

CREATING CARING COMMUNITIES

Building A Community-Wide System Of Support For Vulnerable Children and Their Families

Training Modules



Prepared for CLNkids by
Teaching Solutions NM

Acknowledgements

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W.K. Kellogg Foundation

Strengthening Families Initiative

all of the unidentified colleagues who have worked with us over the years to
develop many of the handouts

Thank you for your work on behalf
of children and families in New Mexico!

CLNkids

Mission

To provide high quality early childhood education and therapeutic services to address the unique needs of children experiencing homelessness; to provide support services that assist families to become rehoused and more resilient; to be a community leader and advocate for social change to end child homelessness in our community.

Guiding Principles

CLN believes that:

- Shelter is a basic human right.
- People experiencing homelessness represent all cultural groups and walks of life and deserve to be treated with respect as individuals.
- Children experiencing homelessness deserve access to high quality early childhood development.

CLN is committed to:

- Participation in community advocacy activities that promote social responsibility for ending homelessness.
- Leadership in the development and implementation of services that address the needs of children experiencing homelessness and their families.
- Providing opportunities for each individual we serve to develop self advocacy skills and strong interdependence.
- Providing each child experiencing homelessness with access to high quality early childhood development which addresses their needs.
- Providing services ethnically and efficiently.
- Understanding and demonstrating sensitivity to the beliefs and traditions of the communities/people we serve.
- Achieving cultural competency.
- Providing quality services.
- Providing continuing education, skill development and advancement opportunities for employees.

CLN acknowledges:

- That volunteers, clients, staff and the community are the cornerstones upon which our service is built.
- The skills and knowledge of the staff and their contributions to quality service delivery.

Module I

Foundations

Module 1: Foundations

Learning Goal

Participants will be able to demonstrate their understanding and knowledge of research findings about stress, poverty, and homelessness to inform and guide their interactions with families and children.

Prime the Brain

Prepare to engage in the workshop through an activity that calls on the same skills and emotions that will carry this new knowledge into your work.

Definitions

- **stress** - strong feelings of worry or anxiety that occur when a challenge overcomes the ability to manage it
- **distress or toxic (chronic) stress** - acute or ongoing stress that affects the mind or body: cortisol levels remain persistently elevated
- **trauma** - a dramatic or very difficult life experience that changes one's sense of safety and self
- **cortisol** - a hormone that is released in the body in response to stress: it is at least partially responsible for our fight, flight, freeze response
- **trigger** – a troubling reminder of a traumatic event, although the trigger itself need not be frightening or traumatic
- **resilience** – being able to manage life's misfortunes and experience success despite exposure to adversity
- **trauma informed practice** – an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. It is a shift from "What's wrong with you?" to "What has happened to you?"

Video

Toxic Stress Derails Healthy Development

Center on the Developing Child, Harvard University

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/

Research

- Long term, serious physical, emotional and mental problems are associated with chronic and/or traumatic stress.
- Multiple adverse childhood experiences (ACE) have a cumulative effect with life-long health implications
- Environment impacts body chemistry
- When presented with a perceived threat, the body releases stress hormones that prepare the body for a "Fight, Flight or Freeze" response.
- Chronically high levels of cortisol can physically change the brain.
- Familial poverty is associated with increased parental depression, spousal and parent-child conflict, and ineffective parenting.
- Racial discrimination can be a chronic source of trauma in the lives of children from minority or excluded groups.
- Homelessness is different from other stressful family situations in that there is a high risk for traumatic experiences as a result of high mobility and unsafe environments.
- Research has identified ways to help children and families become strong, resilient and successful. The brain, the body and the spirit can be revitalized in a healthy way.
- Resolving trauma and grief can break the generational cycle of abuse and neglect.

Major Tasks

- Recognize the presence of trauma.
- Acknowledge the role that trauma has played in the lives of family members.
- Identify family and individual strengths.
- Seek additional information to help reframe thinking. (Shift from *What's wrong with you?* to *What happened to you?*)
- Identify protective factors that are in place and address the ones that are missing.

Discussion Question

How does the research inform your work as you strive to accomplish the major tasks?

Outcomes

- Stronger relationships and greater trust among practitioners, families and children
- Less anxiety and stress and more resilience among practitioners, families and children

What's Next?

Identify a child or parent that is a challenge for you. Take a strengths based approach to working with them. Try reframing your thinking. Notice how you did that? Follow-up with peers, educational leaders, or supervisors recommended.

Carrying the work forward and deepening the practice

- Build an expectation of reflective practice
- Use staff meetings as a way to discuss practice using a strengths based model
- Develop a support system
- Institute a mentoring program
- Study the additional resources for self growth
- Use additional resources for staff discussions and/or professional development
- Actively seek and engage in additional professional development opportunities
- Contribute to collective knowledge of staff

Quotes

"The only way to work through any disability or vulnerability is to support the person and identify where their strengths are." Dr. Heidelise Als

"In times of stress, the best thing we can do for each other is to listen with our ears and our hearts and to be assured that our questions are just as important as our answers." Fred Rogers

"The mind can go either direction under stress—toward positive or toward negative: on or off. Think of it as a spectrum whose extremes are unconsciousness at the negative end and hyperconsciousness at the positive end. The way the mind will lean under stress is strongly influenced by training." Frank Herbert

"We now understand that higher-level thinking is more likely to occur in the brain of a student who is emotionally secure than in the brain of a student who is scared, upset, anxious, or stressed." Mawhinney and Sagan

Additional Resources

Administration for Children and Families. *Preventing Child Abuse and Neglect*. Child Welfare Information Gateway. U.S. Dept. of Health and Human Services. Web. <<https://www.childwelfare.gov/preventing/>>.

"Adverse Childhood Experiences Reported by Adults - Five States, 2009." *CDC Morbidity and Mortality Weekly Reports*. 59.49 (2010): 1609-1613. Web. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>>.

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"Motivational Interviewing: Definition, Principles and Approach." *Motivational Interviewing*. Web. <<http://www.motivationalinterview.org>>.

National Center for Children in Poverty. Mailman School of Public Health, Columbia University. Web. <<http://www.nccp.org/>>.

National Center on Family Homelessness. Web. <<http://www.familyhomelessness.org/>>.

Payne, Ruby. *A Framework for Understanding Poverty*. Highland, TX: aha! Process, Inc., 2005. Print.

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Toxic Stress Derails Health Development. Video. Center for the Developing Child, Harvard University, Boston, MA. Web. <http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/>.

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Module 1

Handouts

Handout 1.1

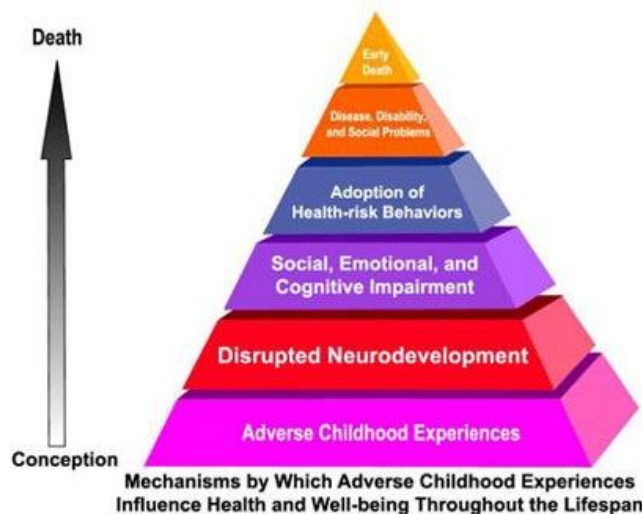
Traumatic Stress and Brain Development

Multiple, recurring stresses (adverse early childhood experiences) impact long term health, economic, and cognitive outcomes.

Research Summary

- Long-term, serious physical, emotional and mental problems are associated with chronic and/or traumatic stress.
- Multiple adverse childhood experiences (ACE) have a cumulative effect with life-long health implications.
- Environment impacts body chemistry.
- When presented with a perceived threat, the body releases stress hormones that prepare the body for a “Fight, Flight or Freeze” response.
- Chronically high levels of cortisol, a stress hormone, can physically change the brain.
- Family poverty is associated with increased parental depression, spousal and parent-child conflict, and ineffective parenting.
- Racial discrimination can be a chronic source of trauma in the lives of children from minority or excluded groups.
- **Homelessness is different** from other stressful family situations in that there is a high risk for traumatic experiences as a result of high mobility and unsafe environments.
- Research has identified ways to help children and families become strong, resilient and successful.. The brain, the body and the spirit can be revitalized in a health way.
- Resolving trauma and grief can break the generational cycle of abuse and neglect.

Impact of Adverse Childhood Experience on Lifelong Development



Source: *The Permanente Journal* (Winter, 2004)

Video: *Toxic Stress Derails Healthy Development*

Center on the Developing Child, Harvard University

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- **trauma informed practice** – an approach to engaging people with histories of trauma that recognized the presence of trauma symptoms and acknowledge the role that trauma has played in their lives. It is a shift from "What's wrong with you?" to "What has happened to you?"

Homelessness in New Mexico

Who is Homeless?

- One-third of all people who were homeless in Albuquerque on January 30, 2011 were in families with children.
- Last year, **at least** 20,000 children and youth were homeless in New Mexico; at least 11,000 in Albuquerque.
- More than 40% of homeless children and youth are under the age of 6; at least 8,500 in New Mexico and at least 4,500 in Albuquerque.
- Families with young children are the fastest-growing population of homeless.

Why are Children and Families Homeless?

- Poverty and the lack of affordable housing are the principal causes of family homelessness.
- One in four New Mexican children are poor.
- One-fifth of all jobs do not keep a family of four out of poverty.
- In New Mexico, a minimum wage earner must work 73 hours per week, 52 weeks per year to afford to rent a two-bedroom apartment.
- Nationally, 63% of homeless women have experienced domestic violence; at Cuidando los Niños, 75% of its families experienced domestic violence.
- Mothers experiencing homelessness struggle with health and mental health issues; about 50% experience severe depression; over one-third have a chronic physical health condition.

What are the Consequences of Homelessness for Children and Families?

- Homelessness is an extremely stressful, traumatic and potentially dangerous experience, especially for young children.
- By age 12, 83% of homeless children have been exposed to at least one serious violent event.
- Homeless children are four times more likely to have health problems; twice as likely to go hungry; three times more likely to have emotional and behavioral problems; nearly half have problems with anxiety, depression and withdrawal.
- Moving about in search of shelter disrupts the education of children: fewer than 25% of homeless children graduate from high school.
- Parents also suffer from ill health and depression; one-third of homeless mothers have made at least one suicide attempt.
- Homelessness breaks up families; 30% of foster care children could return home – if they had a home; 30% of homeless adults in the U.S. were foster children; these adults are twice as likely to have their own children placed in foster homes.

The Strengths Perspective

Individually and together, we have the power of choice. We can support families, or stress them; we can stimulate children, or isolate them; we can inspire youth, or imprison them. Every experience tells people how important they are and what they can expect from life. From those experiences, they build their future in their hearts and minds, for better or worse. Then they live out that future, and it affects all of us.

Difficult as it may be, we act most powerfully when we take full responsibility for our choices. We have the power to decide what to do and not do with present realities. We can't change the past, but we can creatively change the present to impact the future. When we develop our strengths we begin to see life from a different point of view.

Practicing the Strengths Perspective is a way to see the best in others and invite them to see the best in us – to build a better future starting now.

Protective Factors

Protective factors are the building blocks of resiliency. They serve as buffers to challenges or adversity, helping us, young and old, find resources and supports, and to develop coping strategies under stress. Successful interventions when working with vulnerable families must both reduce risk factors and promote protective factors to ensure the well-being of children and their families.

Jack Shonkoff and others emphasize that good nutrition and a safe physical environment are the foundation on which healthy growth and development take place.

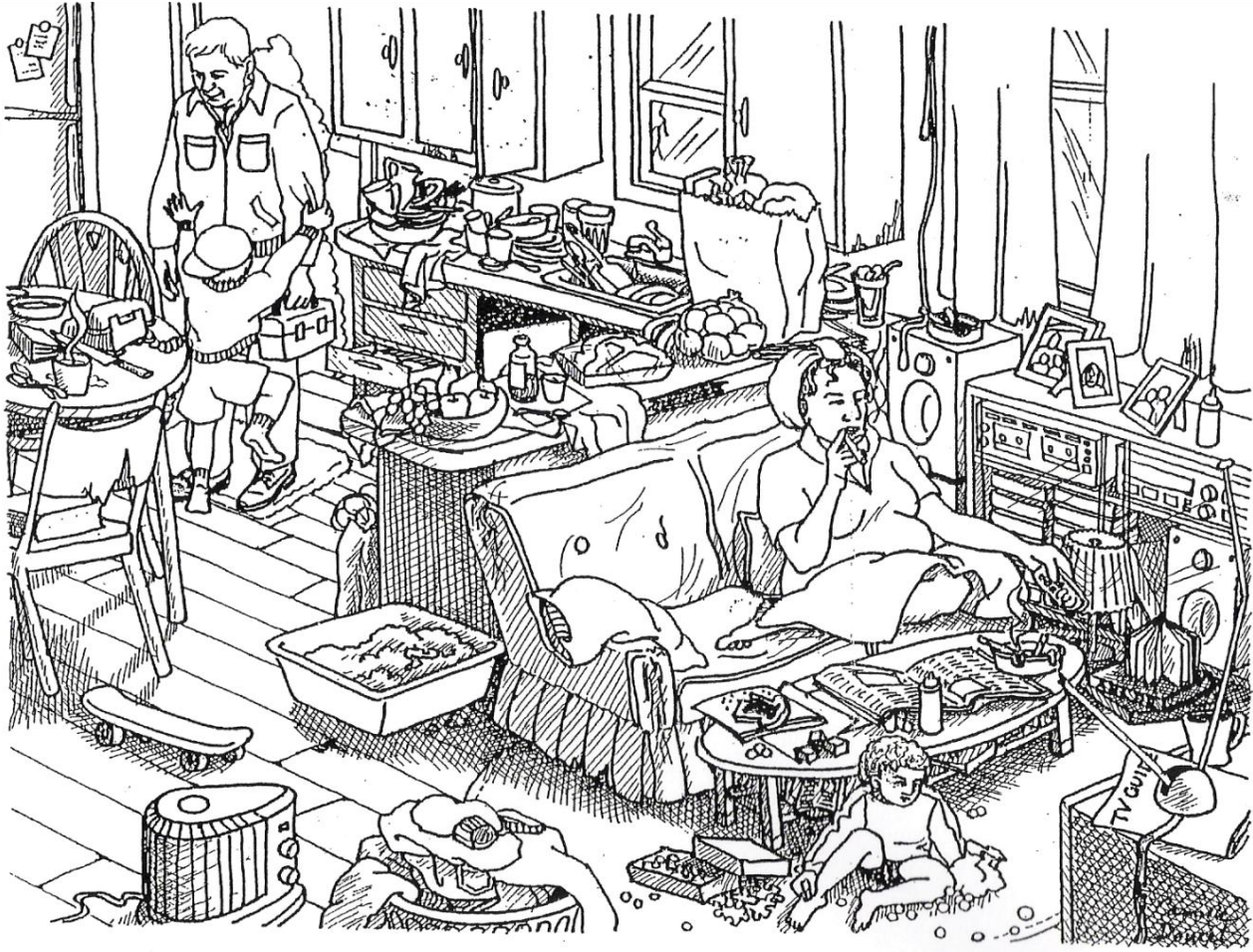
- **Good nutrition** promotes good health which is essential to brain development and problem solving
- **A safe physical environment** allows children to explore and learn

Research then identifies six protective factors as key elements in supporting and enhancing child and family well-being:

- **Nurturing and attachment:** a stable, nurturing relationship can have life-long benefits and even be passed on to future generations.
- **Knowledge of parenting and child development:** accurate information about child development and appropriate expectations help parents see their children in a positive light and promote healthy development.
- **Parental resilience:** the ability to find ways to solve problems, learn to build supportive relationships, and how to seek help, makes it possible for parents to bounce back from all types of challenges.
- **Social connections:** having friends, family, neighbors, & community for emotional support, advice, and concrete assistance are a real asset for families in crisis.
- **Concrete supports:** access to adequate services and supports, such as housing, food and transportation, allows families to survive a crisis.
- **Social and emotional competence:** the ability to interact positively with others, self-regulate behavior and communicate feelings appropriately leads to success for adults and children, no matter what their circumstances.

Your work is to engage families in understanding and developing these skills, connections, supports, and knowledge. You are helping children and families build resiliency by strengthening these protective factors.

Messy House?



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Scenarios

Scenario One

What you know on the first day:

Mom (white, early 20s) left abusive boyfriend with three-year-old daughter and went to her parents in Colorado. Family situation was very difficult, emotionally abusive, so she came to Albuquerque and is living in the safe house. She is enrolled at CNM and doing well. She says she is anxious and she cries often.

Three-year-old daughter is very active and shows signs of possible developmental delays.

What happens next:

Shortly after she moves into her apartment, Mom accidentally overdoses on her sleep medication and calls paramedics and neighbors. She is very frightened that someone will call child protective services and she will lose her daughter.

What is your reaction?

What do you know about this family?

What do you think is happening?

Could there be another interpretation?

Is there other information that you need?

What happens later:

One of the neighbors takes Mom to her church. Mom and daughter become very involved in the church and church members become very supportive of them both. Daughter is referred to Child Find and begins receiving speech therapy and participating in a developmental preschool program. There is no CPS call.

Do we have a different understanding of this family now?

What did we learn that we didn't know before?

How does that affect our behavior?

Handout 1.7 continued

Scenario Two

What you know on the first day:

Married Hispanic couple in their late teens, early 20s have two little girls, ages two and four. Mom is enrolled in CNM and is about to graduate. She has good possibilities for a job after graduation. The little girls come to school beautifully dressed with their hair fixed well. They have just moved in to Section 8 housing, and Dad is looking for a job.

What happens next: The apartment is substandard; there are cockroaches, and the air-conditioning doesn't work. They complain to the landlord and are forced out. Mom goes to the Barrett House with the daughters and Dad has to live in the car. The older daughter becomes very aggressive and non-compliant in the classroom.

What is your reaction?

What you know about this family?

What do you think is happening?

Could there be another interpretation?

Is there other information that you need?

What happens later:

Mom has trouble getting her school work done and dad cannot find work. Both parents are very frustrated and scared in their current situation. Dad breaks down and cries in the office.

Do we have a different understanding of this family now?

What did we learn that we didn't know before?

How does that affect our behavior?

Handout 1.7 continued

Scenario Three

What you know on the first day:

Married white couple in their 30s are both in a rehab program and receiving methadone. Dad has been in prison and Mom has an ankle bracelet for shoplifting. They have a daughter five and a son nine months old. The son was born drug affected.

What happens next:

Dad comes to pick up the children, and he is wearing a small T-shirt that reveals a racist tattoo on his back.

What is your reaction?

What you know about this family?

What do you think is happening?

Could there be another interpretation?

Is there other information that you need?

What happens later:

A staff member speaks to the Dad about the tattoo. Dad explains that when he was in prison, he had to associate with a gang for safety. This was the tattoo that was associated with the gang. He agrees to keep it covered whenever he is at the school.

Do we have a different understanding of this family now?

What did we learn that we didn't know before?

How does that affect our behavior?

Handout 1.7 continued

Scenario Four

What you know on the first day:

Mom is single, a Mexican immigrant, in her late 20s and in process for getting a Violence Against Women Act (VAWA) visa, because she is a victim of domestic violence. The violent father of her child found her after she fled to El Paso, so she came to Albuquerque, where she has no friends or family. She is trying to learn English and practices whenever she can. She is working several jobs.

Her son, two and half years old, is big for his age and very strong willed.

What happens next:

Mom brings her son to school very early and picks him up in a rush very late. She seems to have a hard time with him and does not have a warm separation from him when she drops him off and does not seem glad to see him at the end of the day. She tells the teachers that she has a very hard time controlling him.

What is your reaction?

What you know about this family?

What do you think is happening?

Could there be another interpretation?

Is there other information that you need?

What happens later:

Mom reveals to a teacher that her son looks and acts very much like his abusive father. It is very hard for her to see past that. Teachers work with Mom on behavior management and play therapist works with the child and the Mom on some of the trauma issues. Everyone on the team works to improve the attachment between Mom and son.

Do we have a different understanding of this family now?

What did we learn that we didn't know before?

How does that affect our behavior?

Handout 1.7 continued

Scenario Five

What you know the first day:

Single Mom, white, is at Joy Junction, with two children, a girl age four and a boy age two. She and the children appear to be unwashed and their clothes are not clean. She does not speak much and seems to be very lethargic. The children are appropriately active for their age, but have trouble focusing.

What happens next:

The children come to school consistently dirty. The staff have trouble connecting with Mom. She misses appointments and says very little when the staff raise concerns.

What is your reaction?

What you know about this family?

What do you think is happening?

Could there be another interpretation?

Is there other information that you need?

What happens later:

Mom has a few positive experiences in the parenting classes and establishes a rapport with staff. She reveals to the family support team that she was abused by her father when she was a child. She ran away from home and became involved in drugs and married an abusive man. She ended up hospitalized and took out a restraining order against the father of the children. She returned to her parents' home with the children. After a few months, she realized her father was beginning to abuse her daughter. She took the children and left, ending up at Joy Junction. She now has a small apartment there and it is easier to keep clean.

Do we have a different understanding of this family now?

What did we learn that we didn't know before?

How does that affect our behavior?

Handout 1.7 continued

Scenario Six

What you know on the first day:

Married couple in their late 20s, Dad is white and Mom is black, living at Joy Junction. They have a boy four years old and a girl two and a half. The boy is very active and hard to control. Dad is recently out of prison and is participating in a drug program. Mom has a scholarship and is enrolled at CNM. She is excited, because she was a good student in high school.

What happens next:

The son is taken to the ER in the middle of the night, because he got up and took Mom's medication. Mom reveals that the son almost never sleeps, and they have to lock things up at night. He regularly figures out how to open things anyway.

What is your reaction?

What you know about this family?

What do you think is happening?

Could there be another interpretation?

Is there other information that you need?

What happens later:

Mom reveals that she grew up in foster care and got into trouble when she became independent at 18. She wants to go into counseling as a profession, because she feels she understands the problems that come from an unstable upbringing.

Do we have a different understanding of this family now?

What did we learn that we didn't know before?

How does that affect our behavior?

Feedback

What's one thing you learned today?

What's one thing you were reminded of today?

What supports do you need to carry the work forward?

What suggestions do you have for making this a better presentation for other professionals who are working with families experiencing homelessness?

Module II

Practice

Module II, Part 1 Practice

Learning goal

Participants will be able to identify characteristics of trauma informed practice in their work, especially as it pertains to families experiencing homelessness.

Review

Review the research and major tasks from **Module 1**. Discuss your experiences with reframing your thinking and using a strengths-based perspective (**What's Next** activity from **Module 1**).

Prime the Brain

Engage in an activity that demonstrates the value of a strengths-based approach.

Definitions

- **trauma-informed care** – a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment
- **protective factors** - conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities and increase the health and well-being of children and families.
- **resilience** – being able to manage life's misfortunes and experience success despite exposure to adversity
- **executive functioning** – the cognitive process that regulates an individual's ability to organize thoughts and activities, prioritize tasks, manage time efficiently, delay gratification, and make decisions
- **agency** – to exercise control over events that affect one's life; the belief that "I matter" and that "what I do makes a difference"
- **self-efficacy** - the beliefs a person holds regarding his or her power to affect situations; self-efficacy strongly influences both the power a person actually has to face challenges successfully and the choices a person is most likely to make.

Video

Change the First Five Years

Ounce of Prevention

<http://www.youtube.com/watch?v=GbSp88PBe9E>

Research

- Traumatic experiences can happen to anyone. The effects of traumatic experiences are cumulative.
- Children experiencing homelessness are highly likely to experience multiple traumatic events or “adverse childhood experiences” (ACE).
- Protective factors serve as buffers to challenges and build resilience.
- “Executive functioning” skills play a key role in building resilience – including the ability to problem solve pay attention and learn.
- Effective parenting plays a critical role in building resilience.
- Young children experience emotions and react to them long before they can verbalize.
- High levels of responsiveness, consistency, and warmth can be expected to lead to more flexible regulation of stress physiology
- Self-efficacy beliefs affect thought patterns that may be self-aiding or self-hindering.
- People's beliefs in their capabilities affect how much stress and depression they experience in threatening or taxing situations, as well as their level of motivation.
- Trauma is contagious, both physically and psychologically.

Major Tasks

- Reduce the exposure of children to hazardous experiences
- Identify protective factors that are in place and those that may need to be strengthened
- Nurture and build protective factors
- Engage families as partners and decision makers
- Take care of yourself

Discussion Question

How can you use this research in your work with families experiencing homelessness and trauma?

Outcomes

- Create connections, relationships, and common goals.
- Lay the foundation for future work.
- Begin the process of building resilience.
- Increase positive interactions with families and within the organization.

What's Next?

- Identify at least 1 strength to build on for a family.
- Identify at least 1 protective factor that needs strengthening for the same family.
- Identify at least 1 action you can take to begin work on building protective factors.

Carrying the Work Forward

- Set goals that build on strengths and promote protective factors.
- Consistently review and reinforce progress toward goals (family, children, self).
- Use **additional resources** for staff discussions and/or professional development.
- Actively seek and engage in additional professional development opportunities.
- Contribute to collective knowledge of staff by bringing new learning back to the group.
- Provide parent education opportunities.
- Promote activities that relieve stress.

Quotes

"Safety and competence cures trauma." - Peg Kirby

"Genetic and environmental experiences loom large as protectors against a variety of risks to healthy development ranging from resistance to bacteria and viruses to resilience to maltreatment and rejection." Sam Goldstein

"Our challenge: honor the talents but ease the learning process. Children need adults who they can depend on and believe in them." - Jane M. Healy

"He who has the strongest feelings wins." Ken Frohock

Additional Resources

Bandura, Albert. Human Agency in Social Cognition Theory. *American Psychologist*. 44.9 (1989), 1175-84.

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Smith, Lawrence. Shame and Attachment (2008). Web. <<http://www.attachmentnewengland.com/documents/shame.pdf>>.

Handouts

Module II Part1

Handout 2.1.1

Protective Factors

Early childhood professionals can help build resilience through their practice and interactions with children and families.

Protective factors are the building blocks of resilience. They serve as buffers to challenges or adversity, helping us, young and old, find resources and supports, and to develop coping strategies under stress. Successful interventions when working with vulnerable families must both reduce risk factors and promote protective factors to ensure the well-being of children and their families.

Jack Shonkoff and others emphasize that good nutrition and a safe physical environment are the foundation on which healthy growth and development take place.

- **Good nutrition** promotes good health which is essential to brain development and problem solving
- **A safe physical environment** protects family members from harm and allows children to explore and learn

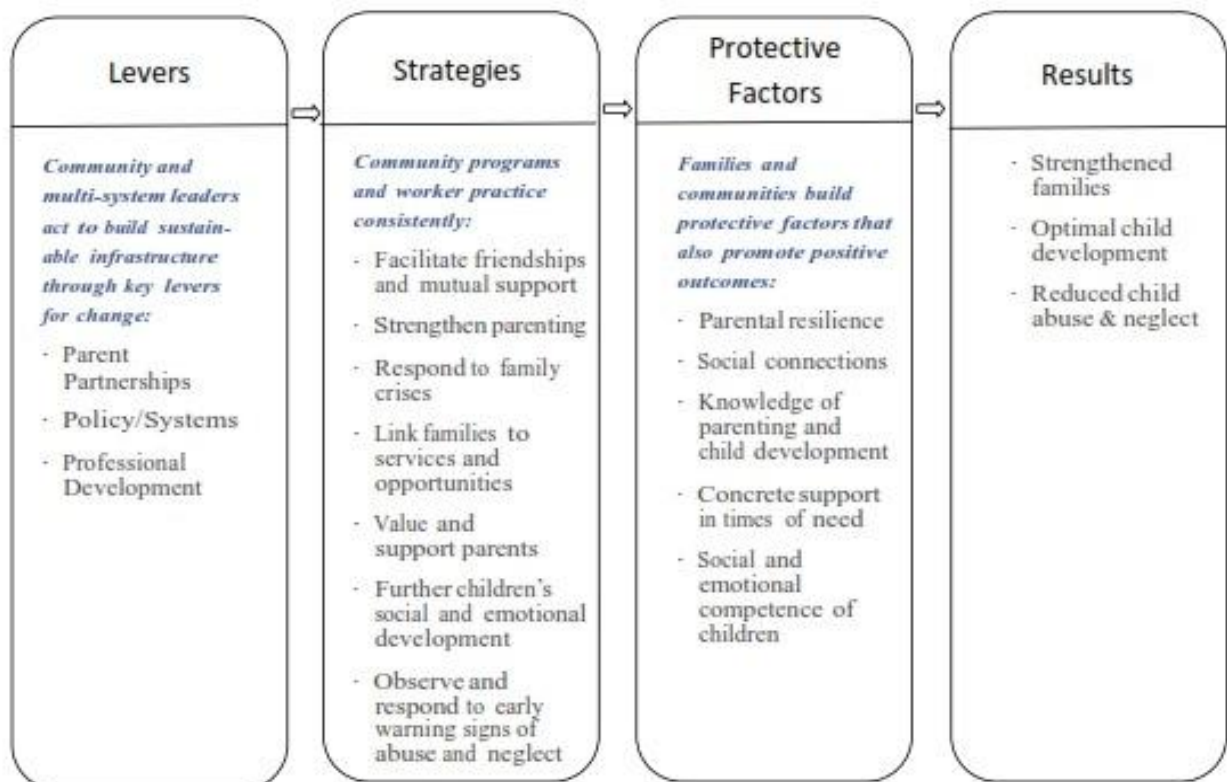
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Your work is to engage families in understanding and developing these skills, connections, supports, and knowledge. You are helping children and families build resilience by strengthening these protective factors.

The Strengthening Families Approach

- Benefits ALL families
- Builds on family strengths, buffers risk, and promotes better outcomes
- Can be implemented through small but significant changes in everyday actions
- Build on and can become a part of existing programs, strategies, systems and community opportunities
- Is grounded in research, practice and implementation knowledge



A New Vision

- Families and communities, service systems and organizations:
- Focus on building protective and promotive factors to reduce risk and create optimal outcomes for all children, youth and families
- Recognize and support parents as decision-makers and leaders
- Value the culture and unique assets of each family
- Are mutually responsible for better outcomes for children, youth and families

Source: Center for the Study of Social Policy, The Strengthening Families Approach

Ten Ways to Foster Resiliency in Children

Resilient children are those who adapt well, despite experiencing adversity in their lives. Families, schools, and communities have a profound influence upon children's ability to be persistent, overcome obstacles, and develop hope for their future. When children are influenced by caring adults with high expectations for their success, they are more likely to withstand negative pressures and become responsible adults.

What Can School Professionals Do To Enhance Resiliency In Children?

Respect and Demonstrate Kindness Toward All Children

Children should be greeted by name as often as possible, especially at the beginning of each school day. Staff members need to be encouraged to display interest in children through thoughtful words and a pleasant demeanor.

Promote a Sense of Belonging and Ownership in the School

Children can participate in their school by helping in the classrooms, doing errands for their teacher, working as crossing guards, being peer mediators, picking up trash, tutoring younger or special needs children, or contributing in other areas. After-school involvement in arts and crafts, drama, sports teams, clubs and activities can also increase school bonding.

Recognize and Believe in Each Child's Worth

Challenge children to do their best and express confidence in their ability to do many things well. Make expectations clear and encourage perseverance and critical thinking. When children express original thoughts or unique points of view, acknowledge their ideas.

Accentuate Cooperation Rather Than Competition

Structure environments so that children feel safe, secure, and ready to learn. Acknowledge individual improvement, rather than emphasize who is smartest, fastest, or most talented. Give recognition freely and compliment individual and team effort.

Teach Social Interaction Skills

Empathy, communication, and responsiveness need to be modeled and stressed. Be aware of and prevent teasing, gossiping, excluding, or other bullying behaviors. Have the children role play friendship and assertiveness skills; be careful to choose children who will model the behaviors you want to reinforce.

Handout 2.1.3 continued

Teach Problem-Solving Skills

To foster self-awareness and self-control have the children practice using the following steps from the Kelly Bear C.A.R.E.S. Program:

1. Ask, "What is the problem?"
2. Ask, "What can I do?"
3. Make a list of ideas.
4. Decide which one to try.
5. Try it.
6. Ask, "Did it work?"
7. If not, ask, "What will I do now?"

Foster Leadership Skills and Good Will

Provide opportunities for children to discuss their ideas and make decisions regarding classroom activities. Establish a student council or other organization that acknowledges children's interests and concerns and promotes character development. Increase kindness throughout the school by having children and staff write down observed caring behaviors. Acknowledge the identified children.

Help Children Discover Their Strengths and Talents

Provide time for children to imagine themselves doing something outstanding and worthwhile. After they set goals for themselves, discuss ways to reach their goals, and brainstorm choices they may need to make.

Model Tenacity, Emotional Maturity, and Healthy Attitudes

Be organized, consistent and use appropriate coping skills. Be genuine and avoid embarrassing or using sarcasm with a child.

Involve Parents To Foster a Bonding, Nurturing Parent-Child Relationship

Help parents see that they are their child's most important teachers, and that as role models they need to spend quality time teaching, training and exhibiting those habits and values they want their child to have.

http://www.kellybear.com/TeacherArticles/TeacherTip25.html?goback=%2Egde_3784534_member_254280050

Educating Homeless Children

Teachers can:

- Realize that your classroom may be a child's only stable haven.
- Understand that these children may have experienced some sort of trauma, violence and/or abuse and may be suffering from Post Traumatic Stress Disorder (PTSD or situational anxiety).
- Be aware that they are likely to be frustrated and angry about their situation.
- Understand that acting out is a way that children communicate their fear and anxiety.
- Realize that homeless children may be inattentive because they are tired.
- Do not make assumptions about a child's potential based on his or her living situation.
- Tell these children that they are capable and have high expectations for their success.
- Offer acceptance, assistance and support.
- Provide a predictable schedule and environment where they feel safe and a sense of belonging.
- Use cooperative learning groups and other techniques to further peer acceptance.
- Provide a buddy for a homeless child.
- Furnish a quiet place for an out-of-control child to calm down.
- Facilitate a child's evaluation for special programs and/or counseling when appropriate.
- Be caring and respectful toward these children and their parents.

Family Specialists, Counselors or other school staff can:

- Promote compassion among classmates.
- Provide sensitivity training for children who bully.
- Furnish or refer to individual and group counseling for homeless children.
- Offer social skills, assertiveness and anger management training for those children who need these skills.
- Coordinate before or after school care and/or tutoring.
- Present awareness training for school personnel on poverty and homelessness.
- Facilitate communication among parents, teachers and other school staff.
- Refer to and coordinate support services for these families.

For further information on educating homeless children and educational resources for teachers and counselors, visit www.nationalhomeless.org.

Source: <http://www.kellybear.com/TeacherArticles/TeacherTip55.html>

Handout 2.1.5

Feedback

What's one thing you learned today?

What's one thing you were reminded of today?

What supports do you need to carry the work forward?

What suggestions do you have for making this a better presentation for other professionals who are working with families experiencing homelessness?

Module II

Part 2

Professional Skills, Attitudes & Values

Module II Part 2

Learning Goal

Participants will identify and begin to strengthen skills and attitudes needed to engage in trauma-informed practice.

Review

Review the research and major tasks from **Module II Part 1**. Share identified strengths and actions for improving protective factors. (“**What’s Next**” activity from **Module II Part 1**).

Prime the Brain

The importance of good communication skills.

Definitions

- **secondary trauma (compassion fatigue)**- the stress resulting from or wanting to help a traumatized or suffering person
- **burnout** - a sense of frustration, exhaustion, cynicism, ineffectiveness and failure resulting from organizational stresses, such as too much paperwork, large caseloads, and/or lack of support.
- **communication** - a means of connection between people, a successful sharing or conveying of ideas, information and feelings
- **professionalism** - an attitude that reflects a sense of commitment, ethical behavior and awareness of the overall responsibilities of the position
- **reflective practice** - the capacity to reflect on action so as to engage in a process of continuous learning

Video

Difficult Conversations: Name That Hook

Diane A. Ross

<http://www.youtube.com/watch?v=E73USJhNzGI>

Research

- A feeling of safety, connection, and trust must be in place for healing to begin.
- Although children experiencing homelessness come from all backgrounds, they are more likely to be from immigrant communities or communities of color.
- Barriers to communication between professionals and families may include economic, emotional, and logistical problems, and be further complicated by language and cultural differences.
- When parents are involved in their children's education at home, their children do better in school. When parents are involved in their children's school, their children complete more schooling.
- Some parents see schools as institutionalized authority which may inhibit their interactions with school personnel either out of respect or fear.
- Secondary trauma (compassion fatigue) is a consequence of empathy and can be addressed and mitigated through self care and organizational support.
- Burn out can interfere with professionals' relationships with their clients, and needs to be addressed at both the individual and system level

Major tasks

- Develop respectful relationships with families and co-workers.
- Develop and use strong communication skills, such as active listening, "I Messages," and open ended questioning.
- Maintain professional standards in setting boundaries and respecting confidentiality.
- Recognize, value, and celebrate diversity: value and support families.
- Engage in reflective practice.
- Participate in professional development opportunities.
- Develop mutual supports among families and among staff.
- Reserve judgment: observe, gather available information, then review and analyze.

Discussion Question

How do you engage with families so that they feel respected and valued while maintaining professional boundaries?

Outcomes

- Practitioners will successfully connect with families and co-workers.
- Practitioners will have skills to work effectively with families experiencing homelessness.
- Families will be more involved with their children's education.
- Workplace stress will be reduced.

What's Next?

Choose one of the **Major Tasks** to focus on. Develop a plan with a coworker or supervisor to improve your skills for that task.

Carrying the work forward

- Find ways to identify and use skills that are strengths.
- Find ways to identify and strengthen skills that need support.
- Build an expectation of reflective practice.
- Use staff meetings as a way to discuss practice using strengths based model.
- Use additional resources for staff discussions and/or professional development.
- Develop support systems with families and with staff.
- Institute a mentoring program for families and for staff.
- Provide staff development opportunities around communication and professionalism.
- Provide opportunities for parents to engage with staff in culturally sensitive and appropriate ways.

Quotes

"Prickly goes away when scared goes away." Ken Frohock

"Assumptions are the termites of relationships." Henry Winkler

"The 3 seconds before you speak and the 3 seconds after you speak are the most important part of communication." Ken Frohock

"A beautiful thing happens when we start paying attention to each other." Steve Maraboli

"Being a professional is doing the things you love to do, on the days you don't feel like doing them." Julius Irving

"We are the stewards not just of those who allow us into their lives but of our own capacity to be helpful. J.R. Conte

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Handouts

Module II Part 2

Effective Communication

Types of Questions and Their Effectiveness

- Closed ended and direct questions ask for specific information and limit responses
- Open ended questions allow the responder more freedom in answering
- Follow up with other questions and statements to solicit additional information

Providing and Receiving Constructive Feedback

- Get the facts, avoid assumptions
- Focus on facts, not people
- Avoid placing blame
- Focus on solving problem
- Use clear language, avoid slang and “educational jargon”
- Organize your thoughts
- Consider the other person’s perspective
- Consider the time and setting

Guidelines for Communication

You can become more aware of your attitude(s) toward parents by asking yourself questions such as the following:

- Do I accept the parents where they are in terms of their needs and not mine?
- Do I encourage parents to talk with me? Do I ask open-ended questions and avoid yes-no questions and closed questions?
- Do I try to develop trust and show the parents I am interested in them? Am I an active listener? Do I moralize and pass judgment?
- Do I really listen? Do I establish eye contact with the parent and avoid being busy doing other things?
- Do I finish my sentences?
- Do I use the same phrase over and over, for example, “Gee, I understand”?
- Do I involve the parents in decision making and problem solving? Do I make them feel a part of the program?
- Do I accept what the parents say? Do I respect the parents as adults?

The result of regular “checking with yourself” can be a tool for developing sensitivity to parent’s position and viewpoint.

Recognizing Secondary Traumatic Stress and Burnout

it is important to understand that secondary traumatic stress, or STS, can be mistaken for burnout. The distinction is that STS develops as a result of making *empathic connections* with traumatized individuals, while burnout is the result of *administrative stresses* resulting from a lack of organizational capacity.

Symptoms of Secondary Traumatic Stress:

- Anxious thoughts, recurring memories or dreams
- Avoiding certain thoughts, feelings or situations that cause anxiety
- Trouble sleeping
- Feeling estranged from and caring less about others
- Feeling flat, emotional numbness
- Outbursts of anger or irritability
- Difficulty concentrating
- Hypervigilance, startle easily
- Feeling trapped at work

Symptoms of Burnout

- Chronic fatigue
- Emotional exhaustion
- Feelings of helplessness and hopelessness
- Disillusionment
- Lowered sense of personal accomplishment
- Negative attitudes towards work, other people, life itself
- Frequent absenteeism or tardiness

Secondary Trauma or Burnout? Ask yourself: "When did I start feeling this way?" If the answer is "I don't know; it feels like I have always felt this way," it is more likely burnout. If the answer is "I started having symptoms after I worked with a certain client," then it is likely secondary trauma.

Source: "Secondary Trauma and the Child Welfare Workforce."

http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360_2012.pdf

Managing Secondary Trauma and Burnout

A multidimensional approach to prevention and intervention – involving the individual, team members, supervisors, leadership and organizational policy – will yield the most positive outcomes for those affected by secondary trauma or burnout.

Sources of Secondary Trauma

- Empathy: by empathizing with a child or "feeling their pain" the professional becomes vulnerable to internalize some of the child's trauma-related pain.
- Insufficient recovery time from witnessing or hearing about traumatic experiences
- Unresolved Personal Trauma which can be "triggered" by working with an individual who has suffered a similar trauma
- Isolation and Systemic Fragmentation: When individuals feel valued and are in the presence of others who respect and care for them, they are more capable of tolerating extreme stressors.

Sources of Burnout

- Demanding and unsupportive and co-workers
- Arbitrary and/or unbending rules and procedures
- Too much paperwork
- Ambiguity in job descriptions
- Poor training and supervision
- Too high caseloads
- Lack of control or influence over one's work
- Communication problems
- Long workdays and workweeks

Strategies for Prevention and Intervention:

- Education
- Informal/formal self-reports and screening
- Ongoing skills training and opportunities for professional development
- Reflective supervision
- Workplace self-care groups
- Balanced caseloads
- Change in job assignments or work groups
- Flextime scheduling
- Exercise and good nutrition
- Referrals to Employee Assistance Programs or outside agencies

Source: "Secondary Trauma and the Child Welfare Workforce."

http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360_2012.pdf

Handout 2.2.4

Feedback

What's one thing you learned today?

What's one thing you were reminded of today?

What supports do you need to carry the work forward?

What suggestions do you have for making this a better presentation for other professionals who are working with families experiencing homelessness?

Module III

Learning
&
Assessment

Module III, Learning & Assessment

Learning Goal

When developing learning experiences and engaging families, participants will understand the importance of emotional development in promoting protective factors in both adults and children.

Review

Review the **Research and Major Tasks** from **Module II Part 2**.

Share how you use your strengths effectively and what supports you might need for strengthening a particular skill or perspective (**What's Next activity** from **Module II Part 2**).

Prime the Brain

Engage in an exercise that demonstrates the role of emotion in learning.

Definitions

- **curriculum** - usually a guided course of studies that promotes new knowledge and skills; also, the total learning experiences of the individual
- **assessment** - all those activities that provide information that can be used to inform decision making and plan next steps
- **emotional development** - a person's increasing awareness of and control over their feelings and their reactions
- **mirror neurons** - frontal lobe neurons that fire whether performing or simply observing an action
- **amygdala** - almond-shaped structure in the brain that is involved in emotional processing and memory. In particular, the amygdala is implicated in the fear response known as "fight, flight or freeze"
- **executive functions** - a set of mental processes that helps connect past experience with present action.

Video

Mirror Neurons

NOVA

<http://www.pbs.org/wgbh/nova/body/mirror-neurons.html>

Research

- Young children experience emotions and react to them long before they can verbalize.
- Mirror neurons enable us to connect and take the perspective of another. They are essential for social engagement.
- Significant adults influence emotional development.
- Emotional development is an important precursor to other ways of thinking and must be integrated with cognitive and linguistic abilities.
- The amygdala is the first part of the brain to reach physical maturity.
- Our brains develop structures, capabilities and sensitivities based on features and demands of the environment in which we grow up.
- Emotional safety is critical to learning.
- Teaching and learning comprise a dynamic system.

Major Tasks

- Attune to emotional needs and provide consistent warmth and responsiveness.
- Help children and adults identify triggers and learn how to handle these intrusive events.
- Use observation and reflection for assessment and to develop curriculum.
- Promote agency and executive functioning skills.
- Help children identify emotions and learn strategies to cope with negative emotions.
- Promote social and emotional competence.

Discussion

What do you do in your work that demonstrates attention to the **Major Tasks** and understanding of the **Research**?

Outcomes

- More effective learning experiences
- Improved coping skills
- More resilient children and adults

What's Next?

Incorporate one routine activity into your curriculum that promotes executive functioning skills and one activity that promotes social and emotional competence.

Carrying the Work Forward

- Work with colleagues to plan and develop activities that promote agency and social competence.
- Study additional resources for personal growth.
- Use additional resources for staff discussions and/or professional development.
- Actively seek and engage in additional professional development opportunities.
- Contribute to collective knowledge of staff by sharing new knowledge.
- Provide opportunities for parents and children that build self-efficacy.

Quotes

"The strongest emotion wins." Chip Conley

" is productive for children to understand that their brain changes with experience. Studying thinking and solving problems today actually changes the structure of the brain for the rest of life." Dean Buonomano

"Belief in oneself is one of the most important bricks in building any successful venture." Lydia M. Child

"Success is falling nine times and getting up ten." Jon Bon Jovi

"Every brain is uniquely wired and therefore everyone's learning is unique." John Medina

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Handouts

Module III

Handout 3.1

Mirror Neurons, Theory of Mind and Empathy

Mirror neurons play a powerful role in building trust, shifting perspectives, and developing a theory of mind. Empathy involves both affective and cognitive functions, and can lead to helpful responses or to unhelpful responses (withdrawal, burnout)

Research Summary

- Humans learn by looking and copying. “Mirror neurons” are activated both when performing a particular action AND when observing others perform the same action.
- Mirror neurons tie us not just to other people’s actions, but to other people’s feelings by matching our emotional state to those we are observing.
- Theory of mind develops over time and ideally leads to an understanding that people may think different things, that sometimes what a person believes isn’t true, and that people can act on mistaken beliefs.
- While theory of mind is innate, its development also depends on environmental factors and individual characteristics.
- Theory of mind development is reflected in children’s social competence and success at school.
- Executive function and self-regulation are essential for success in family, school, work and community life and require safe and stable relationships and environments for optimal development
- Empathy in individuals is mediated by mirror neurons, theory of mind, and executive functions which determine helpful responses or unhelpful responses such as withdrawal or “burnout.”



Video : *Mirror Neurons*

NOVA scienceNOW: <http://www.pbs.org/wgbh/nova/body/mirror-neurons.html>

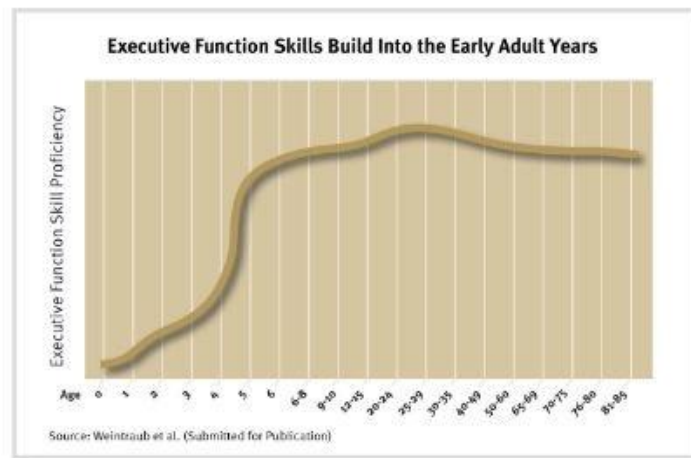
Handout 3.2

Executive Function and Self-Regulation

Executive function and self-regulation are essential for success in family, school, work and community life and require safe and stable relationships and environments for optimal development.

Research Summary

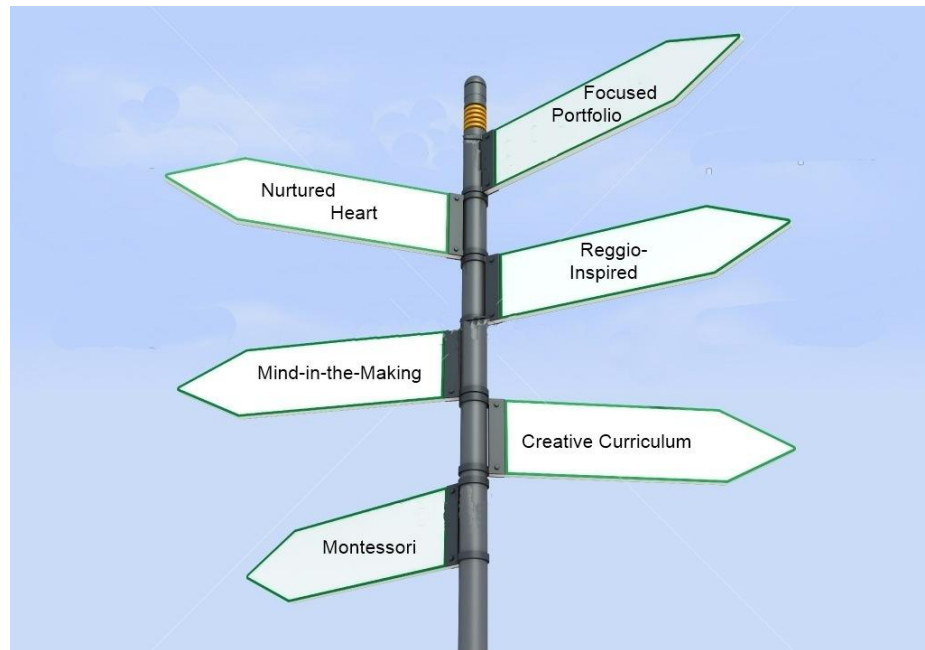
- “Executive function” acts as the brain’s “air traffic control system,” a group of skills that helps us to focus on multiple streams of information at the same time, and revise plans as necessary.
- These skills develop over a lifetime. While the potential for executive skills is innate, many factors can enhance or disrupt their development.
- Successful development of executive function and self-regulation builds resilience and provides lifelong benefits in school achievement, social relationships, good health, and success at work and in the community.
- The critical foundations for a strong foundation lie in consistent and supportive relationships; activities and opportunities to observe and practice the skills; and safe, stable and secure environments that encourage physical exercise, creativity and exploration.
- Parents and caregivers need to have these skills in order to support their development in children.
- Poverty, instability, violent and chaotic environments characterizing homelessness produce toxic stress that can seriously delay or impair executive functioning and self-regulation.



Tests measuring different forms of executive function skills indicate that they begin to develop shortly after birth, with ages 3 to 5 a window of opportunity for dramatic growth in these skills. Development continues throughout adolescence and early adulthood.

Video: [Building the Brain’s “Air Traffic Control” System: How Early Experiences Shape the Development of Executive Function](#)

Considerations on Curriculum in Early Childhood Programs Working with Vulnerable Families



In Early Childhood, “Curriculum is what happens”. Children are always learning and adults are always teaching, whether they intend to or not. Most early childhood programs, public and private, participate in some form of state, national and/or federal licensing and regulation process. These regulations and requirements may be different in each state, but they all have something to say about what happens in the classroom with the children. Federally funded programs, such as Head Start, and state funded public school early childhood programs also have their own expectations for classroom curriculum. **All of these programs can implement a trauma informed approach and still use their required curriculum and record keeping.**

Using a trauma informed approach should not add more work for the early childhood professional. It simply informs the planning, activities and interactions that are already part of the day. If a child needs to nap in the same spot every day, with the same blanket and pillow, the skilled teacher understands that this is a reaction to the uncertainty of where s/he will sleep tonight. The supportive atmosphere in the child care setting will help the young child learn and grow. Encouragement and success will help the child become more confident and self-reliant. The trauma informed approach builds resilience.

FRAMEWORK AND PRINCIPLES

Affective Networks

The "why" of learning



How learners get engaged and stay motivated. How they are challenged, excited, or interested. These are affective dimensions.

 Stimulate interest and motivation for learning

Provide Multiple Means of Engagement

Strategic Networks

The "how" of learning



Planning and performing tasks. How we organize and express our ideas. Writing an essay or solving a math problem are strategic tasks.

 Differentiate the ways students can express what they know

Provide Multiple Means of Action & Expression

Recognition Networks

The "what" of learning



How we gather facts and categorize what we see, hear, and read. Identifying letters, words, or an author's style are recognition tasks.

 Present information and content in different ways

Provide Multiple Means of Representation

Universal Design for Learning Guidelines

I. Provide Multiple Means of Representation	II. Provide Multiple Means of Action and Expression	III. Provide Multiple Means of Engagement
<p>1: Provide options for perception</p> <ul style="list-style-type: none"> • Offer ways of customizing the display of information • Offer alternatives for auditory information • Offer alternatives for visual information 	<p>4. Provide options for physical action</p> <ul style="list-style-type: none"> • Vary the methods for response and navigation • Optimize access to tools and assistive technologies 	<p>7. Provide options for recruiting interest</p> <ul style="list-style-type: none"> • Optimize individual choice and autonomy • Optimize relevance, value, and authenticity • Minimize threats and distractions
<p>2: Provide options for language, mathematical expressions, and symbols</p> <ul style="list-style-type: none"> • Clarify vocabulary and symbols • Clarify syntax and structure • Support decoding of text, mathematical notation, and symbols • Promote understanding across languages • Illustrate through multiple media 	<p>5. Provide options for expressions and communication</p> <ul style="list-style-type: none"> • Use multiple media for communication • Use multiple tools for construction and composition • Build fluencies with graduated levels of support for practice and performance 	<p>8. Provide options for sustaining effort and persistence</p> <ul style="list-style-type: none"> • Heighten salience of goals and objectives • Vary demands and resources to optimize challenge • Foster collaboration and community • Increase mastery-oriented feedback
<p>3: Provide options for comprehension</p> <ul style="list-style-type: none"> • Activate of supply background knowledge • Highlight patterns, critical features, big ideas, and relationships • Guide information processing, visualization, and manipulation • Maximize transfer and generalization 	<p>6. Provide Options for executive functions</p> <ul style="list-style-type: none"> • Guide appropriate goal-setting • Support planning and strategy development • Facilitate managing information and resources • Enhance capacity for monitoring progress 	<p>9. Provide options for self-regulation</p> <ul style="list-style-type: none"> • Promote expectations and beliefs that optimize motivation • Facilitate personal coping skills and strategies • Develop self-assessment and reflection
<p>Resourceful, knowledgeable learners</p>	<p>Strategic, goal-directed learners</p>	<p>Purposeful, motivated learners</p>

Feedback

What's one thing you learned today?

What's one thing you were reminded of today?

What supports do you need to carry the work forward?

What suggestions do you have for making this a better presentation for other professionals who are working with families experiencing homelessness?

Module IV

Organizational Capacity

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Module IV Organizational Capacity

Learning Goal

Participants will be able to identify organizational structures, attitudes, policies and skills that support trauma-informed practice, while reducing turnover rates, and increasing professionalism.

Review

Review the **Research** and **Major Tasks** from **Module III**.

Share activities you use in your work that promote executive functioning and social/emotional skills (**What's Next** activity from **Module III**).

Prime the Brain Activity

Everyone contributes to the successful completion of a task.

Definitions

- **capacity** - the wide range of abilities, knowledge and resources needed in order to survive, adapt and thrive in a changing environment.
- **leadership** - the ability to articulate the visions and goals of the organization and motivate others to work together in accomplishing them.
- **collaboration** - working with others towards a common goal.
- **reflective supervision** - the process of examining, with someone else, the thoughts, feelings, actions and reactions evoked in the course of working with young children and their families.
- **trauma-informed organizations** - organizations which incorporate an understanding of the prevalence and impact of trauma and the paths to healing and recovery; seek "safety first" and avoid retraumatizing.

Video

How Would You Define Capacity-Building?

Third Sector New England

<http://youtu.be/XkMVNLpC400>

Research

- Trauma is pervasive: between 55-99% of us have experienced at least one traumatic event, with an average of 5 traumas per lifetime.
- Organizations, through their practices, can trigger trauma related reactions in clients and in staff.
- Trauma-informed approaches can enhance the effectiveness of services.
- Training, ongoing reflective supervision, consultation and support are needed to create and sustain trauma-informed organizations.
- Trauma-informed organizations can intervene early, provide or refer to immediate and concrete assistance, avoid further trauma and support healthy development.

Major Tasks

- Promote and support open communication and collaboration within the organization.
- Make an open and honest assessment of the current capacity of the organization to work effectively with families experiencing homelessness and trauma.
- Provide physical and emotional safety for clients and staff.
- Develop a process for successful transitions to other programs and services.
- Identify and implement ways to continuously improve organizational capacity to support children, families and staff.

Discussion Question

What next steps would you recommend for improving the organization's capacity to support staff and to work effectively with children and families experiencing homelessness?

Outcomes

- The organization operates smoothly and turnover is minimal.
- Staff works effectively as a team.
- Children, families, and staff build resilience.
- The organization builds capacity to provide trauma-informed services.
- The organization takes an active role in working for community change.

What's Next

As a staff, discuss current and potential organizational elements, strategies and resources that support and build on emerging individual and organizational strengths.

Carrying the Work Forward

- Demonstrate commitment to continuous improvement.
- Provide opportunities to engage staff and clients in planning, implementing and accomplishing personal and organizational goals.
- Identify key partners in the community.

Quotes

"The first task of recovery is to establish the survivor's safety. This takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured." Judith Herman

"Get everyone to do a small part to help, then no one feels helpless." Ken Frohock

"The achievements of an organization are the results of the combined effort of each individual." Vince Lombardi

"An organization, no matter how well designed, is only as good as the people who live and work in it." Dee Hock

Additional Resources

- Capacity Building*. Video Channel. Third Sector New England. Web.
<http://www.youtube.com/playlist?list=PLB93EA66BEB202017&feature=emshare_playlist_user>.
- Capacity Building: A Topical Resource List*. Foundation Center. Web.
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- De Vita, Carol, and Fleming Cory, eds. "Building Capacity in Nonprofit Organizations." The Urban Institute. 2001. Web.
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- "Family Connections." Boston Children's Hospital. Web.
<<http://www.childrenshospital.org/clinicalservices/Site2684/mainpageS2684P9.html>>
- Guarino, K., et al. "Trauma-Informed Organizational Toolkit." National Center on Family Homelessness, Web. <<http://www.familyhomelessness.org/media/90.pdf>>.
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<<http://eclkc.ohs.acf.hhs.gov/hslc/ttssystem/family/Family%20and%20Community%20Partnerships/Crisis%20Support/Homelessness/homelessness.html>>
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<<http://www.ct.gov/dmhas/lib/dmhas/trauma/TraumaModels.pdf>>.
- "Reflective Practice and Program Development." Zero to Three. Web.
<<http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practiceprogram-development/>>.
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- Staff Leadership to Create Relationships that Protect Children." Strengthening Families. Center for the Study of Social Policy. Web.
<http://www.cssp.org/reform/strengtheningfamilies/resources/body/03_Staff_Leadership_REV4-1.pdf>.
- "Strengthening Families for Practitioners: A Protective Factors Framework." Strengthening Families. Center for the Study of Social Policy. Web.
<<http://www.cssp.org/reform/strengthening-families/basic-onepagers/Strengthening-Families-for-Practitioners.pdf>>.
- "Third Sector New England: Transforming Nonprofits, Powering Change." Third Sector New England. Web. <<http://www.tsne.org/>>.
- Van Dernoot Lipsky, Laura, and Connie Burk. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler Publishers, 2009. Print.

Module IV

Handouts

Trauma-Informed Organizations

A trauma-informed organization thoroughly incorporates, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the paths to recovery. Trauma-informed services avoid retraumatizing those who seek assistance as well as staff. These organizations seek "safety first" and commit themselves to "do no harm."

Creating a trauma-informed organizational culture is important because:

- Trauma is pervasive: between 55-99% of us have experienced at least one traumatic event, with an average of 5 traumas per lifetime.
- The impact of trauma is very broad, often deep and life-shaping,
- Trauma preys particularly on the more vulnerable.
- Trauma has often occurred in the service context itself, often by unintentionally "triggering" traumatic memories and responses.
- Trauma affects staff members as well as consumers. "Secondary" trauma ("compassion fatigue") and "burnout" can occur.
- Service providers may be reluctant to address trauma, lack confidence in their ability to deal with resulting behaviors or emotions, or fear that their own trauma histories will be triggered.
- Training, ongoing reflective supervision, consultation and support are needed to create and sustain trauma-informed organizations.
- Trauma-informed organizations can intervene early, provide or refer to immediate and concrete assistance, avoid further trauma and support healthy development.

Core Values of a Trauma-Informed Organization:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

If a program can say that its culture reflects each of these values in each contact physical setting, relationship and activity and that this culture is evident in the experiences of staff as well as consumers, then the program's culture is trauma-informed.

Handout 4.1 continued

Establishing a Supportive Environment requires:

- Safety for children, families and staff
- Consistency and predictability
- Transparency in information-sharing
- Open and respectful communication
- Privacy and confidentiality
- Cultural awareness and competence

Source: Fallot, Roger and Harris, Maxine (2009). *Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol*. Washington, D.C., Community Connections.

Reflective exercise for your organization

- What organizational structures, attitudes and policies does your organization have in place to work effectively with families experiencing homelessness? What is not in place?
- How does your organization ensure physical and emotional safety for children, families and staff?
- Does your organization have effective processes for successful transitions into and out of your care?

Organizational Elements Impacting Capacity

- **Shared vision** - Mission, Vision, and Strategy are the driving forces that give an organization its purpose and direction.
- **Strong, effective leadership** - Governance and leadership keep all the parts aligned and moving. The organization's leadership is alert to changing community needs and realities.
- **Resource development** - The effective management and use of human, financial, physical and information resources impacts an organization's capacity.
- **Effective communications, internally & externally** - The strength of the organization depends upon the ability to collect, process and use information efficiently and effectively.
- **Skills** -The abilities manifested in individuals will contribute to the organization and the ability to get things done .
- **Trust** - Trust is the reflection of the degree of integrity, honesty, dependability, openness, and transparency within the organization.
- **Strong management systems** - Investing time and attention to systems development results in organizational efficiency and effectiveness.
- **Commitment to continuous improvement, training, and staff development**



- http://www.createthefuture.com/Capacity_Building.htm

Program Strategies that Build Protective Factors

- **facilitate mutual support** - Workplace relationships need to be inclusive, respectful and honor different perspectives, ideas, and points of view. Peer-to-peer support and even friendships among clients should be encouraged.
- **value and support parents** - Programs build on a protective factors framework of building strengths adapted to the cultures, traditions and values of participating families which are expressed differently in different contexts.
- **strengthen parenting** - Parental behaviors that lead to early secure attachments lay the foundation for social-emotional, cognitive and moral competencies across developmental periods, help children manage stress, and can mediate the effects of trauma.
- **observe and respond to early warning signs of abuse and neglect** - Abuse and neglect have profoundly negative consequences for children and society at large. Maltreatment harms the physical, psychological, cognitive, and behavioral development of children.
- **respond to family crises** - A family crisis such as unemployment, illness or death can create extreme stress within the family and make less attention available to support a child's developmental needs. Know how to help families access crisis services by providing transportation and the name of a person instead of just a phone number.
- **link families to service and opportunities** - Families need to have basic needs (shelter, food, clothing, health care) met to ensure a child's healthy development. Programs of all kinds need to be able to direct families to services and supports for meeting basic needs when necessary. Connect parents to economic resources or serve as an access point for health care, child care subsidies and other benefits.
- **share power with parents and staff as active, integral decision-makers** - Different members of the organization see themselves as having a role in supporting the whole (in contrast to being a mere collection of separate individuals), including organizational integrity, structure, procedures, decision making processes, effectiveness, division of labor and complementarity of roles and functions.

Recognizing Secondary Traumatic Stress and Burnout

it is important to understand that secondary traumatic stress, or STS, can be mistaken for burnout. The distinction is that STS develops as a result of making *empathic connections* with traumatized individuals, while burnout is the result of *administrative stresses* resulting from a lack of organizational capacity.

Symptoms of Secondary Traumatic Stress:

- Anxious thoughts, recurring memories or dreams
- Avoiding certain thoughts, feelings or situations that cause anxiety
- Trouble sleeping
- Feeling estranged from and caring less about others
- Feeling flat, emotional numbness
- Outbursts of anger or irritability
- Difficulty concentrating
- Hypervigilance, startle easily
- Feeling trapped at work

Symptoms of Burnout

- Chronic fatigue
- Emotional exhaustion
- Feelings of helplessness and hopelessness
- Disillusionment
- Lowered sense of personal accomplishment
- Negative attitudes towards work, other people, life itself
- Frequent absenteeism or tardiness

Secondary Trauma or Burnout? Ask yourself: "When did I start feeling this way?" If the answer is "I don't know; it feels like I have always felt this way," it is more likely burnout. If the answer is "I started having symptoms after I worked with a certain client," then it is likely secondary trauma.

Source: "Secondary Trauma and the Child Welfare Workforce."

http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360_2012.pdf

Managing Secondary Trauma and Burnout

A multidimensional approach to prevention and intervention – involving the individual, team members, supervisors, leadership and organizational policy – will yield the most positive outcomes for those affected by secondary trauma or burnout.

Sources of Secondary Trauma

- Empathy: by empathizing with a child or "feeling their pain" the professional becomes vulnerable to internalize some of the child's trauma-related pain.
- Insufficient recovery time from witnessing or hearing about traumatic experiences
- Unresolved Personal Trauma which can be "triggered" by working with an individual who has suffered a similar trauma
- Isolation and Systemic Fragmentation: When individuals feel valued and are in the presence of others who respect and care for them, they are more capable of tolerating extreme stressors.

Sources of Burnout

- Demanding and unsupportive and co-workers
- Arbitrary and/or unbending rules and procedures
- Too much paperwork
- Ambiguity in job descriptions
- Poor training and supervision
- Too high caseloads
- Lack of control or influence over one's work
- Communication problems
- Long workdays and workweeks

Strategies for Prevention and Intervention:

- Education
- Informal/formal self-reports and screening
- Ongoing skills training and opportunities for professional development
- Reflective supervision
- Workplace self-care groups
- Balanced caseloads
- Change in job assignments or work groups
- Flextime scheduling
- Exercise and good nutrition
- Referrals to Employee Assistance Programs or outside agencies

Source: "Secondary Trauma and the Child Welfare Workforce."

http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360_2012.pdf

Three Building Blocks of Reflective Supervision

Over the last quarter-century work done by ZERO TO THREE has found that reflective supervision promotes and supports the development of a relationship-based organization. This approach expands on the idea that supervision is a context for learning and professional development.

The three building blocks of reflective supervision **are reflection, collaboration, and regularity.**

Reflection

Reflection means stepping back from the immediate, intense experience of hands-on work and taking the time to wonder what the experience really means. Through reflection, we can examine our thoughts and feelings about the experience and identify the interventions that best meet the goals.

Reflection in a supervisory relationship requires a foundation of honesty and trust. The goal is to create an environment in which people do their best thinking—one characterized by safety, calmness and support. Regular meetings are needed to:

- provide material that will help stimulate a dialogue about the work.
- explore the range of emotions (positive and negative) related to the work.
- work to understand and identify appropriate next steps.

Reflective supervision is characterized by active listening and thoughtful questioning by both parties. The role of the supervisor is to provide the support and knowledge necessary to guide decision-making, and to provide an emotionally safe environment that supports positive stress management. It reflects the nurturing relationship provided by staff for infants, toddlers and families.

Supervisors can also support staff's professional development by using supervisory meetings as an opportunity to scaffold, or support the acquisition of, new knowledge. Reflection is important because it empowers staff to assess their own performance. Awareness of one's strengths, as well as one's limits and vulnerabilities, allows individuals to make mid-course corrections in work performance that feel natural, unforced, and generated from within.

Collaboration

The concept of collaboration (or teamwork) emphasizes sharing the responsibility and control of power. Power is derived from many sources, among them position in the organization, ability to lead and inspire, sphere of influence and network of colleagues. But most of all, power is derived from knowledge.

While sharing power is the goal of collaboration, it does not exempt supervisors from setting limits or exercising authority. These responsibilities remain firmly within the supervisor's domain. Collaboration does allow for a dialogue to occur on issues affecting the staff person and the program.

Collaboration allows staff to express interest in taking on new tasks and challenges, as well as to exercise some control over the terms and conditions of their work. It offers supervisors and mentors a chance to learn from, as well as teach, staff. Collaboration also allows supervisors to recognize opportunities to share responsibility and decision-making and, in so doing, cultivate leadership talent from within.

True collaboration requires open communication, flowing freely in both directions, and protected from "outsiders." Both partners assume the best about each other. The supervisory relationship is one characterized by a feeling of trust and safety, where difficult issues can be discussed without fear of judgment, disclosure, or ridicule. Open communication implies curiosity and active listening. Either partner can ask "What were you thinking when you did that?" as a means of learning more about the motivations and thoughts of the other.

Regularity

Neither reflection nor collaboration will occur without regularity of interactions. Supervision should take place on a reliable schedule, and sufficient time must be allocated to its practice.

That said, there are times when scheduling conflicts or emergencies arise, making it necessary to reschedule supervision meetings. When this happens, set another time to meet as soon as possible. If the need to reschedule arises frequently, it makes sense to consider why this is happening.

It takes time to build a trusting relationship, to collaborate, and to share ideas, thoughts, and emotions. Supervisory meetings are an investment in the professional development of staff and in the future of the program. Staff will take their cues from leaders

Excerpted from Parlakian, R. (2001). Look, listen, and learn: Reflective supervision and relationship-based work. Washington, D.C: ZERO TO THREE. Available at: <http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/three-building-blocks-of-reflective-supervision.html>

Is My Supervisory Style Reflective?

Reflective leadership is characterized by self-awareness, careful and continuous observation, and respectful, flexible responses that result in reflective and relationship-based programs. The following **Leadership Self-Assessment** is a series of statements and reflective questions that offer insight into your leadership style to help you identify your strengths and opportunities for growth.

Instructions: Rate yourself on a scale of **1 (Rarely)**, **2 (Sometimes)** or **3 (Almost Always)** on the following statements.

1. In a discussion, I can see areas of agreement among differing opinions.	1	2	3
2. I lead by example, not just by words.	1	2	3
3. I notice good work and I give staff positive feedback.	1	2	3
4. I recognize the value of humor in the workplace.	1	2	3
5. I have a vision of where the agency/center/project I lead is going and can communicate it to others.	1	2	3
6. When something is not going right for one of my staff members, I take the time to help them think it through and develop an approach to solving it.	1	2	3
7. I am comfortable telling others when I don't know the answer to a particular question.	1	2	3
8. I make sure we celebrate as a team when we meet milestones.	1	2	3
9. I have ways of handling the pressures of my position that allow me to think and strategize even in the midst of crisis.	1	2	3
10. I focus the work of the agency/center/project I lead around the children and families we serve.	1	2	3
11. I make sure people know that it is safe to share their opinions and to say what they really think and feel.	1	2	3
12. I encourage people to let me know what they need in order to work well, and whenever possible, ensure that they get it.	1	2	3

13. I gather input from others and involve staff in decision-making. I devolve decision-making whenever appropriate.	1	2	3
14. I make opportunities to stay current about issues in the field.	1	2	3
15. I think before I act.	1	2	3
16. I meet regularly with the staff who report to me.	1	2	3
17. I solicit feedback from my staff about my own performance.	1	2	3
18. I have a mentor or supervisor in the organization.	1	2	3

Understanding Your Responses

If your responses were mostly

Ones:

Reflective supervision may be new to you or your organization. Consider attending an external training session on reflective supervision and relationship-based organizations. You also may wish to do some independent reading on reflective supervision. See the articles in this issue of the Journal for additional resources.

Twos:

Reflective supervision is not entirely new to you, but you may be hesitant to fully implement it in practice. Beginning with the areas you marked as "ones," work with your supervisor to identify experiences that will help you build your skills and use them with confidence. Consider attending workshops or conferences on the subject.

Threes:

You are comfortable using reflective supervision with your staff and have integrated many facets of this approach into your daily work. You can expand your knowledge and continue growing by identifying your next challenges, for example: develop your own training session on reflective supervision, mentor a colleague, and continue to take external classes and conferences.

Excerpted from:

Parlakian, R., & Seibel, N. L. (2001). Being in Charge: Reflective leadership in infant/family programs. Washington, DC: ZERO TO THREE. Available at:

<http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/leadership-self-assessment-tool.html>

What Do Leaders Do?

Leaders carry out key functions and specific tasks. Effective leaders know leadership is an art as well as a developed skill. Committed leaders actually study leadership in order to improve their own performance. Following are some of the functions good leaders perform.

People functions

- Value individuals
- Gather and develop others in becoming leaders
- Motivate others
- Enable others

Organization functions

- Affirm values and set (and enforce) the highest ethical standards
- Embrace and use system thinking and learning organization business theories
- Build adaptive capacity
- Develop the optimum organizational culture

Personal functions

- Delegate, but don't abdicate
- Take risks and make mistakes
- Welcome criticism and learn from it

Community functions

- Ensure that your organization is relevant to the community
- Build a network of supporters, partners, and collaborators
- Help build the civic capacity of your community

Source: Joyaux, Simone, What Is Leadership? (2013). Nonprofit Quarterly, April 23, 2013. Available at: <http://www.nonprofitquarterly.org/management/22194-what-is-leadership.html>

Feedback

What's one thing you learned today?

What's one thing you were reminded of today?

What supports do you need to carry the work forward?

What suggestions do you have for making this a better presentation for other professionals who are working with families experiencing homelessness?

Module V

Building Partnerships for Children and Families

Module V Building Partnerships

Learning Goal

Participants will identify community organizations and begin to build strong partnerships to support families experiencing and transitioning from homelessness and trauma.

Review

Review the **Research** and **Major Tasks** from Module IV. Summarize the discussions about the organization's current and potential capacity ("**What's Next**" activity from **Module IV**)

Prime the Brain

Find commonalities in very different objects.

Definitions

- **transition** - passage from one state, stage, subject, or place to another; change
- **early intervention services** - a process of assessment and therapy provided to children, especially those younger than age 6, to facilitate normal cognitive and emotional development and to prevent developmental disability or delay
- **Child Find** - a federal program that supports the identification of young children 3 to 5 years, evaluates them for potential delays, and refers them to appropriate services
- **community collaboration** - a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone.
- **collective impact** - a specific approach to community collaboration that involves the commitment of a group of actors from different sectors to a common agenda for solving a complex social problem

Video

Building Adult Capacities

http://developingchild.harvard.edu/resources/multimedia/videos/theory_of_change/

Research

- The community can either support or undermine family functioning.
- Community collaboration increases resources available to children, families, and organizations.
- Collaboration is most helpful for vulnerable and at-risk children and families.
- Community-wide networks that share a vision and mission, leadership, resources, outreach work, and adopt common measures for community change have been shown to have a significant impact on the community.
- The information from outputs and outcomes provides feedback to the members of the network and enhances the ability of the network to achieve its goals.
- If nonprofits collaborate effectively, grant-making dollars can be leveraged beyond the impact of any one grant or funding stream.

Major Tasks

- Build systems that allow for smooth transitions and ongoing, appropriate support for families and children.
 - Identify key partners for effective community collaborations
 - Develop mutual respect, support, and interactions among partners
 - Provide referrals and information to other agencies when appropriate
 - Establish protocols for exchanging information, tracking, monitoring and evaluating results for the partnerships.
- Develop a community-wide coalition that will advocate for vulnerable children and families.

Discussion Question

How can your organization/program work with other agencies to ensure the long term success of children and families?

Outcomes

- Stronger organizational partnerships
- Greater access to and use of resources for children, families and organizations
- More vulnerable families becoming independent
- Stronger, healthier communities

Next Steps

Identify stakeholders and provide an opportunity to explore common goals, desired outcomes and concrete ways to work together.

Carrying the Work Forward

- Complete a community inventory of assets and challenges.
- Study effective ways of working collaboratively.
- Develop relationships with leaders and frontline workers from partner agencies.
- Identify common goals.
- Identify ways of collecting and sharing information.
- Identify and find ways to coordinate activities.
- Consider using a collective impact model for creating healthy communities for all children and families.

Quotes

"For things to change, somebody somewhere has to start acting differently." Chip Heath and Dan Heath

"Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations."
Strengthening Families

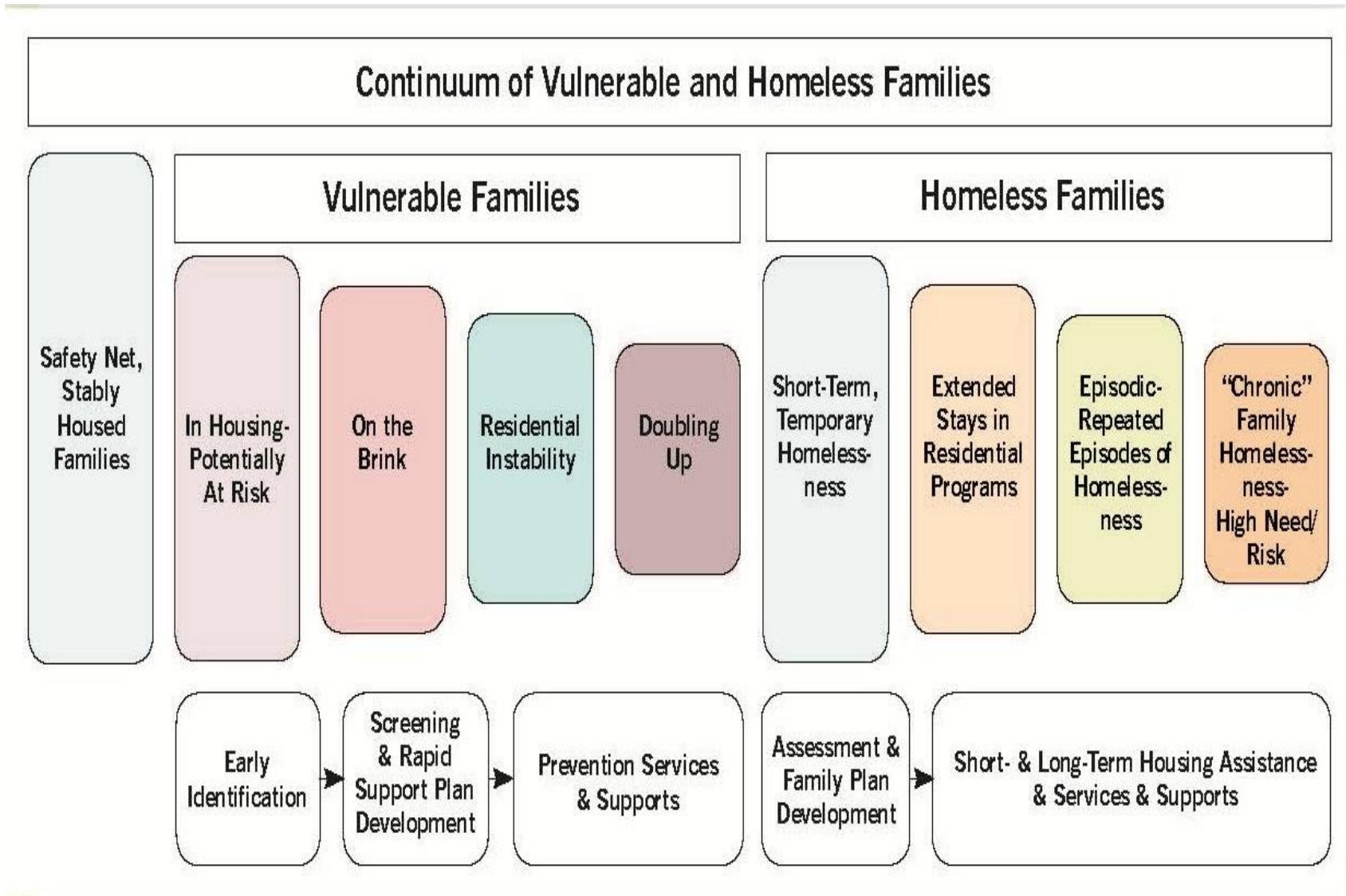
"All persons are caught in an inescapable network of mutuality, tied to a single garment of destiny. What affects one directly, affects us all indirectly." Martin Luther King, Jr.

Additional Resources

- Blank, Martin, S. Kwesi Rollins, and Carlo Ignacio. "Building Effective Community Partnerships." CCI Tools for Federal Staff. Institute for Educational Leadership. Web.
<http://www.ccitoolsforfeds.org/doc/Building_Effective_Community_Partnerships.pdf>.
- Bartle, Phil. "Community Empowerment Collective Society." Community Empowerment Collective. 2007. Web.
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<http://www.ssireview.org/articles/entry/collective_impact>.
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- .

Module V

Handouts



Source: *Ending Family Homelessness in Washington State: An Emerging Approach*. Building Change

Systems Collaboration

Collaboration across multiple service systems is central to the Strengthening Families approach. State and local leadership teams for Strengthening Families are made up of multiple agencies and partners, including community and parent leaders. Each represents a unique part of the systems of support that families need. Diverse agencies and programs are responsible for specialized parts of the system, but all of them focus some aspect of their work on families. Their goals intersect in the need to create a strong partnership with families and to support the family's role in promoting their children's development.



<http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-as-a-Platform-for-Collaboration.pdf>

Community Collaboration

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone.

Continuum of Community Partnerships

Cooperation	Coordination	Collaboration
lower intensity		higher intensity
Shorter-term, informal relationship	Longer-term effort around a project or task	More durable and pervasive relationships
Shared information only	Some planning and division of roles	New structure with commitment to common goals
Separate goals, resources and structures	Some shared resources	All partners contribute resources and share rewards and leadership

The investment in collaboration must be worth the effort. This is because collaboration changes the way we work.

Moving from Cooperation to Collaboration requires moving from:

- Competing to Building Consensus
- Working along to Including Diverse Others
- Focus on activities, services & programs to Focus also on strategies and results
- Reporting short-term accomplishments to Demanding long-term results

Assessing and Growing Your Community Partnership

Building and maintaining effective community partnerships requires dedicated time and ongoing attention to the collaborative process. This checklist will help you understand where your partnership is thriving and where it may need attention. It can also be used with your partners so they may focus on, assess, and improve the quality of their collaborative efforts.

Assessing Your Community Partnership

1. Our partnership has developed a shared vision and a set of shared goals.

Disagree 1 2 3 4 5 Agree

If you disagree, say why:

2. Our partnership has successfully engaged a broad base of partners from a range of individuals and organizations representing all the key stakeholders.

Disagree 1 2 3 4 5 Agree

If you disagree, say why:

3. Our partnership has the right “mix” of partners so that we are representative, inclusive, and effective.

Disagree 1 2 3 4 5 Agree

If you disagree, say why:

4. Families and consumers are involved in our community partnership in a meaningful way.

Disagree 1 2 3 4 5 Agree

If you disagree, say why:

Collective Impact

Community wide networks that use a collective impact model have been shown to have a significant impact on their community.

Essential Elements for Collective Impact

- **Common Agenda:** All participants have a shared vision for change, a common understanding of the problem, and a joint approach to solving it through agreed upon actions.
- **Mutually Reinforcing Activities:** Each participating organization does what it does best, coordinating with the action of others, so that all efforts contribute to an overarching plan.
- **Shared Measurement:** collecting data and monitoring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
- **Continuous Communication:** Frequent, open and transparent communication over time builds the trust that is essential for successful community-wide collaborative efforts.
- **Backbone Support:** The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails. A dedicated staff separate from the participating organizations can help plan, manage and support the initiative.

Source: Kania, John and Kramer, Mark (2011) Collective Impact. Stanford Social Innovation Review (Winter), pp. 36-41. Available at:
http://www.ssireview.org/articles/entry/collective_impact

Making a Change

Change requires someone, somewhere to start acting differently.

Research Summary

- Effective change requires a balance between emotional arousal and rational consideration; possible pathways to change are shaped by the environment.
- Breaking a large problem into smaller problems enables a series of “small wins” that sustains momentum, attracts allies and counters opponents.
- Individuals often get demoralized when tackling difficult tasks alone, but members of groups seem better able to remain optimistic in the face of difficulties and setbacks.
- Every community has both challenges and resources; employ the resources to address the challenges
- The path to changing complex social problems is unpredictable and emerges from the ongoing interaction of actors and environment

HOW TO MAKE A SWITCH

Sell it rationally

- Know where we’re going and why it’s worth it
- Identify what’s working well and do more
- Script the critical moves in terms of specific behaviors or actions

Engage emotions

- Knowing something isn’t enough to cause change. Make people experience and feel something
- Break the change strategy into “small wins”
- Cultivate a sense of identify and instill a “growth” mindset: we can become the change we want to see

Shape the path

- When the situation changes, the behavior changes, so change the situation
- Build habits or “good ruts” to keep us on the path
- Rally the community and work together
- The path will change; concentrate on a strong beginning and ending and get moving

Sell it rationally.
Engage emotions.
Make it easy.

Transition Scenarios

Scenario One

What you know on the first day:

Single Mom, (Black, early 30's). One daughter is in middle-school. One boy ,age 4, is at CLN. He is a very strong willed child, big and strong physically. Mom is lethargic and rarely speaks to anyone or makes eye contact. Her appearance is disheveled. She has a difficult bus route to get daughter to school and boy to CLN. She is often late. The son is easily angry and lashes out. He will be going to kindergarten in the Fall. He will have completed his year at CLN in April, so needs another placement.

What are your first thoughts about this family?

What services and/or supports do you think they need?

How can you make that happen?

What happens next:

Mom gets counseling and Section 8 housing. The apartment is in a complex close to CLN where the son can ride the CLN bus. The daughter can walk to school, and Mom walks with her every day after the son is picked up. She begins to take care of her appearance and gets a job at a convenience store close by. Program staff decide to keep the boy until he transfers to public school kindergarten in August. There is a pool at the apartment complex and the son talks about how they all use it. There is an IEP meeting (Individualized Education Program) with the school he will be entering, where his kindergarten teachers learn what kind of support he will need. A staff member sees the family at the store a few months later. They all look well and Mom says both children are doing well in school.

Do you think this is a success story?

What could have derailed the family's progress?

How has your thinking changed, about the family?

About "the system"?

Handout 5.7 continued

Scenario Two:

What you know on the first day:

Mom and Dad, (married, white, mid thirties). Dad was in prison and was released a year and a half ago. They have a daughter, 4, and a boy 1 year old. The boy was born drug affected. Mom and Dad are in a methadone program. Mom is wearing an ankle bracelet for shoplifting, which she says was the daughter's fault, because she put something in the baby's stroller. They are living with a relative of Dad's who is difficult and possibly involved in drug dealing. Dad gets work in construction and they get an apartment very far away on the West side.

What are your first thoughts about this family?

What services and/or supports do you think they need?

How can you make that happen?

What happens next:

Dad and the relative have a serious argument and the family has to move in a hurry. They have to go back and forth on the bus and the bus driver will not allow them to bring many of their belongings on board. He says it is a safety hazard and blocks the aisles. They have to leave things behind, mostly things belonging to the daughter, and they are gone when they return.

Do you think this can be a success story?

What may derail the family's progress?

How has your thinking changed, about the family?

About "the system"?

Handout 5.7 continued

Scenario Three

:

What you know on the first day:

An aunt, single, is raising two children, a girl, 18 months old, and a boy, age 4. They were going to be put into foster care and she asked to take them. She has gone through drug treatment; drug use caused her to lose many teeth. She is very happy with CLN. The children are impulsive, difficult and attractive. We know the daughter was born drug affected, but we are not sure about the boy. Aunt is eager to learn parenting skills and is very involved in the program. She enrolls in CNM, gets false teeth, and begins to take care of her appearance.

What are your first thoughts about this family?

What services and/or supports do you think they need?

How can you make that happen?

What happens next:

Aunt misses the deadline to enroll at CNM, because she was not sure she would have child care. She begins to date and she begins to use drugs again. The children transfer to other programs, the boy to public school kindergarten and the girl to a City program. We hear later that they have been removed from the home.

Do you think this could have been a success story?

What derailed the family's progress?

How has your thinking changed, about the family?

About "the system"?

Handout 5.8



New Mexico Early Childhood Transition Initiative *Partners*

Dept of Health, Family Infant Toddler Program (DOH-FIT)

<http://www.nmhealth.org/ddsd/NMFIT/FITIndex.htm>

Public Education Dept, Special Education Bureau (PED-SEB)

<http://www.ped.state.nm.us/seo/index.htm>

Parents Reaching Out (PRO)

<http://www.parentsreachingout.org/>

Education for Parents of Indian Children with Special Needs (EPICS)

<http://www.epicsproject.org/>

Children Youth & Families Dept (CYFD)

<http://cyfd.org/>

Head Start State Collaboration Office, CYFD

<http://www.nmheadstart.org/>

Bureau of Indian Education (BIE)

<http://www.bie.edu>

New Mexico Early Childhood Transition Initiative, UNM Center for Development and Disability

<http://cdd.unm.edu/ec/transition>

Early Childhood Learning Network, UNM Center for Development and Disability

Early Childhood Network (ECN)

<http://cdd.unm.edu/ec/ecn>

Preschool Network (PSN)

<http://cdd.unm.edu/ec/psn>

Medically Fragile Case Management Program, UNM Center for Development and Disability

<http://cdd.unm.edu/mfcmp>

New Mexico School for the Blind and Visually Impaired (NMSBVI)

<http://www.nmsbvi.k12.nm.us/>

New Mexico School for the Deaf

<http://www.nmsd.k12.nm.us/>

Children's Medical Services

<http://nmhealth.org/index.shtml>

New Mexico Regional Education Cooperatives

<http://www.ped.state.nm.us/resources/personneldirectory/rec.pdf>

Source: http://www.cdd.unm.edu/ecspd/resources/pdfs/ECT/15_Partners.pdf

Feedback

What's one thing you learned today?

What's one thing you were reminded of today?

What supports do you need to carry the work forward?

What suggestions do you have for making this a better presentation for other professionals who are working with families experiencing homelessness?