State & Territory CCDF Administrators Meeting

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Supporting Social-Emotional Learning Across the Age Continuum

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Welcome

How do we develop systems of care to support healthy social-emotional learning and development of children and youth?

Session Objectives

- Consider the impact of equity, childhood adversity, and trauma on social-emotional learning.
- Explore innovative practices and strategies of trauma-informed care to support the social-emotional learning needs of children, families, and program staff.

Agenda

- Welcome and introductions
- Key research findings on the impact of trauma on social-emotional learning from birth to school age
- Program-level strategies supporting children, families, and program staff
- Systems of care—innovative practices and strategies
- Discussion and reflection

Let's Talk!

- Turn to the person next to you and discuss …
  - Name
  - Role
  - Location
- Then share …
  - One success you've had in supporting the healthy social-emotional development for the youth in your state

Impact of Trauma on Social-Emotional Learning

Issues of Equity

- African-American preschoolers are the least likely to gain access to high-quality early care and education (Barnett, Carolan, & Johns, 2013).
- African-Americans, especially boys, are by far the most likely to lose their access due to expulsions and serial suspensions (Gilliam, 2016).

Sources: Barnett, S., Carolan, M., & Johns, D. (2013). *Equity and excellence: African-American children's access to quality preschool*. New Brunswick, NJ: National Institute for Early Education Research. Retrieved from http://nieer.org/wp-content/uploads/2016/08/Equity20and20Excellence20African-American20ChildrenE28099s20Access20to20Quality20Preschool_0.pdf

Gilliam, W. S. (2016). *Early childhood expulsions and suspensions undermine our nation's most promising agent of opportunity and social justice* [Issue brief]. Retrieved from the Robert Wood Johnson Foundation website: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf431300/subassets/rwjf431300_2

Childhood Adversity

Adversity can become biologically embedded during sensitive periods of development and lead to lifelong physical and mental health problems

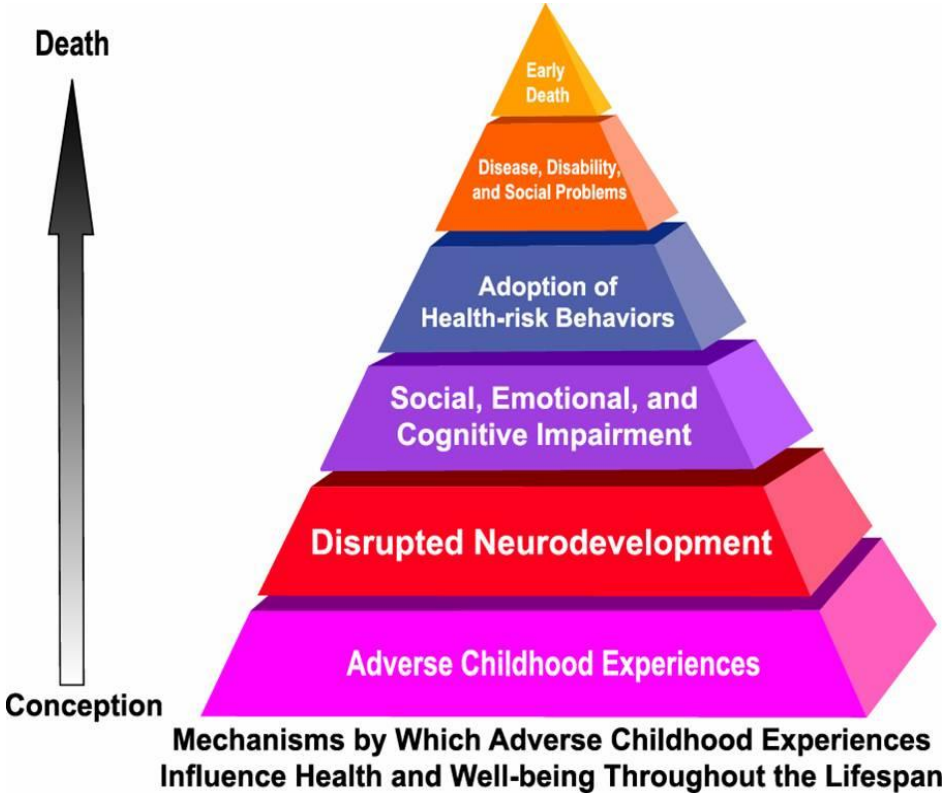
Source: Bartlett, J. D., & Sacks, V. (2019, April 11). Adverse childhood experiences are different than child trauma, and it's critical to understand why [Blog post]. *Child Trends Blog*. Retrieved from https://www.childtrends.org/

Prevalence of ACEs

- "Economic hardship is the most common adverse childhood experience (ACE) reported nationally and in almost all states, followed by divorce or separation of a parent or guardian" (p. 1).
- Nearly half (45 percent) of children in the United States have experienced at least one ACE.
- Across the nation, 1 in 10 children has experienced 3 or more ACEs.
- Children of different races and ethnicities do not experience ACEs equally.

Source: Sacks, V., Murphey, D., & Moore, K. (2014). *Adverse childhood experiences: National and state-level prevalence* [Research brief #2014-28]. Retrieved from the Child Trends website: https://childtrends-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

Adverse Childhood Experiences (ACEs) Study



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Source: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, & Kaiser Permanente. (n.d.). *About the CDC-Kaiser ACE study: The ACE pyramid* [Web page]. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about.html

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Signs and Symptoms of Trauma

- Difficulty paying attention
- Eating and sleeping disturbance
- Quiet or withdrawn
- Clingy/anxious
- Easily startled
- Talk about scary feelings/ideas
- Difficulty transitioning
- Change in school performance
- Aggressive behavior
- Want to be left alone
- Frequent headaches or stomachaches
- Developmental regression
- Frequent tears or sadness
- Repetitive posttraumatic play
- Reacting to trauma triggers
- Language delay
- General fearfulness

Sources: Center for Early Childhood Mental Health Consultation, Georgetown University Center for Child and Human Development. (n.d.). Trauma signs and symptoms [Web page]. In *Tutorial 7*: *Recognizing and addressing trauma in infants, young children, and their families.* Retrieved July 2, 2019, from https://www.ecmhc.org/tutorials/trauma/mod3_1.html

Child Welfare Information Gateway. (2014). *Fact sheet for families: Parenting a child who has experienced trauma*. Washington, DC: Children's Bureau, Administration for Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.childwelfare.gov/pubPDFs/child-trauma.pdf

Healing-Centered Engagement

"I am more than what happened to me."

Four elements

1. Strengths-based and asset driven
2. Individuals and communities who experience trauma are agents in restoring their well-being
3. Pathway to healing is found in culture and identity
4. Support for adult providers with trauma

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Source: Ginwright, S. (2016). 2016 Dare to disrupt! Keynote [Video]. National Summer Learning Association. https://childcareta.acf.hhs.gov/ncase-resource-library/2016-dare-disrupt-keynote-shawn-ginwright-phd

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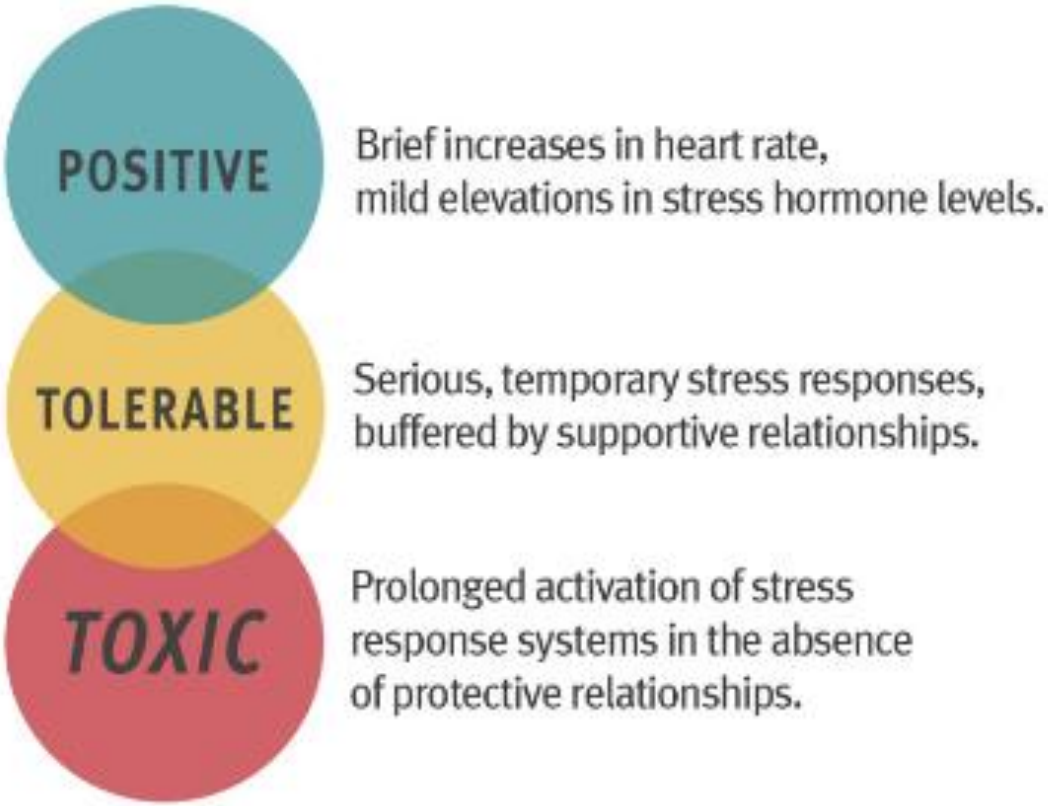
The Impact of Stress



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Source: Center on the Developing Child, Harvard University. (n.d.). *Step 1: Toxic stress 101* [Web page]. Retrieved July, 2, 2019, from https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

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Supporting Optimal Development

- Ensure secure attachment
- Promote healthy sense of self
- Use the child's home language
- Meet the child's temperament needs
- Support individual learning styles
- Promote self-regulation
- Scaffold child's social competence
- Support the child's overall well-being

Sources: Tarullo, A. R., Obradovic, J., & Gunnar, M. R. (2009). Self-control and the developing brain. *Zero to Three*, *29*(3), 31–37.

Vallotton, C. (2008). Infants take self-regulation into their own hands. *Zero to Three, 29*(1), 29–34.

Virmani, E. A., & Mangione, P. L. (Eds.). (2013). *Infant/toddler caregiving: A guide to culturally sensitive care* (2nd ed.). Sacramento: California Department of Education.

STAM 2019

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What do we mean by suspension and expulsion?

Suspension is the temporary removal of a child from the classroom, program or school, and expulsion refers to the permanent removal of a child from the program.

Four types of suspension and expulsion:

- In-school suspension
- Out-of-school suspension
- Soft-expulsion
- Expulsion

www.preventexpulsion.org

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Schachner, A., Belodoff, K., Chen, W-B., Kutaka, T., Fikes, A., Ensign, K., Chow, K., Nguyen, J., & Hardy, J. (2016). Preventing Suspensions and Expulsions in Early Childhood Settings: An Administrator's Guide to Supporting All Children's Success. SRI International: Menlo Park, CA. Accessed from http://preventexpulsion.org

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Improve program quality

Factors predictive of suspension and expulsion

- Ratios and group sizes
- Qualifications and professional development of staff
- Job stress

Professional development

- Social-emotional learning and self-reflective practice
- Culturally responsive relationships
- Implicit bias and its impact
- Trauma informed care

Schachner, A., Belodoff, K., Chen, W-B., Kutaka, T., Fikes, A., Ensign, K., Chow, K., Nguyen, J., & Hardy, J. (2016). Preventing Suspensions and Expulsions in Early Childhood Settings: An Administrator's Guide to Supporting All Children's Success. SRI International: Menlo Park, CA. Accessed from http://preventexpulsion.org

Impact on Adults

- Adults are also impacted by stress and may experience decreased ability to provide sensitive and responsive care.

- Factors that may impact adults' responsiveness:
  - Extent of impact on personal lives
  - Secondary traumatic stress
  - Previous experience with ACEs
  - Preexisting conditions (for example, mental health conditions)

Sources: National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2008). *Child trauma toolkit for educators*. Retrieved from https://wmich.edu/sites/default/files/attachments/u57/2013/child-trauma-toolkit.pdf

Schonfeld, D. J., Demaria, T., & the Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. (2015). Providing psychosocial support to children and families in the aftermath of disasters and crisis. *Pediatrics, 136*(4), 1,120–1,130. Retrieved from http://pediatrics.aappublications.org/content/pediatrics/early/2015/09/08/peds.2015-2861.full.pdf

Building Trauma-Informed Services

- understand the impact of trauma on young children and families:
- use trauma sensitive practices for intake, screening, and observation
- revisit program policies and procedures
- develop trauma informed classroom practices and guidelines
- train and help staff cope with the challenges and stress of serving young children and families impacted by trauma; and
- build strong collaborations with trauma-informed/related community resources.

Sources: Cooper, J. L., Masi, R., Dababnah, S., Aratani, Y., & Knitzer, J. (2007). *Strengthening policies to support children, youth, and families who experience trauma: Unclaimed Children Revisited working paper No.2*. Retrieved July, 2, 2019, from http://www.nccp.org/publications/pub_737.html
Zindler, P., Hogan, A., & Graham, M. (2010). Addressing the unique trauma-related needs of young children. Tallahassee: Florida State University Center for Prevention & Early Intervention Policy. Retrieved June 24, 2019, from http://webcache.googleusercontent.com/search?q=cache:http://www.villagecounselingcenter.net/Trauma_in_Young_Children.pdf

Supporting Social-Emotional Health Starts with Preparation

- Develop your emergency plan.
- Strengthen adult-child relationships.
- Create “go kits” that include comfort items for children.
- Practice emergency drills.
- Identify and plan for children who may need additional support during drills and emergencies.
- Increase provider-family engagement.
- Support adult self-care.

Sources: Child Care State Capacity Building Center. (2017). *How states and territories prepare to support special populations in emergencies and disasters*. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://childcareta.acf.hhs.gov/resource/how-states-and-territories-prepare-support-special-populations-emergencies-and-disasters

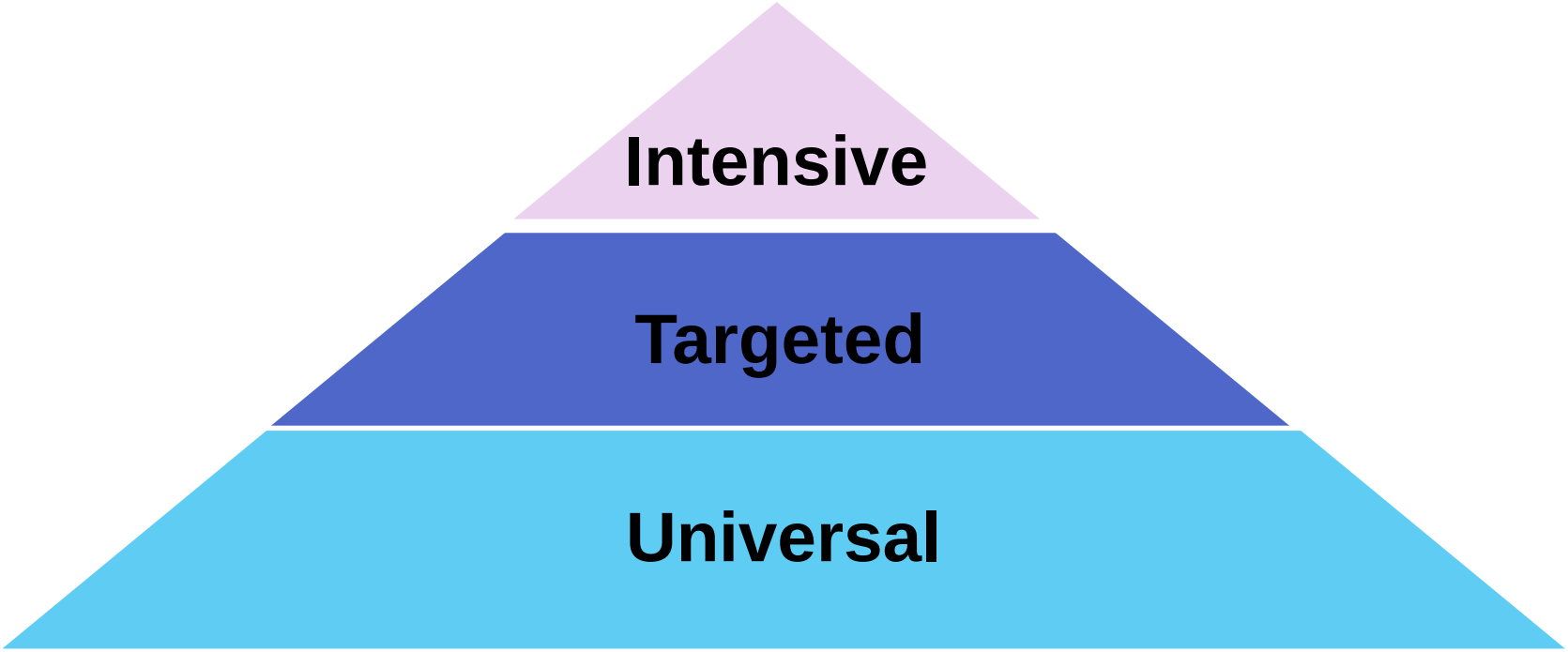
Zero to Three. (2016). *Shelter from the storm: Resources for early care and education professionals*. Retrieved from https://www.zerotothree.org/resources/1662-shelter-from-the-storm-resources-for-early-care-and-education-professionals

Table Talk

What topics impacting social-emotional learning are most critical in your state?

Program-Level Strategies

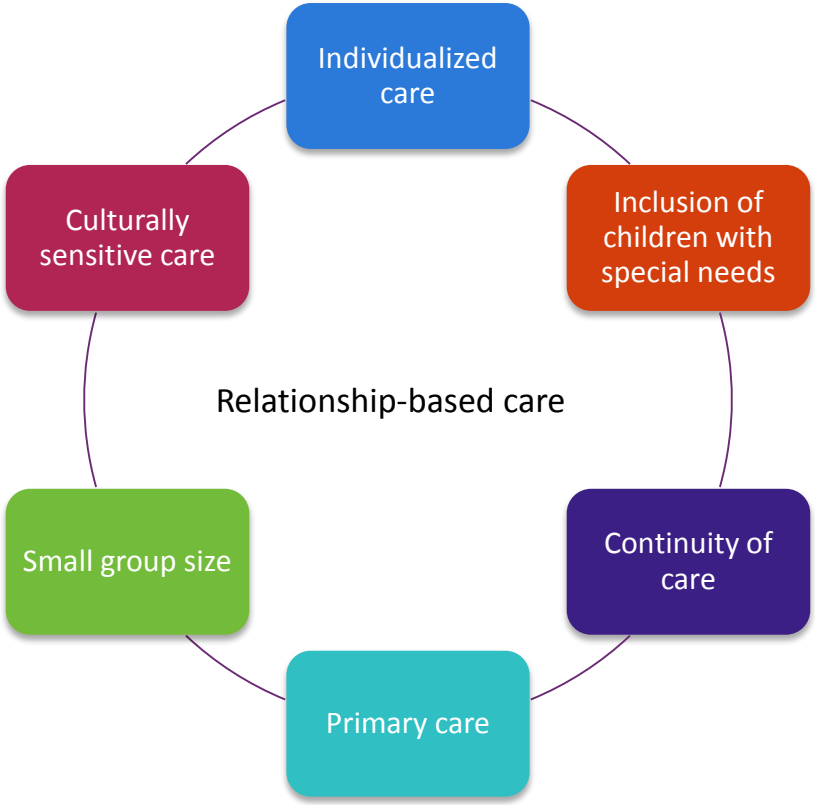
Tiered Models of Support



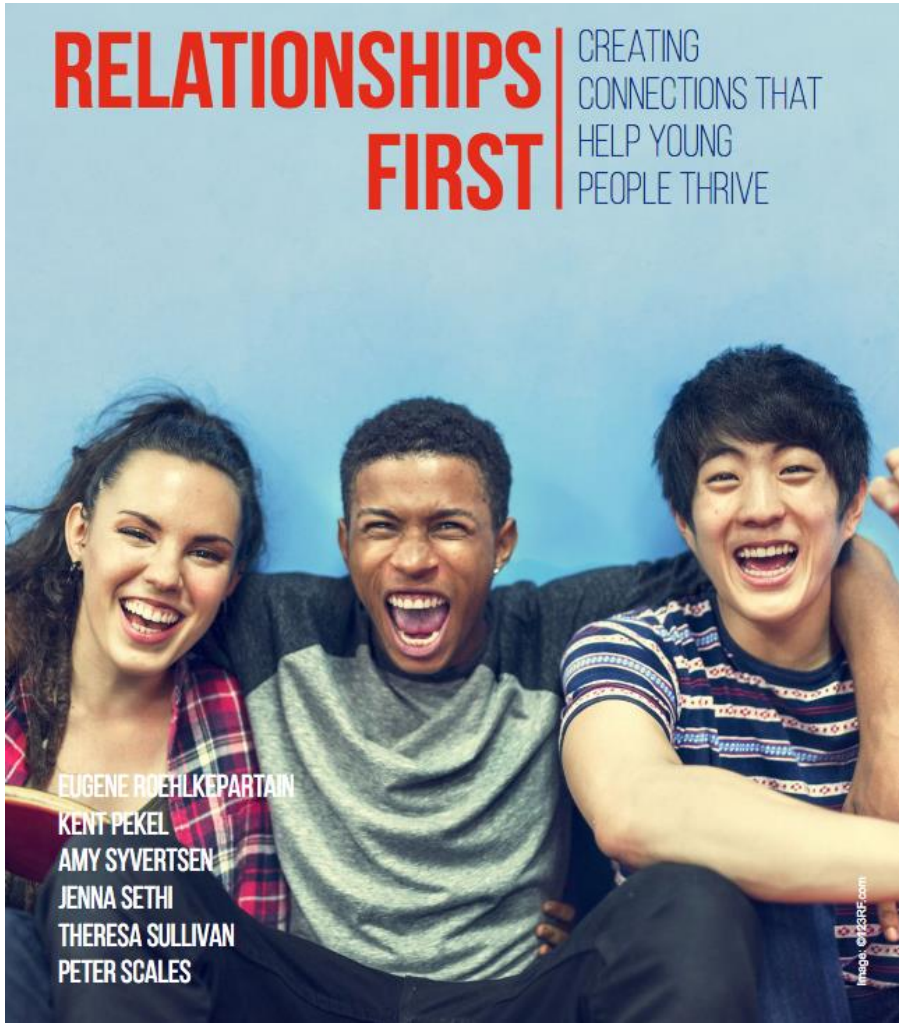
Tiered Models of Support

- Relationship-based care practices
- Pyramid model
- Positive behavior support
- Early childhood mental health consultation
- Therapeutic after-school programs
- Head Start Parent, Family, and Community Engagement Framework
- Professional development and self-care support for staff

Relationship-Based Care Practices for Infants and Toddlers



Source: Program for Infant/Toddler Care. (n.d.). PITC's six program policies [Web page]. Retrieved from https://www.pitc.org/pub/pitc_docs/policies.html



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Source: Roehlkepartain, E., Pekel, K., Syvertsen, A., Sethi, J., Sullivan, T., & Scales, P. (2017). *Relationships first: Creating connections that help young people thrive* [Brief]. Search Institute. Retrieved from https://childcareta.acf.hhs.gov/ncase-resource-library/relationships-first-creating-connections-help-young-people-thrive

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Pyramid Model

The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's healthy social-emotional development.

Source: https://challengingbehavior.cbcs.usf.edu/Pyramid/overview/index.html

Positive Behavior Support

- Process to understand and resolve the problem behavior of individuals or children that is based on values and empirical research
- Develop an understanding of why the child engages in problem behavior and strategies to prevent the occurrence of problem behavior while teaching the child new skills

Step 1: Building a Behavior Support Team

Step 2: Person-Centered Planning

Step 3: Functional Behavioral Assessment

Step 4: Hypothesis Development

Step 5: Behavior Support Plan Development

Step 6: Monitoring Outcomes

Source: https://challengingbehavior.cbcs.usf.edu/Pyramid/pbs/process.html

Definition of Early Childhood Mental Health Consultation

A **problem-solving and capacity-building** intervention implemented within a **collaborative relationship** between a **professional consultant with mental health expertise** and one or more individuals with other areas of expertise—primarily child care, child development, and families—or individuals with child care responsibilities.

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Source: Cohen, E., & Kaufmann, R. K. (2000). Early childhood mental health consultation [DHHS Pub. No. CMHS-SVP0151]. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Programmatic Consultation for Staff and Programs

- Classroom observation
- Strategies for supportive environments
- Training on behavior management
- Support for reflective practices
- Promotion of staff wellness
- Communication issues addressed
- Promotion of team building
- Training on cultural competence

Therapeutic After-School Programs

- Innovative intensive-level service for ages 5–17
- Children/youth remain at home, in school, and in their community to do the following:
  - Reduce mental health symptoms
  - Enhance youth and family functioning
- Strong family engagement component

Source: Vanderploeg, J. J., Franks, R. P., Plant, R., Cloud, M., & Tebes, J. K. (2010). Extended day treatment: A comprehensive model of after school behavioral health services for youth. *Child Care Youth Forum*, *38*(1): 5–18. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2863320/

Program Level Strategies
Head Start Parent Family Community Engagement Framework

Head Start Parent, Family, and Community Engagement Framework

Positive & Goal-Oriented Relationships

Equity, Inclusiveness, Cultural and Linguistic Responsiveness

PROGRAM FOUNDATIONS	PROGRAM IMPACT AREAS	FAMILY OUTCOMES	CHILD OUTCOMES
Program Leadership Professional Development Continuous Learning and Quality Improvement	Program Environment Family Partnerships Teaching and Learning Community Partnerships Access and Continuity	Family Well-being Positive Parent-Child Relationships Families as Lifelong Educators Families as Learners Family Engagement in Transitions Family Connections to Peers and Community Families as Advocates and Leaders	Children are: Safe Healthy and well Learning and developing Engaged in positive relationships with family members, caregivers, and other children Ready for school Successful in school and life

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Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement. (2018). *Head Start parent, family, and community engagement framework* (2nd ed.). Retrieved from https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/pfce-framework.pdf

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Program-Level Strategies: Professional Development Support for Staff

- Build a network of support within programs, schools, and communities.
- Provide staff wellness programs.
- Recognize compassion fatigue and secondary traumatic stress.
- Provide support and resources for adult self-care.
- Have coaches in reflective supervision on site.
- Build policies to support staff impacted by trauma.
- Promote leadership programs that focus on healthy sense of self.

Regularly practicing self-care supports responsive interactions with children every day.

Source: National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2008). *Child trauma toolkit for educators.* Retrieved from https://wmich.edu/sites/default/files/attachments/u57/2013/child-trauma-toolkit.pdf

Walk About Activity

What program level strategies have you found to be most effective to support families, children, and staff?

Systems of Care:
Innovative Practices and Strategies

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COMPONENTS TO CONSIDER FOR A STATE STRATEGY TO REDUCE EXPULSION

Build
Strong Foundations For Our Youngest Children

Goal

- Governance
- State Goals and Road Map
- Data

Policy

- State Policy & Protocols on Expulsion
- Policies related to Program Characteristics
- Child Care Assistance
- Work Conditions

Supports

- Hotline/Triage
- Training & Coaching
- IECMH Consultation
- QRIS
- Alignment of TA Providers

Services

- Developmental Screening & Referral
- Early Intervention & Special Education
- Health, Mental Health, and Family Support

Cross-cutting: Family Partnerships and Racial & Gender Equity

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Source: https://www2.illinois.gov/sites/OECD/Documents/State+Components+of+Expulsion+Prevention+Chart.pdf

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State Innovative Practices and Strategies
Tennessee

Discussion/Reflection

What strategies and innovative practices are you providing at the system level?

How do we develop systems of care to support healthy social-emotional learning and development of children and youth?

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- April Westermann, Region X Infant Toddler Specialist, Child Care State Capacity Building Center, April.Westermann@icf.com
- Jani Kozlowski, Inclusion and Professional Development Systems Coordinator, DTL Center/Zero to Three, JKozlowski@zerotothree.org
- Susan O'Connor, Senior T/TA Specialist, NCASE, soconnor2@verizon.net

Thank You

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