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A Breakthrough Series Collaborative to Support Trauma-Informed Practice in Early Care & Education Programs

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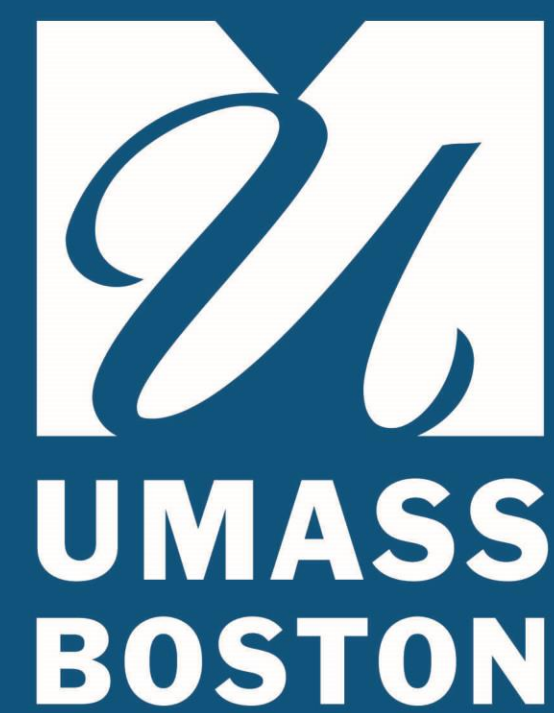
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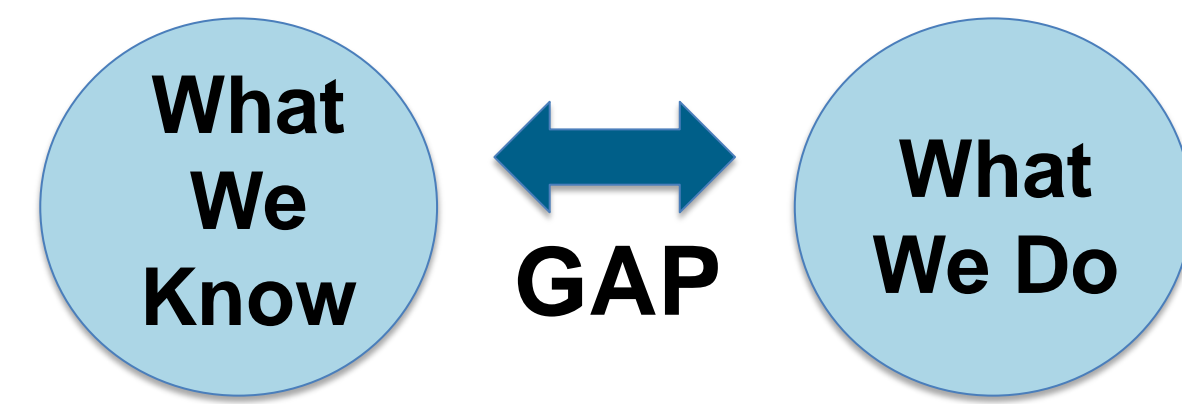
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A Breakthrough Series Collaborative to Support Trauma-Informed Practice in Early Care & Education Programs

Breakthrough Series Collaborative Model



Aiming to close gap by creating **collaborative learning opportunities** that use emerging science to address barriers and promote quality improvements in focus area

Purpose of Our Research

Goal: Investigate the application of BSC Model in early care and education (ECE) context

Objectives:

1. Promote adoption of trauma-informed practices
2. Teach improvement methods
3. Test hypothesis: Effective implementation depends on positive relational organizational system

Vision: Advance healthy development, promote resilience, and close opportunity gaps



Collaborators & Supporters

Anne Douglass, Assistant Professor of Early Care & Education, UMass Boston

6 ECE Programs in Boston, including 5 centers and 1 public school

Supported by Boston Public Health Commission through U.S. Department of Justice

Background

Context
&
Process

Data
Sources &
Methods

Results



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Defining Trauma-Informed Care

Practices Include:

- ✓ Strengthening resilience and protective factors for children and families
- ✓ Routine screening for trauma exposure and make resources available
- ✓ Addressing trauma exposure and its impact
- ✓ Emphasizing continuity of care, collaboration, and culturally-appropriate practices
- ✓ Maintaining a healthy workplace environment that minimizes secondary traumatic stress and increases staff resilience

Other Factors:

- ✓ Depends on organizational culture that values caring, responsive, respectful relationships

Aligning Practices with Theory

Trauma-informed organizations and practices are grounded in **organizational change and relational theory**. Improvement and performance outcomes facilitated by:

- Psychological safety in workplace
- High quality relationships at work
 - Shared goals and knowledge
 - Mutual respect, caring, compassion
 - Relational leadership
- Supportive organizational structures
- Cross-sector, interdisciplinary coordination

The BSC Model, primarily implemented within healthcare settings, also contributes theoretical grounding to our approach:

- Local context
- Collaborative learning to close gap between knowledge and practice

The workplace context is an important influence on such factors as readiness for change, transfer or learning of practice, and improvement outcomes.



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Context & Process: 18 Month Community-based Study

Qualitative Case Study Methodology (Yin, 2014)

- Each ECE site represents a case
- Utilizes comparative case study analysis

Research Questions

1. How is the BSC model implemented in the ECE context?
2. How do ECE programs implement trauma-informed practices?
3. How do ECE programs improve quality as a result of the BSC?
4. How might the BSC model be best adapted to promote quality improvement in the ECE context?

Local Context

- Trauma exposure common among young children and families
- ECE programs uniquely positioned to support families and promote resilience
- In ECE, gap in training and resources to support trauma-informed care and to implement improvement

A Collaborative & Cross-Sector Learning Environment

BSC Staff Team
Public health leadership and staff

Role: Leads BSC Process

BSC Faculty Team
ECE, parent, mental health, health, child welfare

Role: Training, coaching, consultation to ECE teams and BSC

ECE Teams
Senior admin, program manager, teachers, mental health consultant, parent

Role: Change teams (6 teams total)

Collective Activities

- Monthly conference calls
- Quarterly 2-day learning sessions
- Monthly improvement metrics
- Coaching and technical assistance
- Bi-weekly team meetings



Improvement-oriented Outcomes

- Increased understanding about impact of trauma
- Developed and tested practical, sustainable strategies for implementing trauma-informed practice



Data Sources

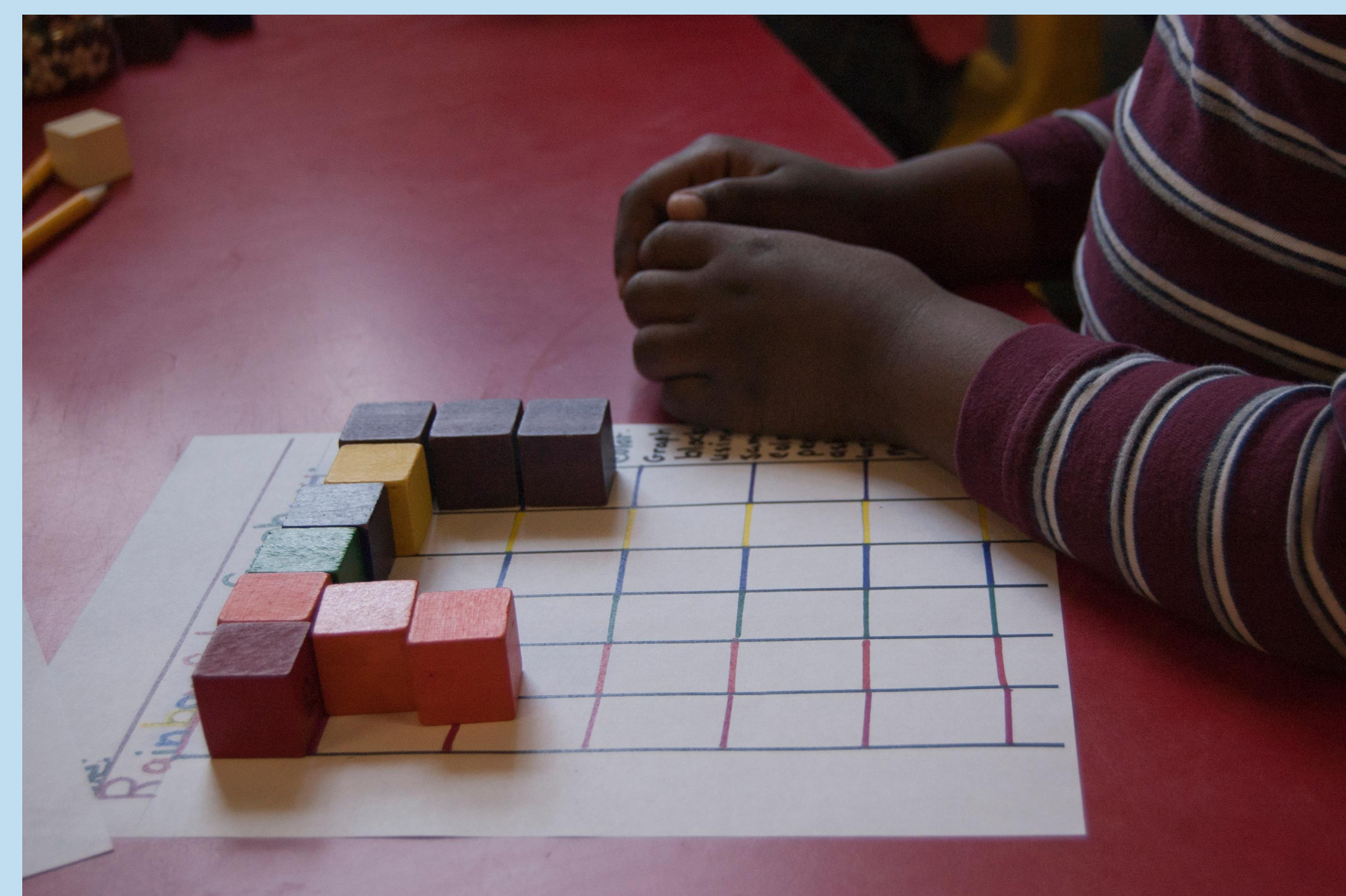
| Data Sources | Participant Group(s) | # of Documents or Participants |
|--|---|--------------------------------|
| Meeting Observations | <ul style="list-style-type: none"> BSC Staff BSC Faculty 6 ECE Teams | 100 meetings |
| In-depth Individual Interviews | <ul style="list-style-type: none"> All members of 6 ECE Teams (mid-point/post-BSC) BSC Faculty & Staff (post-BSC) | 60 interviews (by June 2015) |
| Classroom Observations: pre, mid-point, post in Infant, Toddler, and Pre-K-K classes (CLASS) | <ul style="list-style-type: none"> 6 ECE Programs | 16 classrooms |
| Documents: improvement tracking forms, monthly metrics, team self-assessments, intranet posts and discussion | <ul style="list-style-type: none"> All | TBD |

Methods

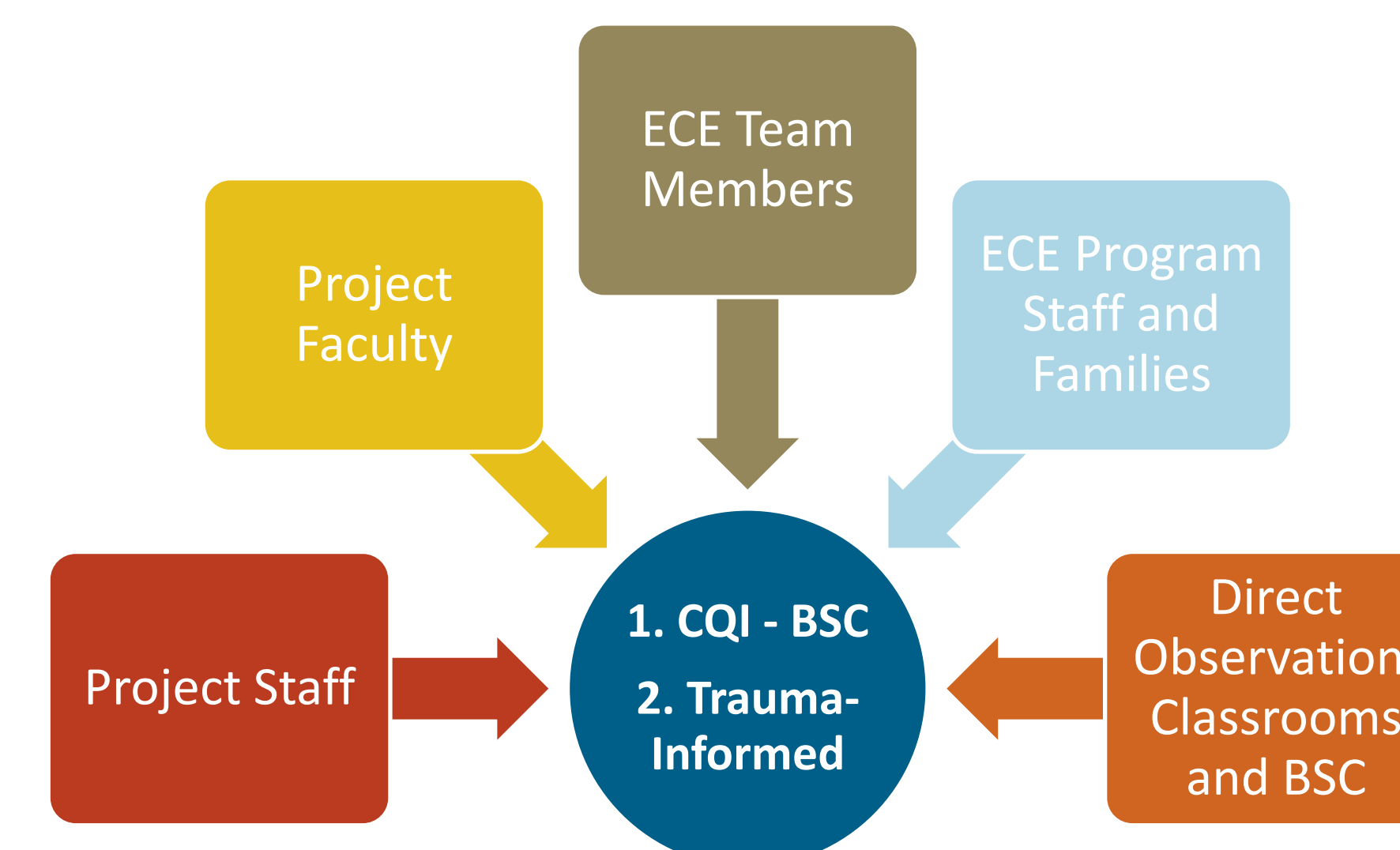
Qualitative analysis procedures using ATLAS ti software

| Coding | Purpose | Example |
|-----------------------------------|--|--|
| <i>A Priori</i> descriptive codes | From analytic template based on literature on quality improvement, workplace learning, and the relational contexts that support them | <ul style="list-style-type: none"> Clarity of roles Shared goals Workplace climate Frequent communication Change management skills Data literacy Response to trauma |
| Inductive coding process | Empirically grounded codes | <ul style="list-style-type: none"> Routines of practice Spread too thin Lack of funding Competing demands |

Miles, Huberman, & Saldana, 2014



Data Analysis



Within each case (ECE site), the data from each source were compared to other sources, referred to as triangulation, to increase validity

Stake, 1988; Yin, 2014



Results

Outcomes: Quality Improvements

Increased Knowledge/Awareness

- Expanded definition of trauma – “more than just violence”
- Gained language for talking about trauma

Strengthened Communication & Relationships

- Improved coordination between ECE staff and mental health clinicians
- Improved communication between staff/families
- Empowered parent team members

Improved Practices

- More proactive in meeting families’ needs
- Increased emotional support, teacher sensitivity



Facilitators & Barriers to Change

The BSC facilitated change by:

- Establishing collaborative routine for meeting
- Fostering learning community across ECE programs, sectors, and disciplines
- PDSA cycles and data/metrics

The BSC identified barriers to change such as:

At ECE Program level:

- Staff and leader turnover
- Lack of leadership effectiveness or engagement
- Lack of shared protocols or routines of practice
- Lack of experience with CQI process
- Technology unfamiliar and not integrated into work processes

At BSC level:

- Teams and faculty alignment (assumptions, differences in professional “languages”)
- Tension between “training as usual” vs BSC model of improvement emerging from collaborative group process

Multi-Level Impact of Trauma

- Traumatic incidents within ECE programs
- Trauma in the lives of children, families, *and* teachers
- Vicarious trauma



Implications

1. Multi-level impact demonstrates need for trauma-informed ECE systems
2. Address vicarious trauma, and supports for staff as well as families and children
3. Focus on organizational health and resilience, organizational systems that promote and sustain high quality workplace relationships and communication
4. Lessons for adapting the BSC approach and building capacity for CQI in ECE

Improved Communication with Parents

"I think in the beginning I was like, I'm trying to communicate with her, I offered to do her child's progress report over the phone. So I felt like I was taking the steps and she was kinda like brushing it off. And then I was just like, "Okay, that didn't work." Through the [BSC] program 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, like okay, 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 kinda have to keep trying and find another way if something doesn't work"

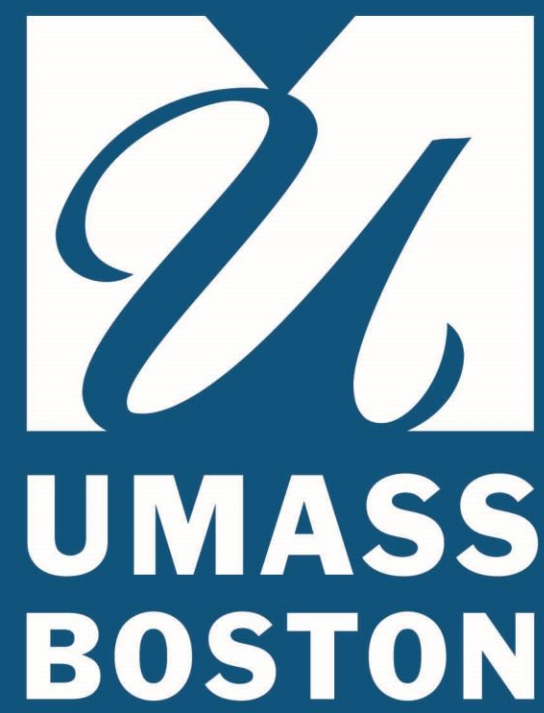
- Teacher



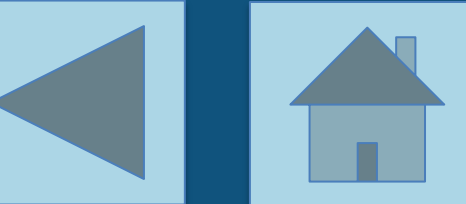
Teacher Sensitivity & Emotional Support

"Like you always see a child that's either grumpy in the morning or just withdrawn, sad...So you sort of start jumping to conclusions and you're just saying, "Oh, well that's just them," or "They're just spoiled," or, you know, you just start labeling them for yourself. But going through the BSC, you start to think about, okay, what else might be going on that I do not know about?...So...you know, now you start to look at was there something going on at home? You know, are they starting to have nightmares? Was there not enough food in the house for them to eat?...So you just start to feel compassion."

- Teacher



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Examples of Multi-level Impact of Trauma

“We had a shooting on a weekday at five o'clock in the afternoon, and...one of our parents...has just moved into this area was very shaken and taken aback by the violence because it happened, I would say, fifty feet away from the center. And there were tons of kids still here at five o'clock and, you know, it's pick-up time, and, and they were coming in to pick-up, and they were frantic themselves. So they're running in saying, “They're shooting outside!” And it just made everybody more anxious and that's when we started implementing our own internal lockdown procedures. But what we did was...I set aside some time the following day to actually meet with that parent and just talk with her and see how she was feeling. And I also had the backing of our in-house social worker. So she was able to come in also and just meet with the mom and do a little more in-depth meeting with Mom to just make sure she was okay. And then we sent out some information to all of the families about talking to kids about violence and what they saw and what they heard. And we also did a parent meeting following up the week after.”

- Director

“[Trauma] really affects me because not only do I have a number of [traumatized] children within the program, I also have to look out for my staff. So I have these children coming in who some of them are in foster homes, or are just being reunited with their families, or are in and out of foster homes, and I have parents who have domestic violence issues, parents who have mental health problems, and [the kids] they're four years old, they're three years old, they're eighteen months. And they're coming in with all of these issues and then they start displaying them in the classroom. And then the teachers that live within this community, they're also facing their own trauma.”

- ECE Program Director