. Increase awareness of strategies for self-care</li> </ol> </li> </ol> </li> <li>○ <b>Disclaimer</b> <ul style="list-style-type: none"> <li>○ <i>The material may be difficult; participants should feel free to take care of themselves as needed during the training, and get up and take a break if they would like.</i></li> </ul> </li> <li>○ <b>Content Overview</b> <ul style="list-style-type: none"> <li>○ <i>Today, we will think about how the work we do with children impacts us emotionally, mentally, and physically by doing a couple of activities. We will discuss what compassion fatigue is and how to recognize it in ourselves. Then we will discuss the importance taking care of ourselves and taking care of one another to ensure, and develop strategies for doing both through a worksheet and brainstorming exercises.</i></li> </ul> </li> </ul>
Why Do You Do the Work? (10 min.)	<ul style="list-style-type: none"> <li>○ <b>Tree Activity:</b> Draw a picture of a tree with roots, trunk and branches.           <ul style="list-style-type: none"> <li>○ Ask:               <ul style="list-style-type: none"> <li>○ <i>What grounds you in this work? Why is the work important to you? What brought you to the field, and what keeps you coming in every day? Write or draw what grounds you by the roots of the tree.</i></li> <li>○ <i>What supports you in this work? Who or what do you look to for support? What helps "hold you up"? Write/draw that at the trunk of the tree.</i></li> <li>○ <i>What are your goals, hopes, and dreams in this work, in your position, for the center? What are you reaching toward? Write/draw your goals, hopes, dreams, or wishes at the branches of the tree.</i></li> </ul> </li> <li>○ Give people 15 min to work</li> <li>○ Report back anything people would like to share from their</li> </ul> </li> </ul>

Appendix 3.f.  
 Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative  
 Trauma 101 Training Outline

Session (Est. time)	Brief Description / Key Topics/Activities
	<p>trees</p> <ul style="list-style-type: none"> <li>○ Encourage participants to keep their handout and hang up somewhere they can see it to remind them of why they do this work.</li> <li>○ <i>Transition: We do this work because we care about the children we work with. Because of this, when they are experiencing hardship, it can be difficult for us as well.</i></li> </ul>
Check-In (5 min)	<ul style="list-style-type: none"> <li>○ Ask: <i>We've done two modules on trauma now – how are people feeling?</i></li> </ul>
What does Compassion Fatigue feel like? (10-15 min)	<ul style="list-style-type: none"> <li>○ Provide definition of Compassion Fatigue and discuss symptoms of Compassion Fatigue.</li> <li>○ Resource: <a href="#">National Child Traumatic Stress Network</a>, Secondary Traumatic Stress webpage contains information, strategies and resources.</li> <li>○ <i>Transition: To prevent or mitigate the effects of Compassion Fatigue, it's important to engage in self care. Now we're going to talk about self care and how to integrate it into our days at home, at work, and during transitions.</i></li> </ul>
Self-Care (30 min)	<ul style="list-style-type: none"> <li>○ Ask participants to offer a definition of self-care</li> <li>○ Resource: <a href="#">National Child Traumatic Stress Network</a>, Secondary Traumatic Stress webpage contains information, strategies and resources, include self-care assessments and self-care plans.           <ul style="list-style-type: none"> <li>○ Distribute self-care assessment</li> <li>○ Discuss importance of self-care in the classroom, during transitions (i.e. between work and home), and at home</li> <li>○ Complete your own Self Care Plan.</li> </ul> </li> <li>○ <i>Transition: There are also ways we can take care of one another as a group. Next, we're going to talk about group nurturing and think about ways to integrate it into our work.</i></li> </ul>
Group Nurturing (15 min)	<ul style="list-style-type: none"> <li>○ Introduce idea of “group nurturing” of staff</li> <li>○ Brainstorm with participants different group nurturing practices they would like to try at their center (examples: mailboxes to put notes/candy in, “secret psych” that acts like a “secret santa” leaving notes or treats for whomever they are assigned, etc.)</li> <li>○ <i>Transition: It can feel overwhelming when a child or family with whom we work is experiencing trauma or hardship. But it is important to remember that we don't need to shoulder the responsibility alone.</i></li> </ul>

Appendix 3.f.  
*Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative*  
*Trauma 101 Training Outline*

Session (Est. time)	Brief Description / Key Topics/Activities
	<i>Rather than take on ourselves what a child or family is experiencing, we should use other resources and supports to help the family with a wraparound approach.</i>
Self-care means knowing when you need to ask for help (10 min)	<ul style="list-style-type: none"> <li>○ Discuss the two broad ways to identify when there may be cause for concern with a child: <ul style="list-style-type: none"> <li>○ You have noticed a shift/change in their behavior</li> <li>○ Your gut instinct tells you something is going on</li> </ul> </li> <li>○ Discuss the importance of a culture at the center where it is okay to ask for help – we should recognize others have experienced similar things, and be able to lean on each other</li> </ul>
Self-Care Closing Activity (5 min)	

## **Trauma-Informed Early Education and Care Centers Breakthrough Series Collaborative Organizational Self-Assessment September 2013**

### **Purpose**

This self-assessment tool is designed to help your team review the trauma-informed early care and education practices and systems you currently have in place. It is organized by the five key areas (themes) described in the Collaborative Change Framework. We recognize that your team is a partnership that includes individuals who represent early care and education centers, trauma / mental health agencies, community partners, and parents/caregivers. Thus, this self-assessment can help do the following for your team:

- 1) Act as a team-building exercise to help your complete Core Team see your early care and education practices from different points of view and begin focusing on this work with a single vision;
- 2) Build a shared framework and develop a common language and understanding about the how you are doing in your current system; and
- 3) Help your team identify key successes, challenges, and priority areas for improvement.

The results of this self-assessment will be shared with the Breakthrough Series Planning Team and Faculty who will be coaching your team throughout the Collaborative. This will help them better understand your current system so that they can provide you with the most supportive coaching possible. An activity based on this assessment will be done at Learning Session 1 and you will be asked to update this assessment prior to each Learning Session in order to track your progress. Teams in the BSC will be able to compare themselves to others and identify similar strengths and challenge areas. Part of the Learning Session 1 activity will be comparing notes across teams and sharing potential solutions to challenges.

After completing the self-assessment, your team should think about priorities based on your identified areas of need. Your team may even come up with ideas and strategies for change during this self-assessment process. Keep track of those change ideas and bring them to the first Learning Session. However, the tool is not intended to help you think about how to improve; it is designed to help you assess your current system.

## Recommendations for Completion

It is important that your Senior Leader and entire Core Team complete this tool together. The discussions that you will have as you assess your system together are critical to your team's functioning.

On the following pages, each table shows one of the five themes described in the Collaborative Change Framework. Each key theme has been broken down into objectives that you will rate on a 4-point scale.

- To complete this self-assessment, fill in the point value that best describes your current **overall** system's level of functioning *(not just the single classroom or program that will be involved in this project)*.
- Because your team includes many perspectives, some questions may be more relevant for some, rather than others.
- To the greatest extent possible, we encourage you to have strong and honest discussions to complete your ratings.
- Please remember that the perspectives of the Parent Leaders on your team are absolutely critical in assessing how well the system is truly functioning in terms of its outputs and are essential for the completion of this tool.

We recognize this is not a scientific tool, but think it is a useful way of having open discussions about what your system currently does and does not do. You should use your judgment to determine how well you do in each area. We encourage you to be honest about where you are right now. There are no right or wrong answers, nor are there judgments being made about your responses. Your candid responses will allow you to most accurately prioritize your efforts in this project and also to take advantage of the greatest opportunity for true system-wide improvements.

For each practice, please use the "Comments" section to note specific examples or to explain briefly why you chose the score you did. You may also use the "Comments" section to describe differences in perspectives that were shared in your discussion. At the end of each area there is room for a brief narrative discussion. You can use this section to comment on why you are currently functioning at that designated level; to identify the strengths of your center/team in that theme; to detail barriers that exist to improving your work in that theme; and/or to begin to brainstorm about opportunities that exist for improvement.

As you'll notice, this self-assessment tool is focused on practices currently in place, not on the outcomes of those practices as they affect children, families, staff, or communities. Your measurement strategies, which will be developed by your team, will focus more on outcomes. We think that improved practices that are sustained and spread will result in improved outcomes for children, families, staff, and communities.

## Scoring Guidelines and Considerations

When scoring each key area, please base your scoring on the following:

Practice Has Serious Challenges or Does Not Yet Exist <b>1</b>	Practice Has Some Challenges or Exists Only in a Limited Way <b>2</b>	Practice Shows Strengths or Exists in a Fairly Consistent Way <b>3</b>	Practice Very Strong or Exists in a Systematic/Clearly Defined Way <b>4</b>
For this practice, there are <b>numerous barriers and challenges</b> within our current work. There are few or no known policies, procedures, or daily practice examples to guide us in this area. We agree that we need practices, policies, procedures, and/or trainings developed in this area to establish capacity.	For this practice, there are <b>some challenges and barriers</b> in our current work. We may do some of this (or have the capacity to do it), but it is sporadic and person-dependent, rather than relying on established practices, policies, protocols, or training.	For this practice, there <b>are some strengths</b> within our current work. We have some practices, policies, procedures, and/or trainings in place that are followed by most staff and/or partners on a daily basis. We still need work to make this the way all our work is done on a systematic and clearly defined way, but we have successes that we can build on.	For this practice, there are <b>numerous strengths</b> in our work. We agree that we currently have practices, policies and protocols that are clearly in place and are used by <b>all</b> staff and/or partners on a daily basis. We agree that there are many strengths for us in this area such that we can <b>share them with other teams</b> in the BSC and will not need to focus on it as a priority in this project.



**I. Center Structure and Processes**

Objectives	Score (1-4)	Comments
A. <b>Healthy and Resilient Staff:</b> Center values work-life balance and wellness, maintains clear and consistent staff roles and expectations, and implements ongoing opportunities for peer support and self-care.		
B. <b>Collaborative and Reflective Practice:</b> Center supports ongoing and consistent opportunities for all staff to participate in center planning and decision making, engage in reflective supervision about their interactions with each other, children and families, and collaborate as a team to problem solve and to improve practice.		
C. <b>Professional Development on Trauma and Resilience:</b> Center provides ongoing training and coaching on the impact of trauma on child development, behavior, and social emotional learning, and the importance of self-care, nurturing relationships and racial justice to develop resilience.		
D. <b>Information Gathering and Sharing:</b> Center and partners gather and share information about children and families in partnership with families in strengths-based and respectful ways. The confidentiality and the privacy rights of all families are respected. Center and partners clearly communicate mandated reporting obligations.		
E. <b>Access to Resources or Partnerships:</b> Center seeks and maintains an active list of community resources and partnerships that support families' varied needs.		

**OVERALL COMMENTS ON THEME 1: Center Structure and Processes**

## II. Equitable Partnerships with Parents/Caregivers

Objectives	Score (1-4)	Comments
A. <b>Open Communication:</b> Center maintains multiple pathways for all parents/caregivers to communicate with staff and supports staff in respectfully addressing conflict. Center is particularly mindful of their differing life experiences, spoken languages, and literacy levels.		
B. <b>Trauma Sensitive Adult Relationships:</b> Center proactively supports relationship building between teachers and all parents/caregivers so that families feel welcomed, respected, included, and valued. Center is mindful of the possibility of the parents/caregivers' own trauma exposure and impact on their behavior.		
C. <b>Valuing Parents'/Caregivers' Expertise:</b> Center values all parents'/caregivers' experiences and strengths, and incorporates them into support for their children.		
D. <b>Parents'/Caregivers' Participation and Leadership Promotion:</b> Center maintains multiple and varied opportunities for all parents/caregivers to join center and classroom activities, to support child's learning, to connect families to resources, and to formally participate in center planning.		

### OVERALL COMMENTS ON THEME 2: Equitable Partnerships with Parents / Caregivers

### III. Relationships, Curriculum and Classrooms that Promote Resilience

Objectives	Score (1-4)	Comments
A. <b>Safe and Nurturing Spaces:</b> Center indoor and outdoor spaces are welcoming, developmentally appropriate, culturally responsive, safe, nurturing, and engaging.		
B. <b>Meaningful Adult Relationships:</b> All staff, including those outside of the classroom, uses varied strategies to intentionally develop relationships with children and their families that are strengths-based, nurturing, consistent, safe, culturally responsive, and trusting.		
C. <b>Building a Classroom Community:</b> Staff use varied small and large group activities to build a positive, supportive, connected community among the staff, parents/caregivers, and children in the classroom.		
D. <b>Consistent Routines and Schedules:</b> Staff develops and follows clear, consistent, and predictable schedules and routines that support children to feel secure and ensure smooth and safe transitions.		
E. <b>Clear and Consistent Classroom Expectations:</b> Staff and children identify classroom expectations and limits that are clear, consistent, developmentally appropriate, and trauma-sensitive. Children have opportunities to practice and receive positive feedback.		
F. <b>Social Emotional Teaching:</b> Staff use play and a variety of appropriate learning activities and strategies to help children feel safe, to promote social and emotional skills development, and to enhance resilience.		

OVERALL COMMENTS ON *THEME 3: Relationships, Curriculum and Classrooms that Promote Resilience*

#### IV. Racial Justice to Enhance Resilience

Objectives	Score (1-4)	Comments
A. <b>Opportunities to Learn and Reflect:</b> Center provides ongoing professional development on racial justice issues and topics relevant to the centers' community. Center provides consistent opportunities for staff reflection about how personal experiences, racial identities and biases impact interactions between staff, children and families.		
B. <b>Supporting and Advocating for Families' Needs:</b> Center focuses on understanding individual families, rather than blaming them or making assumptions. Center responds by collaborating with families to problem solve and/or advocate for their needs in ways that affirms their culture, language and racial identities.		
C. <b>Honoring Identity in Center Environment:</b> Center toys, curricula, books and visuals reflect the racial and ethnic diversity of center families and promote the self-esteem and resilience of all children.		
D. <b>Understanding Implicit Bias:</b> Center collects, reviews, and uses data on race and ethnicity to identify and guide strategies to address inequities and avoid implicit bias in center practices, decision making, and outcomes.		
E. <b>Equitable Leadership Development:</b> Center professional development efforts support leadership development to facilitate retention and promotion of staff from all backgrounds		

#### OVERALL COMMENTS ON THEME 4: Racial Justice to Enhance Resilience

## V. Responding to and Supporting Families Exposed to Violence and Trauma

Objectives	Score (1-4)	Comments
A. <b>Universal Education to Promote Resilience:</b> Center provides information and resources to parents/caregivers about the impact of trauma <u>and</u> about protective factors that support resilience and healing for children and families. Staff is supported to recognize the sensitive nature of this topic and to be aware of the feelings/reactions of parents/caregivers.		
B. <b>Collaborative Identification and Referral Process:</b> Center works together with the parents/caregivers to identify when a child and family may need additional supports. The center thoughtfully refers families to a variety of clinical, informal, and culturally specific resources and follows up on referrals for children and families.		
C. <b>Trauma-Informed Interactions with Children and Families:</b> When working with children, families, and classrooms affected by exposure to violence, center creates climates that are calming, predictable, nurturing, culturally responsive, safe, reduce triggers and value voice and choice.		
D. <b>Trauma-Informed Mental Health Consultation:</b> Trauma informed mental health professionals conduct observations and assessments and work together with staff, classrooms and parents to identify strategies, resources and referrals to support children's healing in ways that affirm their culture, language and racial identities.		
E. <b>Reflective and Collaborative Practice for Addressing Challenging Behaviors:</b> Center supports staff to examine their attitudes and reactions to students and challenging behaviors. Center partners with parents/caregivers and other appropriate partners to develop positive behavior support plans that respond to the unique needs and cultures of each individual child and family.		

### **OVERALL COMMENTS ON THEME 5: Responding to and Supporting Families Exposed to Violence and Trauma**

## Trauma-Informed Early Care and Education Centers Breakthrough Series Collaborative: PDSA Reporting Form

*This form is to be used by all BSC participants to share their PDSAs in 'real-time.' Remember that you can always feel free to update this form and re-post as your PDSAs evolve. And keep in mind the spirit of the BSC: Share Relentlessly -- and Steal Shamelessly!!!!*

<b>Team Name:</b>	Team Sunlight
<b>What are we trying to accomplish?</b> (Look to CCF Goals and select the best fit)	III. Relationships, Curriculum and Classrooms that Promote Resilience
<b>How will we know a change is an improvement?</b> (Look to Metrics and select the best fit)	Challenging behaviors will decrease as children feel calm and welcomed when they enter in the morning
<b>What strategies can we test that will result in improvement?</b> (Look to CCF Themes and select the best fit)	Create a process that makes the classroom feel safe, nurturing, and like a community
<b>PDSA Title</b> (a brief title to help you describe this PDSA):	Thunderbolts sign-in sheet for children
<b>PLAN:</b> What are you going to <b>do</b> ? (What is the <b>strategy</b> being <b>tested</b> ?); i.e. what's the change, exactly? Keep it small!	The children will sign into the classroom each day. This will help them cognitively, but it will also help them see the classroom as their community and give them a sense of belonging. This is a change from the children just coming into the classroom.
<b>What makes this trauma-informed?</b> Provide a brief description of how this strategy reflects trauma-informed practice	This is trauma-informed because it sets a routine for the children, and also makes them feel part of a community. It also sets a quieter tone for classroom entrance because the children have a task to complete right away, and the children feel successful.
<b>Who</b> is going to do it? Keep it small!	Thunderbolts classroom.
<b>When</b> will it be done? Keep it short term!	In the morning at entrance to class.
<b>How will we STUDY the PDSA?</b> What <b>data</b> will tell us a change is an improvement? What are we going to <b>measure</b> to study what happened?	The teachers will monitor to see if the children do establish a routine by signing in, and whether or not it is positive for them. They'll watch to see how long it takes and to make sure children understand what they're supposed to do and why.

DO your test and fill out next section <i>after</i> the strategy has been tested:	
<p><b>STUDY:</b> What did your data tell you? What was different from what you expected? What did you learn?</p>	<p>The children are very proud of their accomplishment. Two children reported without prompting that they can write their names and they know what the letters are. It has made entrance into the classroom calmer because the children know what is expected of them and they do not necessarily require assistance, which gives the teachers an opportunity to check in with parents at the beginning of the day (an unanticipated bonus!).</p> <p>Parents are excited because their child has accomplished an "academic" skill. We didn't expect for it to be so positive for parents or for the children to be as proud as they were. It seemed to be most positive for the rough and tumble boys. It reinforced for us that the children like to have set expectations when they enter the classroom, that free play first thing might be overwhelming, at least for some of the children.</p>
<p><b>ACT / ADJUST:</b> What learnings will you apply to your next text cycle? What will your next test be to move this idea closer to full implementation?</p>	<p>We like the idea of encouraging the children to sign into their space as a way of building community but realize it might not work for the younger children. We need to think of ways to do something similar for our younger children. Perhaps finding their name and putting it up when they come in and their name can have their picture and writing on it for easier id. As the children become more competent, we should have materials available for the children to be able to write their name and not trace it. Our Pre K class has already been doing this and our other preschool class is beginning something similar.</p> <p>While we continue doing cycles of this PDSA, we also want to start a new PDSA in which the children use the board to reinforce the sense of community by inviting them to give someone else a sticker on the board when someone does something nice for them.</p>

## Appendix 4.b. - **PDSA Tracker**

Please use this form to track your PDSAs. Each team should be working on about 2-5 tests at one time. The PDSAs should be a mix of PDSAs that your are building towards sustainable practice and new PDSAs. You can add rows to the table if you need more than five tests for your PDSA. Remember that each cycle should use the learnings from the previous cycle as you expand and grow the testing and implementation.

<b>Title: “Faces” Worksheet: Are You Feeling Scared?</b>					<b>Last Updated:</b>
<b>CCF Theme: V. Daily Interactions with Children and Caregivers that Promote Resilience</b>				<b>What makes this PDSA trauma-informed?</b> Allowing children the opportunity to explore their emotions in a safe and comfortable environment. During this process the social worker will be able to assess trauma exposure.	
<b>Tracking your PDSAs!</b>					
	<i><b>Plan:</b> What are you going to do? What is the <u>strategy</u> being tested? Keep it small! <u>Include by who and by when.</u></i>	<i><b>How will you study your PDSA?</b> What do you want to see by making this change? How will you know?</i>	<i><b>DO Your Test!</b></i>	<i><b>Study:</b> How did it go? What did you learn from your test? What worked? What didn't?</i>	<i><b>Adjust:</b> What will adjust in your next test? What else do you need to learn? What will be your next test? (<b>Fill out the PLAN for the next test!!</b>)</i>
<b>Test #1</b>	A scared face will be added to the emotion worksheet along with Happy, Sad, Silly and Anger. the check in period of the group. Teacher will try it with one child.	See how comfortable the child is talking about why she's scared if she chooses the scared face.		Teacher was surprised that the child was able to quickly point to the face that reflected her feelings and noted that the child seemed to be calmed after having the chance to express her emotion in this way.	Teacher will test the "Faces" worksheet with an additional five children over the course of this week.
<b>Test #2</b>	Teacher will test “Faces” worksheet with five children this week at various points.	Observe if there's a difference in children choosing and/or talking about the scared face depending on how they are feeling at the time.		Teacher said it seemed to work well in four of the five situations. In the fifth, the child was so agitated that it was hard to get him to sit still to talk about the faces. The other four seemed as effective as the first test.	Teacher will talk with others to try to understand why the fifth situation didn't work well. She will also talk to other teachers about what did work to see if other teachers want to try it.
<b>Test #3</b>	Teacher uses it for a variety of situations and children over the course of a week. Two other teachers also try it out.	See how it fits into everyday classroom routine, e.g., how long it takes, how easy it is to use for the other teachers.		The other teachers liked it as much as the first teacher as it gave them language to use with the children. The children already seem to be expressing their emotions more easily. And three instances of children exposed to trauma based on choosing the scared face were identified.	Need to develop guidance and guidelines for use. Also need to be able to connect with the social worker when a child discloses exposure to trauma.
<b>Test #4</b>	Have all teachers try it out using the guidelines developed.	How easy it is for teachers to use and how much they like it.		Introducing it at a staff meeting allowed a quasi-trauma awareness training as teachers talked about why children might be scared and what to do when they choose that face.	Build this into normal classroom routine. Formalize how teachers connect with social workers. Introduce to parents as well.

**Are you ready to move your PDSA to sustainable practice?**



## Strategies for Engaging Peers, Parents, and Leaders to Sustain Change “Positive Peer Pressure” and Purposeful Interactions

### “Do’s and Don’ts”

The list below is intended to capture many of the things we do related to engaging peers, parents, and leaders to sustain changes. Some of these things (the “dos”) work in our favor when we think about spreading and sustaining ideas. But some either work against us or are simply ineffective (the “don’ts”). We know there are more, but here’s a start....

Do!	Don’t....
✓ Share with others because you’re genuinely excited about something – “infect with your enthusiasm”	✗ ...complain to others about the way you do things now
✓ Take advantage of existing meetings and groups to talk about your idea or strategy	✗ ...try to convene a new meeting about it if you know others already feel overwhelmed
✓ Encourage others to do it because it’s easy or has positive results	✗ ...force people to do it if it’s clear they don’t understand or agree with it yet
✓ Find ways to weave it into everyday conversations that feel normal	✗ ...carry around a soapbox and force everyone to listen to preaching
✓ Validate and celebrate others when they try it out	✗ ...shame or punish people who don’t want to do it
✓ Talk about the successes and share real stories of when and how it works	✗ ...trash the work of others in an effort to get them to change the way they do things
✓ Offer support to others who are curious	✗ ...expect people to figure it out on their own just because you did
✓ Draw in those most likely to agree (the ‘early majority’) first	✗ ...waste time and energy on those least likely to agree (the ‘traditionalists’)
✓ Find supporters and others who agree with you so that you don’t feel like the lone voice	✗ ...try to go it alone
✓ Be really specific, concrete, and clear	✗ ...talk in sweeping generalizations

## Engaging Parents: Taking Your Parent Advisory Board to the Next Level

The list below is intended to capture many of the things we do related to engaging parents, especially in their role on advisory boards, to sustain changes. Some of these things (the “dos”) work in our favor when we think about spreading and sustaining ideas. But some either work against us or are simply ineffective (the “don’ts”). We know there are more, but here’s a start....

Do!	Don’t....
✓ Set community/group agreements	✗ ...assume that everyone already knows the ‘rules’
✓ Develop and share clear roles for members	✗ ...assume that everyone shares the same ideas about the purpose of the Board
✓ Provide leadership training	✗ ...have staff always lead the group
✓ Support meeting facilitation	✗ ...ignore the importance of good facilitation
✓ Respond to recommendations	✗ ...ask for the group’s feedback, but do nothing with it
✓ Have clear outcome-based agendas	✗ ...have meetings with no clear purpose or goals
✓ Use Advisory Board for specific and concrete review and feedback	✗ ...have meetings that include nothing more than center updates
✓ Have clear center liaisons with the group	✗ ...expect someone from the staff to participate whenever they can
✓ Be mindful of schedules / scheduling conflicts	✗ ...have meetings at times / on days / in locations when certain parents can never be there
✓ Create multiple opportunities for parents to get engaged	✗ ...offer limited times or roles for parents to be involved
✓ Actively engage a broad group of parents	✗ ...rely on the same parents for everything (or look only to those parents who seem positive about the center)
✓ Ensure there is continuity within the Board as parents “graduate”	✗ ...hope that new parents will “step up” when others leave

**Strategies for Using Tools, Structures, and Data to Sustain Change****Starting Ideas for Concrete Tools**Lesson Plans  
CurriculumMaterials  
Practice CardsHandbooks  
Mission Statements

Do!	Don't....
✓ Prompt teachers to use a “lesson plan” to guide transition times	✗ ...expect transitions to be ‘easy’ times without any structure needed
✓ Review curriculum to incorporate emotional literacy / social-emotional development into other areas	✗ ...try to teach emotional literacy / social-emotional development as separate or stand-alone topics
✓ Create a pocket card to have ideas for transitions, calming down, challenging behaviors	✗ ...hope that you’ll remember clever ideas just when you need them most (usually in times of stress!)
✓ Create a welcome toolkit to use with new staff (including visuals, etc.)	✗ ...expect new staff to just figure things out on their own
✓ Have a strengths-based, family-focused mission	✗ ...have a mission that is general and not specific to your values
✓ Make your handbook into a toolkit that others can use (e.g., sample letters)	✗ ...have a handbook that is dense and only full of policies and long narratives
✓ Walk through lesson plans with teachers in purposeful ways	✗ ...hand off lesson plans and assume teachers will ‘know what you mean’

## Strategies on Using Existing Structures

### Starting Ideas for Existing Structures

Professional Development  
Observation

Staff Meetings  
Hiring

Supervision  
Orientation

Do!	Don't....
✓ Create standard agenda for meetings	✗ ...go with the flow, assuming the agenda will 'naturally emerge'
✓ Create consistent space for community and team building with staff	✗ ...ignore the importance of building a team within the staff
✓ Provide consistent time and space for reflection	✗ ...assume people will process and reflect on their own time
✓ Provide consistent space for team problem-solving	✗ ...expect staff to solve their problems and resolve challenges on their own
✓ Integrate a trauma-informed lens into other Professional Development time	✗ ...always make trauma-informed discussions stand-alone trainings
✓ Dedicate time and space for learning at staff meetings	✗ ...make staff meetings just about updates, policies, or rules
✓ Invite staff to share resources / trainings / resources at staff meetings	✗ ...rely only on center managers or directors to lead or share at staff meetings
✓ Use reflective supervision	✗ ...use supervision only for administration or management
✓ Ask staff to set goals around trauma-informed practice in supervision	✗ ...make trauma-informed practice outside of or in addition to regular expectations
✓ Ask staff to set goals around self-care in supervision	✗ ...expect staff to take care of themselves on their own time
✓ Use clear checklist for observation	✗ ...conduct observations without clear expectations
✓ Follow up from observation	✗ ...use the results of observations for monitoring only
✓ Engage parents as part of the hiring	✗ ...rely solely on the perspectives of

Appendix 4.d.

*Trauma-Informed Early Education and Care Systems Breakthrough Series Collaborative*

Do!	Don't....
process	center managers or directors when hiring new staff
✓ Ask questions specific to trauma-informed practice during hiring process	✗ ...wait until staff are hired before talking about trauma-informed practice
✓ Include information about trauma-informed practice in orientation	✗ ...wait until staff are in the classroom before talking about trauma-informed practice