SUPPORTING ADULTS TO SUPPORT YOUNG CHILDREN

A Study of Three Parent- and Educator-Focused Initiatives to Support Young Children

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EXECUTIVE SUMMARY

This report describes three unique approaches to supporting young, vulnerable populations; the three initiatives aspire to improve children's social-emotional growth and academic learning by providing direct support to parents and teachers—focusing primarily on adults. Specifically, each program develops adults' knowledge and use of strategies for managing and expressing thoughts, emotions, and physical reactions. Below, we provide brief descriptions of each program's goals and strategies.

Child FIRST, a home-based, voluntary program, supports positive and secure relationships between parents and their children, and thus attempts to reduce children's emotional and behavioral challenges and prevent developmental and learning problems. Components of this program include screening and consultation, a home intervention, and case management care coordination.

The **Chicago School Readiness Project** and **Foundations of Learning**, operated largely independently of the school system, are programs aimed at improving preschoolers' emotional and behavioral skills to help them succeed in school. These programs provide teachers with behavior management training, mental health consultation and one-on-one coaching.

The Knox County Head Start Program employs the **Conscious Discipline** program, a set of strategies and structures to guide daily interaction in the early childhood setting. The goal of this program is to improve the culture of the organization, including reducing behavior challenges and building stronger social and emotional skills. This program includes ongoing teacher training and support materials.

This document consists of two parts. Part I is a synthesis of the case studies, highlighting the commonalities and differences among each program's approach to supporting young, vulnerable populations. In Part II, we present each case study: Case study descriptions include the history and evolution of each program and what the program looks like in practice. In particular, this section outlines the individual components of each initiative, including explanations of participants' training and responsibilities, and reports of program outcomes. Additionally, we describe conditions that contribute to the successful aspects of each program, highlight particular challenges to reaching program goals, and outline the next steps each program may take in an effort to improve the quality of implementation and expand the reach of its positive impacts.

PART I

SUPPORTING ADULTS TO SUPPORT YOUNG CHILDREN: A SYNTHESIS OF THREE CASE STUDIES

A central and important developmental task of early childhood is to acquire a set of social-emotional skills that are related to healthy development and school success. A subset of these skills—often broadly referred to as self-regulation—includes the abilities to control physical, verbal, and mental impulses; to set goals and monitor progress toward these goals; and to focus attention on particular and appropriate tasks (Raver et al., 2011; Skibbe, Connor, Morrison, & Jewkes, 2012). But to provide children with opportunities to develop self-regulation, adults must use these skills and model effective strategies themselves—to a high degree. And the early childhood educational context may well be one of the most taxing settings for adult self-regulation—this is a setting in which interactions can be unpredictable, emotions often run high, and behavior is challenging. After all, it is between the ages of 4 and 6 years that children do the majority of the learning that is associated with their lifelong ability to regulate their own behavior, attention and emotions.

Yet recent research suggests that early childhood educators have little access to training and professional support that would increase the frequency and consistency with which they use and model strategies that promote children's self-regulation. Most existing initiatives focus on improving educators' technical skills or supplying children with tools to regulate their behaviors (e.g., *Tools of the Mind;* Barnett et al., 2008). Such efforts often place little or no emphasis on supporting early childhood educators to develop the enhanced levels of self-regulation necessary for managing the high energy and time demands inherent in early childhood education (McAllister, Wilson, Green, & Baldwin, 2005; Raver et al., 2009).

To advance the field, we carried out three case studies to draw out working principles from initiatives that share the goal of helping to improve social and emotional health among vulnerable populations of young children by *providing support and education to the adults* with whom these children regularly interact. The objective of the initiatives described in these case studies is to provide participants with knowledge about and experience with regulatory strategies.

Several themes emerge across the three case studies, and these fall into one of two domains: those related to program design and implementation and those related to the challenge of sustainability.

Program Design and Implementation

Address Adults' Needs First

Commonalities
As described earlier, all three programs subscribe to the theory that socially and emotionally healthy adults are better poised to raise healthy children than adults who struggle to manage substantial physical and psychological stresses. For example, one element of the Chicago School

Readiness Project (CSRP) and its replication project, Foundations of Learning (FOL), is to provide teachers with stress management workshops to address teachers' personal and professional stresses, with the understanding that if they feel in control of their own lives, they will be better able to make appropriate decisions and model positive behavior for children. Similarly, the Child FIRST model includes a parent-child health intervention. This component of the program is intended to provide parents with an opportunity to reflect on their own childhood and relationship experiences so they are able to nurture their own children. The Conscious Discipline program, used in the Knox County Head Start, simultaneously serves adults and children by providing both groups with a shared language intended to support positive connections and relationships within a community.

Distinctions

Despite the two-generation approach embraced by all three programs, the underlying philosophies vary on the most effective ways to affect behavioral change. For example, CSRP and FOL introduce specific strategies that teachers may use to manage children's behavior; strategies include offering praise and positive reinforcement, providing warnings and consequences, and ignoring undesirable behaviors. In contrast, in addition to teaching specific techniques, the Conscious Discipline program also provides students and teachers with a way of interacting that focuses on expressing desired outcomes and speaking and acting authoritatively, which thus changes the institutional climate generating a supportive context for children and teachers to regulate their own behavior.

Provide Training

Commonalities

To provide social and emotional support for children and adults, all programs include training for teachers and/or families. CSRP and FOL include a five-week training session during which teachers, teacher assistants, and consultants are introduced to specific behavior management strategies. Likewise, Child FIRST provides parents with strategies to reflect upon and understand their children's behavior using Circle of Security, an attachment-based intervention framework. Finally, the Conscious Discipline program provides a summer training program for all staff, and then throughout the first year of implementation, all staff members watch training videotapes, participate in regular staff meetings, in-service trainings, and observations by supervisors and mentors, and receive a monthly newsletter related to the intervention. As new staff members join the community, they also participate in staff training activities. Additionally, the Knox County Head Start program offers a 6-week Conscious Parenting series to systematically involve parents in the initiative.

Distinctions

Although each program provides some type of training, the content and structure of training varies, with some programs providing discrete training sessions to a handful of classrooms (e.g., CSRP and FOL), and other programs offering ongoing education and support, in the form of materials or an on-site resource person, to all staff in an organization (e.g., Conscious Discipline). Furthermore, training sites vary: While Child FIRST provides most of its training activities in homes or other locations in the community in which families feel comfortable,

CSRP, FOL, and the Conscious Discipline program offer workshop-based instruction for large groups of individuals at schools or at an off-campus meeting site.

Establish Positive Relationships and Mutual Respect

Commonalities
Each program description highlights the need for comfortable and trusting relationships among participants and staff or consultants. For example, consultants to the CSRP and FOL programs indicated they fostered positive relationships by being careful not to present themselves as the expert, but rather as teammates. Additionally, in an effort to establish trust, during the first few weeks of the year, these programs provided time for observations before consultants began to provide feedback. The Child FIRST initiative demonstrates its focus on relationships by beginning the process with a period dedicated to fostering engagement and building trust. These activities, intended to create a partnership, include personal discussions and opportunities to co-construct program goals. Likewise, one of the central goals of The Conscious Discipline program is to provide a foundation on which to build positive relationships. The theory is that using a common, respectful, and empowering language will support connections among members of the community and beyond. Additionally, each program mentions either the presence of or the need for structured family involvement in program activities.

Distinctions
Despite the pervasive view that relationships form the foundation of each initiative, the nature of these relationships varies, and each program employs different strategies to build and maintain strong relationships. For example, in CSRP and FOL, consultants attempted to establish trust by seeking feedback from participants, and although teachers and consultants attended training together in an effort to create a team environment, ultimately consultants provided the feedback to teachers and teacher assistants. In contrast, Child FIRST participants and trainers jointly participate in goal setting activities, thus exercising joint responsibility. Additionally, parents have opportunities for self-reflection so that parents, rather than trainers, can analyze their children's behavior. Finally, in Knox, adults and the children practice new skills simultaneously. In this case, teachers, staff, and students are held to the same standard, and therefore face common challenges and share common goals.

An additional distinction within the theme of relationships is the emphasis that each initiative places on family involvement. Although each program mentions the family as an important agent for support and change, each initiative involves families in a different manner. Family involvement ranges from the program taking place almost exclusively in the home in the Child FIRST model, to having no formal home component in the CSRP and FOL models. The Conscious Discipline program indirectly involves families through children's language patterns, learned at school and used at home. Additionally, this program has a voluntary parallel program for parents who want more direct involvement.

Ease of Implementation

Commonalities

Each program was designed with the knowledge that participant buy-in, and thus, maintenance and fidelity to program activities depend, in part, on ease of implementation. Therefore, program design was tailored to fit the needs of the people who would implement the program. In CSRP and FOL, leaders and consultants framed conversations with and strategies for teachers in ways that were very concrete and hands-on. Consultants "steered clear of anything that seemed complicated or cognitively challenging," and rather provided simple specific strategies for teachers to use. In contrast, the Conscious Discipline program intentionally engaged teachers and staff in a process of self-reflection and metacognition, allowing them substantial flexibility in the ways in which they choose to use program strategies. Somewhere in the middle, Child FIRST provides several supports to ease implementation. One such support was to create two-person teams to make consultants feel more comfortable going into families' homes. Another was to allow flexibility in implementation within a structured set of guidelines; for example, to help families attain furniture or other basic needs before beginning behavior management trainings.

Distinctions

While all programs attempt to facilitate program activities, each program reflects a different philosophy about what constitutes ease of implementation. The philosophies ranged from simplifying program activities and participant responsibilities, as in the CSRP and FOL programs, to providing a great deal of freedom and ownership over implementation, as in the Conscious Discipline program.

Challenges to Sustainability

The overall goal of all three programs observed is to provide caretakers with behavior management and self-regulation strategies to use with children. As is the nature of most educational interventions, implicit in this goal that the activities and results sustain themselves once the intervention is complete. Likewise, most interventions face barriers to sustainability in the form of participant buy-in, availability of resources, and fidelity of implementation. The cases studied for this project are no different. However, because each program had a distinct program design, some programs appear more likely than others to sustain themselves.

Teacher/Staff Input

All three programs depend on the availability of and participants' investment in resources, time, and energy, and this need often challenges program success and sustainability. For example, in CSRP and FOL, variation in resources and location-specific stresses led to substantial disparity in program functioning across program sites. The Child FIRST program requires consultants to be extraordinarily flexible and patient in order to meet the specific and wildly diverse needs of individual families. The Conscious Discipline program requires an ongoing time commitment to keep up with training. This initiative may be described as "a process" rather than a project, suggesting that program input is ongoing rather than discrete. For example, even after much of the community has embraced the program, there remains a need to train new teachers and staff and to provide appropriate reinforcement for staff who have already been trained.

Comfort with Program Activities

In addition to having the time, energy, and resources to devote to project activities, successful implementation requires comfort with program activities. Each program experienced some challenges to participants' comfort levels.

Teachers
In programs that included teacher observation or required teachers to change their own behavior (i.e., Conscious Discipline, CSRP, and FOL), some teachers resist on the basis that they do not believe there is a need to change their own behavior. Similarly, some teachers in these programs resist participating or changing their own behavior to reflect principles that they perceive as conflicting with what they have been taught in previous educational settings.

Parents
In some cases, cultural beliefs or other personal traits or philosophies pose a barrier to participant buy-in. For example, some participants in the Child FIRST program demonstrate reluctance to engage in therapy-like behaviors that might be stigmatizing. Additionally, some participants have had previous negative experiences with social services, and therefore are wary of trusting program implementers.

Consistency/Fidelity of Implementation
In each program, widespread participation and fidelity of implementation are cited as conditions for success. Willingness to fully embrace program activities depends on a combination of participant capacity and buy-in.

Despite an overarching need for consistency, in each case, this term has a distinct meaning. For example, in CSRP and FOL, teachers are trained in a structured classroom management strategy. In this program design, there is no overt effort to engage these strategies outside of the specific classroom environment in which the program is formally implemented, thus making program outcomes likely difficult to sustain once the year-long program is completed. In contrast, one of the central tenets of the Conscious Discipline program is flexibility in implementation and ownership of the program. Therefore, in the latter case, the need for consistency focuses more on widespread use of program strategies throughout the target community than on uniformity in each individual participant's use. This model may provide more opportunities for use of target strategies in a flexible manner. Child FIRST balances the need for consultants to provide specific strategies with a need for flexibility in setting the groundwork, preparing each family, and in timing of implementation. Therefore, consultants convey a consistent message in a way that fits with individual needs.

Extended Community
Finally, each program description alluded to the need for involvement by the extended community in which the intervention occurs. For example, in Knox County, although the language used in the intervention is widespread throughout the target population, the community elementary school does not participate in the program. Therefore, the continuity of the program is disrupted after preschool. Similarly, in CSRP and FOL, in which the intervention targets individual classrooms, the program was limited to one year, after which participants may revert to previous behaviors and habits fostered by other community organizations.

PART II

Case #1: Child FIRST

Strengthening the first bond:
Child FIRST and the parent-child relationship

At Child FIRST (Child and Family Interagency Resource, Support, and Training), the focus is on relationships. Child FIRST is a home-based intervention for families of vulnerable young children (ages 0-5), embedded in a system of wraparound care. The initiative focuses on supporting positive and secure relationships between parents and their children, with the goals of decreasing children's emotional and behavioral challenges, preventing developmental and learning problems, and addressing child abuse and neglect. Relationship-building is at the heart of everything that supervisors and staff do with and for families.

Begun as a small project based at Bridgeport Hospital in Connecticut, Child FIRST is now a statewide initiative, rapidly going to scale and serving a large number of vulnerable children and families. From Child FIRST's initial grants, awarded in 2002, the initiative has grown from one site to ten, with plans to expand to 15 sites in January 2013And having recently been approved as an evidence-based home visiting model through the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, Child FIRST is now poised for greater expansion. This expansion will bring both opportunities and challenges, particularly for the relationship-based nature of the intervention. Navigating tricky relationships, though, is not new for Child FIRST, and something at which its staff have proven adept. Evidence of impact from a randomized study, a commitment to ongoing assessment, and strong commitments from funders and state and local agencies suggest that families are benefitting and that interest in the initiative is growing.

History and evolution of Child FIRST

When Child FIRST's executive director, Darcy Lowell, was conducting one-on-one consultations as a fellow in developmental pediatrics at Bridgeport Hospital, she helped support children with developmental challenges and other risk factors. One day, a light bulb came on for Lowell and she realized that she needed to change the way she was working: A child she had seen in consultation did not attend the follow-up services arranged by the clinical team, despite the mother's apparent interest in and commitment to providing her son with access to the team's services. Wondering about the reason for the absence, Lowell eventually discovered that the mother had kept the child at home because he did not have shoes to wear to the appointment. Lowell was struck by how easy, and how detrimental, it might have been for an uninformed clinician to label the mother as an uncooperative parent when she was, in fact, acting in the interest of her child's health and safety. It did not take long for Lowell and her colleagues to realize that they needed a different way of providing care to children, one that focused on the family system and that did so from a focus on family strengths.

With this new perspective, Lowell and a small group of colleagues developed the FIRST Team. This new intervention team, which addressed the social and developmental needs of children,

parent, and parent-child dyads, initially served a small group of vulnerable families in the Bridgeport area. But over time, it grew into the initiative now known as Child FIRST, which will soon operate sites in all of Connecticut's 15 Department of Children and Families (DCF) areas.

About Child First

Child FIRST currently serves families through ten sites across the state of Connecticut. Most families served have limited income and education.

Each program site operates as an affiliate office administered by a local agency but trained and coordinated by the main office in Bridgeport. Six of the sites have been implementing the model since 2010 and have received full training; these "Cohort 1" sites are in Greater Bridgeport, Hartford, New Haven, Norwalk, New London County, and Waterbury. The remaining four sites began in 2011 and are participating in a Learning Collaborative to become fully trained; these "Cohort 2" sites are in Middletown, New Britain, Stamford, and Windham County. A third cohort of sites is planned to begin in January 2013.

Although the Child FIRST model is the same across all sites, funding sources and levels vary. Cohort 1 sites were originally supported by grants from private philanthropy, including significant support from the Robert Wood Johnson Foundation, as well as federal government and state agency sources. Due to positive results from the model, these sites are now fully covered by the state budget. Cohort 2 sites are currently supported with funds from the Robert Wood Johnson Foundation, but in July 2013, they will transition to state funding. The planned Cohort 3 sites will be supported by the federal MIECHV program. All sites also receive funding from Medicaid reimbursements, and, on the rare occasions that it is applicable, private insurance.

Child FIRST in practice

The Child FIRST model consists of three primary components, woven into a comprehensive system of care: (1) broad-based screening, consultation, and collaboration with community providers; (2) an intensive home-based intervention, focused on building nurturing parent-child relationships by supporting parents' capacities; and (3) case management and care coordination to increase efficiency and reduce gaps in service. Services are provided in families' homes, except in cases where families are uncomfortable with home visits and prefer to meet in other locations such as agency offices or local establishments like fast food restaurants.

Child FIRST is a voluntary intervention. In the first stage of the intervention, families are referred from a variety of sources, including pediatricians, early care and education providers, shelters, Women, Infants, and Children (WIC) offices, DCF, the court system, religious organizations, and families themselves. Families are referred based on risk factors such as extreme poverty, maternal depression, domestic violence, substance use, homelessness, incarceration, child abuse and neglect, and children's emotional, behavioral, or learning problems.

Child FIRST teams

Home visits and care coordination are conducted by two-person teams. One team member is a clinician, typically with a social work background, who is referred to as a Child Development Specialist to eliminate the stigma some families associate with clinicians and therapy. The other team member is a Care Coordinator, typically with an associate's or bachelor's degree and experience working in the community.

This team approach is central to the Child FIRST model and provides a number of benefits. The two team members focus on distinct but related aspects of the work, and they often provide complementary perspectives on a situation. In addition, staff report that "two pairs of eyes are better than one," that they feel safer going into families' homes with a partner, and that they appreciate having peer support in a difficult job. According to Child FIRST's clinical director, Norka Malberg, the chemistry of the partnership is crucial to the intervention, partly because staff need to demonstrate trust among the team in order to build trust with families. This isn't always easy, and teams sometimes experience tension, especially in delineating and coordinating their roles. It's therefore vital, Malberg says, for supervisors to find "the right people," to pay attention to matching them in teams, and to focus on nurturing the partnerships during supervision.

> *To help a child we must help the family. All parents want to give their children the best possible opportunity to succeed. When parents face multiple stressors and their basic needs are not met, it is difficult for them to focus on the emotional and developmental needs of their children.*
>
> - Child First staff manual

Each two-person team typically carries a caseload of 16-18 families. These caseloads, which are much lower than in many social services agencies, allow clinicians the time to develop relationships with families. The goal is to address most families' needs in 6-12 months, but some families are involved for as long as 48 months.

Intervention structure

Child FIRST teams follow a structured but flexible approach to working with families. Typically, the process begins with a period of engagement and trust-building. This is followed by a comprehensive assessment of child and family needs, utilizing structured assessments. When applicable, staff members also conduct child assessments in early care and education settings. This information forms the basis for a family-driven Child and Family Plan of Care. Staff and families work together to establish specific goals, which often include parents understanding their children better and communicating better with them. (Many families tell staff that their main goal is to "stop yelling at my children so much.") Staff and families then co-construct an intervention plan, with families consenting to all services provided.

The Child and Family Plan of Care usually includes a parent-child mental health intervention, adapted from the Child-Parent Psychotherapy model developed by Selma Fraiberg and expanded upon by Alicia Lieberman and Patricia VanHorn. The intervention is focused on developing

positive, nurturing relationships between parents and their children. It is based on the principle that strong parent-child relationships that establish secure attachment give children the foundation they need to develop in positive ways socially, emotionally, physically, and cognitively. Although the ultimate goal of the psychotherapeutic intervention is to help children, it focuses on supporting parents so that they can in turn provide support. Unlike many early childhood interventions, this approach builds parents' capacities by exploring and addressing parents' own needs. Balancing the needs of the child, the parents, and the dyad can be challenging, but it is essential. Many parents need the opportunity to reflect on their own childhoods and relationship experiences in order to be optimally nurturing of their children.

In addition to the psychotherapeutic intervention, staff members help families reflect upon and understand their children's behavior. They encourage parents to think about why their child is acting the way she is and about how the behavior might be connected to the parent's or to the environment. To do so, teams frequently use the Circle of Security, an attachment-based intervention framework. At the heart of the process is the Circle of Security map, a visual aid that shows parents how a "secure base" for exploration, learning, and development is connected to having a "safe haven" in which parents provide support, protection, and comfort. The map then drives a process of reflecting on why children behave the way they do and how to meet their relationship needs. Child FIRST staff report that the Circle of Security gives them a clear and understandable place to start that really connects and resonates with families. Some clinicians make use of a Circle of Security DVD that shows examples of parent-child interactions that do and do not promote security. They report that this has been particularly helpful in engaging fathers, who are often reluctant to engage during early sessions.

The kind of reflection encouraged by Parent-Child Psychotherapy, Circle of Security, and other therapeutic techniques from staff members' training is new for many parents. Child Development Specialists proceed slowly, cautiously, and in accessible ways. They engage in conversations with parents and children, in joint play, and in other interactive activities. A primary strategy is providing opportunities for what Child FIRST leaders and staff call mutual delight – that is, opportunities for both parents and children to experience pleasure and joy in engaging interactions with one another. For many families in stressful environments, these opportunities have been rare or not part of parents' previous experiences and awareness.

Reaction from families

The Child FIRST intervention model is not easy. It requires high levels of trust, patience, and persistence from everyone involved. Although families participate voluntarily and co-construct the Child and Family Plan of Care, many parents are resistant for a variety of reasons. Some families have previously received a large number of social services, many of which have been negative and some of which have involved court and/or DCF involvement. In these cases, it takes a lot of effort and patience to convince families that teams are there to provide help and support.

Some families have pressing basic needs, which they report as more pressing than improving relationships. These needs may include treating physical or mental disorders, obtaining furniture,

settling outstanding heating bills, or dealing with eviction from their housing. Rather than seeing these situations as barriers to the work, Child FIRST staff see them as an important first step. Teams often begin by helping families secure basic services and address other immediate needs. As one Care Coordinator explains, "Care coordination is so tangible…it's really critical. It's very concrete. Sometimes that's what keeps us in the door, especially at the beginning." Once such needs have been met and some trust has been established, relationships and the supports provided usually deepen.

Many families are also resistant to the clinical component of the intervention. Some want the Child FIRST staff to "fix" the child and don't believe they need to be part of the process. Some are frightened of or threatened by therapy, or in Malberg's words "aren't ready to go where the clinician hopes to go." Many parents come from families and cultures in which therapy is stigmatizing. In addition, many who have experienced trauma or abuse may feel that "having someone think about their minds is not a safe thing," according to Malberg. Conversely, other parents want so much therapeutic support that it poses a challenge for clinicians. Some of them who have had little support in dealing with their stresses want the staff to be completely focused on them, making it difficult for the team to remain focused on the parent-child relationship.

Assessment and results

Data and assessment drive much of Child FIRST's work. Although assessments were not included in the original iteration of the Child FIRST model, they have come to be a core feature of the intervention, not just to demonstrate impact but to drive treatment planning and progress monitoring. All of the assessments were chosen because they have clinical value, and the assessment schedule has some flexibility intentionally built in to ensure that it will be most useful for staff and families. Fortunately, many of the same assessments can be used for all three purposes.

For every family, clinical staff complete a battery of assessments at baseline, 6 months, and termination. At each timepoint, the assessments are collected over multiple visits, and the order of their administration is flexible to meet the needs of the clinical team and the family. These assessments (some of which are required and some of which are optional, according to the clinician's discretion), are used to drive and continually reassess the Child and Family Plan of Care and each clinical team's ongoing decision-making about how to work with families.

These data are also used to assess the impact of Child FIRST on participating families. In 2011, the results of a randomized controlled trial (RCT) were published in the prestigious *Child Development* journal, comparing 78 children (ages 0-3) whose families had been randomly assigned to receive the intervention and 79 whose families were assigned to a control group (Lowell, Carter, Godoy, et al., 2011). At the end of one year, children in the intervention group were less likely to have language problems, display aggressive and defiant behaviors, and experience depression or other mental health problems than those in the control group. Control group children demonstrated approximately four times as many problems in each category as those in the intervention group; these differences were due to both a reduction in baseline problems and prevention of new problems among the intervention group. In addition, mothers in the intervention group experienced lower levels of depression than those in the control group and

their families were less likely to be involved with child protective services. Child FIRST leaders are currently seeking funding for another RCT to assess impact for 3- and 4-year olds.

Additional data reported by leaders and staff drive the leadership team's process of continually monitoring quality and making improvements to the intervention as necessary. Supervisors collect monthly reports about the numbers and demographics of families served. They also work with each staff member to complete monthly fidelity checklists, which drive monthly reviews. Staff are also expected to complete and review an expanded fidelity checklist every 6 months. Additionally, the clinical director from each site fills out an annual program-level fidelity checklist, as well as an essential programmatic components checklist. In general, leaders and staff alike find these measures to be very helpful, both for identifying areas for improvement and for noticing and celebrating improvements in performance over time.

Conditions for success

Given Child FIRST's focus on relationships, it is not surprising that the keys to success identified by leaders and staff are primarily about relationship-building: parallel process and emotional support, strong and supportive supervision, and close relationships with community agencies and collaboratives.

Parallel process and emotional support

One of the key principles of the intervention is the concept of parallel process. Through parallel process, Child FIRST staff members embody and model the relationship qualities and behaviors that they hope to see parents engage in with their children. Many parents served by Child FIRST have had few or even no supportive and nurturing relationships in their childhoods or current lives. To understand and enact such relationships with their children, they need to experience such a relationship with another adult, and Child FIRST teams provide this opportunity. The parallel process also allows staff members to model capacities like emotional regulation and empathy.

To engage in parallel process, staff members must have high levels of patience and persistence. It's not uncommon for families with negative relationship experiences to "test" the Child FIRST team's commitment by frequently cancelling appointments, failing to show up at scheduled appointments, and putting up other barriers such as hostile or angry reactions. Staff are committed to "passing" such tests by demonstrating that they will persist in making appointments and arriving at the home until they are able to engage the family (or until the family actively discontinues participation). They also take a stance of "not knowing" or not being experts. One Child Development Specialist talked about the importance of not appearing phased or surprised even when families tell her about or do "really absurd things."

> *We listen and we listen and we listen. Sometimes it's important to just be with and be ok being with. Sometimes for months.*
>
> - Child Development Specialist

Staff members also need to have a lot of empathy for parents. They find that one of the keys to building trust is acknowledging that things must be hard for the parents; for example, one Child Development Specialist said she always tells parents how hard it is to deal with a child's aggressive or defiant behavior. This helps parents to see that she is on their side. Another key is communicating to parents that they are not expected "to be perfect."

Using all of these strategies, staff members engage in an ongoing process of listening and support that they describe as "being with" or "holding" the family. This often takes the form of simply listening to parents' stresses and concerns, sometimes for months before engaging in therapy or providing specific resources. Staff and leaders stress the importance of this holding process. Malberg uses the metaphor that "We do not hold the baby [or child]; we hold the parents so that they can hold the baby."

Supervision

Child FIRST's commitment to parallel process extends to all levels of the organization, including relationships between leaders and supervisors and between supervisors and staff. All leaders and supervisors aim to embody and model empathy, trust, and support. Supervision is essential to the model and is extensive. Frequent sessions with supervisors and colleagues give Child Development Specialists and Care Coordinators the chance to address the meaning of their interactions with families both to families and to themselves, the motivations behind their own and families' behaviors, and areas in which they can improve. These sessions build on an extensive training model, which currently includes 20 days of training for staff provided by both Child FIRST leaders and outside trainers who have developed or specialize in components of the intervention.

Each Child FIRST site has a clinical supervisor, all of whom are coordinated and supported by Malberg and Lowell. All staff members receive individual supervision (one hour per week), team supervision (at regularly scheduled points in the intervention process), group supervision (1.5-2 hours per week), and meetings about administrative issues (once per month). These sessions often include videotape review of clinicians' interactions with families. In addition, all supervisors and Malberg maintain an "open door policy," which staff members often use to brainstorm how to deal with a difficult with a case or to address tensions that arise among the two members of a team. Staff members report that both one-on-one and group supervision are very beneficial, as is ongoing peer support.

> *Usually when you leave supervision, you feel supported, and then you are able to support the family.*
>
> - Care Coordinator

In addition to building and supporting parallel process, one of the reasons supervision is so important is that the work can be emotionally taxing for staff, partially because many parents have experienced extensive trauma. The teams need space to process this, deal with their own emotions, vent frustrations, and discuss strategies they may not have considered. Supervision also provides a needed opportunity to celebrate successes.

Strong community relationships
To build a system of care approach, Child FIRST sites work in collaboration with other community agencies. Collaboration is needed for several reasons: (1) community agencies provide many of the referrals to Child FIRST, (2) Child FIRST staff cannot meet all of the families' needs on their own and often refer families to these agencies for follow-up or additional services, and (3) failure to coordinate and collaborate can lead to duplication of effort and inefficiency. To make collaboration work, Child FIRST is committed to ongoing relationship-building, to stressing to community agencies the value of their work, and to helping the community develop ownership of the Child FIRST process. As a result of these efforts, leaders report that they experience relatively few of the turf battles and tensions that are common in community partnerships. (However, staff report that they wish there was more "quality help" available in the community to which they could refer families, especially when they conclude their services with a family.)

From its inception, Child FIRST has also made local and state early childhood councils and collaboratives essential partners. Early in the process, key partnerships with DCF and the state early childhood cabinet were essential, and they continue to be for multiple purposes including funding, coordination, collaboration, and policy support.

Challenges

Maintaining the focus on relationships in the context of an intensive model and ongoing organizational expansion poses some challenges. Child FIRST teams identify their primary challenges to be in the areas of balancing clinical assessment with relationship-building and in building meaningful relationships with early care and education settings. Leaders echo these themes, and add the challenge of maintaining the success of the model while going to scale.

Balancing assessment with clinical needs
Child FIRST leaders believe that their commitment to assessment and data is a key to their success, but they acknowledge that assessments are time consuming and that it can be tricky to balance the need to collect the data with building trusting relationships, especially in the beginning. As a result, some staff members have been frustrated by the ongoing process of collecting data. Leaders encourage staff to see that "assessments are really intervention," because they provide opportunities to open a dialogue, especially about topics that parents do not feel comfortable raising on their own. Assessments can be tailored to families' needs; in addition to the flexibility in the order of administration, they are organized into required and optional categories so that the staff can determine which assessments can best help them serve the family's needs. Even so, families also sometimes find the assessment process onerous. Leaders stress to staff that they need to communicate the clinical value of the assessments to parents.

Working with early childhood centers
Because they take a systems approach, Child FIRST leaders and staff understand that early care and education (ECE) settings have an important influence on children's developmental trajectories. When applicable, Child FIRST teams conduct a set of initial assessments in ECE settings and consult with teachers, sharing their findings and eliciting additional information. In

some cases, the teams are informally involved in ECE settings in ongoing ways, for example by serving as liaisons or advocates for parents and children during meetings and intervention planning.

But the consistent, close collaboration that Child FIRST leaders initially hoped to establish in ECE centers has been difficult to achieve. In the early stages of Child FIRST's evolution, the model included a structured mental health consultation service in ECE centers, in which Child Development Specialists provided suggestions and support to help ECE staff address children's challenging behaviors and promote positive development. However, these services were discontinued after resistance and barriers in the centers made it difficult for Child Development Specialists to achieve their goals. Child FIRST staff and leaders report that structural and cultural challenges were the biggest impediments to working in ECE centers. They found that many centers operated with compliance-focused and punitive environments in which teachers did not feel supported or emotionally safe. Opportunities for teachers to build their skills were rare, and one large ECE center was unwilling to grant any teacher release time for professional development. Many of the centers also lacked the resources to meet the needs of teachers, an important issue since many of the teachers reflected the population of families they served and therefore had similar challenges with mental health, domestic violence, and poverty-related stressors.

Some Child Development Specialists still provide support to a small number of ECE sites on an informal basis, but the interest and capacity of centers varies widely. One Child Development Specialist reported that teachers with more education tend to be more receptive to the services she offers than others, because they "know what they don't know" and where they need help. One Child FIRST clinical supervisor was able to establish a weekly teacher group at the ECE center co-located with her agency, and the ECE teachers became invested enough that she was able to transfer leadership of the group to a lead teacher. Another clinical supervisor used the Circle of Security model with a group of ECE teachers and found that teachers reported an increase in knowledge on a pre-post survey (despite the fact that they spent a lot of time in the session "blaming parents" and pointing out that parents needed the Circle of Security process). Given the success of some of these informal efforts, and the hope that they can achieve more impact in ECE centers, Child FIRST leaders say that they plan to add more training for staff in how to engage with ECE sites and teachers.

Expansion

Associate director Mary Peniston believes that expansion is now the initiative's biggest and most important challenge. Poised for significant expansion both in and beyond Connecticut, Child FIRST will have to address issues of organizational structure, model fidelity, and quality assurance. To date, Child FIRST has managed to retain its core staff structure, training processes, and organizational culture in the context of rapid growth. But with even more sites planned, there will inevitably be changes, and leaders want to ensure that those changes, when necessary, will be appropriate and beneficial.

Lowell and the other leaders believe that they will need to ensure that the intervention model is clear and consistent, but also flexible enough to be adapted for specific communities. They are aiming for processes and resources that neither oversimplify nor overcomplicate the nature of the

intervention work with families. Lowell says that the core model will not change, but how leaders and staff articulate it in frameworks and training materials may. To date, she and Malberg have coordinated all of the training (including partnerships with outside trainers). As they transfer training responsibilities to new site leaders, they are aware of the need for a concise, clear package of materials that will allow others to provide high-quality training similar to that which they have been providing.

With the current group of sites, Learning Collaboratives for each new cohort have been essential to expanding with quality. The Learning Collaboratives use a formal process to teach the intervention model and embed it in the community and host organization in meaningful and sustainable ways. Through the Learning Collaboratives, leaders and staff from all of the sites receive 20 days of training. The training includes didactic teaching, interactive exercises, and role-alike group activities, provided by both Child FIRST staff and outside experts who have created various components of the intervention such as Parent-Child Psychotherapy and Circle of Security. Moving forward, Learning Collaboratives will continue to be a key structure for training and quality control. The specific structure of the new Learning Collaboratives, however, is still in the works.

Next steps for Child FIRST

As Child FIRST continues its expansion, its leaders will have to grapple with some of the same issues its staff encounter when deciding where to focus their efforts with families. Staff members beam when talking about their most successful cases, such as the undocumented mother who found the support she needed to terminate a physically abusive relationship and find mental health services for her children. But they also worry about whether they have done enough, whether their families will get the follow-up support they need in the community, and how much impact they can have for families in environments that they describe as toxic. Similarly, Child FIRST leaders face an important set of questions about how to expand their impact in the face of many structural and environmental challenges and in the face of ever-growing demand. Like their staff, however, at the end of the day they have countless stories of impact and strong data that support their work and their conviction that families are well served by a comprehensive, positive, relationship-focused approach.

Case #2: Chicago School Readiness Project and Foundations of Learning

Supporting early childhood teachers to support children:
The Chicago School Readiness Project and Foundations of Learning

After years of observing and researching preschool classrooms, developmental psychologist Cybele Raver knew that too many low-income preschoolers were missing the emotional and behavioral skills needed for success in school. Thinking about ways to address the issue, she focused on three key lessons from research and developmental theory about the role of teachers and classrooms in young children's lives. First, low-income preschoolers are much more likely than their higher-income peers to have been exposed to a range of poverty-related risks that threaten their school adjustment. Second, preschoolers' behavior problems are partly based on low quality of care in classrooms, which often results from a lack of teacher training and support in classroom management. Third, many preschool teachers experience burnout as a consequence of their many classroom responsibilities, the stresses in their own and children's lives, and a lack of social and professional support. For Raver, a conclusion became clear: preschool teachers in low-income settings need more support to help children develop necessary emotional and behavioral skills.

Based on this conclusion, Raver and a team of colleagues developed the Chicago School Readiness Project (CSRP), a classroom-based intervention that was implemented in Chicago preschool centers from 2004-2006 and evaluated in a federally-funded randomized controlled trial. The CSRP team created an intervention that combined an existing curriculum for classroom behavior management (the Incredible Years, created by Carolyn Webster-Stratton and her colleagues) with classroom-based consultation to help teachers apply the curricular strategies and solve problems in real time. Working together, a dedicated team of researchers, social workers, and early childhood staff found that this new approach improved teachers' skills and confidence and increased children's positive behaviors and classroom adjustment. CSRP ultimately inspired a replication project known as Foundations of Learning (FOL), which used the same model in additional sites and communities and documented strikingly similar results.

CSRP and FOL's successes, as well as their challenges, offer beneficial lessons for the early childhood field about how to build an effective intervention, build buy-in, and train staff in order to improve the quality of preschool settings. Now that they are both completed, the interventions also pose important questions about sustainability and long-term impact.

History and evolution of CSRP and FOL

While a professor at the University of the Chicago, Raver secured federal funding to develop, implement, and evaluate CSRP. With the university providing an administrative and organizational structure, CSRP served 36 preschool classrooms in 18 Head Start sites in high-poverty, high-minority Chicago neighborhoods. But Raver always had an eye toward scaling the program and its impact, so she was pleased when a team of researchers from MDRC, a non-profit education and social research organization, led by Pamela Morris approached her about replicating the intervention. An initial conversation eventually led the team to implement the CSRP model (to be called Foundations of Learning) in both Newark, NJ (during the 2007-2008

school year) and Chicago (during the 2009-2010 school year). The intervention structure, techniques, and staffing plan were the same for both initiatives.

Unlike CSRP, however, FOL was administered from a community-based counseling and family services agency in collaboration with the MDRC research team. The other major difference was in the structure and funding of sites. Whereas CSRP sites all received Head Start funding, FOL sites were more diverse. Of the 51 Newark sites, 25% operated in Head Start settings, 53% operated in community-based early childhood centers, and 22% operated in public schools. Newark also brought a significant difference in context due to quality improvement and class size efforts mandated by the state of New Jersey's *Abbott v. Burke* legal ruling. The Abbott decision – actually a series of related decisions, begun in 1985 – declared funding inequality among school districts to be unconstitutional and mandated that 31 school districts with high concentrations of low-income children receive additional state funding for educational reforms. In Newark and the other "Abbott districts," Head Start and other early childhood centers received a notable increase in funding and support, and as a result, had more resources than preschool settings in other parts of the country. In order to determine whether these additional resources would mean that Newark didn't need the intervention as much as the original Chicago sites, the MDRC team conducted a feasibility study in 2006. Ultimately they concluded that Newark preschools had a clear remaining need for support in addressing children's behavioral needs, despite the Abbott resources.

Table 1: Comparison of CSRP and FOL sites and administration

Difference	CSRP	FOL
Scale	18 sites (9 program sites and 9 control sites) in Chicago	51 sites (26 program sites and 25 control sites) in Newark and 40 sites in Chicago.
Administration	University-based; classroom consultants were retained by the University of Chicago	Connected to community service delivery agencies. In Newark, classroom consultants were employees of a local counseling and family services agency.
Site funding & administrative structure	All sites received Head Start funding (although some were contracted out to public schools)	Comprised sites from three types of settings: Head Start sites, community-based child care centers, and public schools
Site resources	Sites were typical of those in other settings serving predominantly low-income children	Newark sites had additional funding and resources (as compared to other low-income U.S. communities) as a result of NJ's *Abbott v. Burke* legal ruling
Classroom staffing	Employed a teacher's aide in each control classroom so that the evaluation would control for an increase in adult-child ratios resulting from the presence of consultants in CSRP classrooms	Did not employ an extra teacher's aide, but all preschool classes in Newark were capped at 15 students, and both FOL and control classrooms had a teacher and teacher assistant

CSRP in practice

Although a unique intervention, the CSRP model was not developed from scratch. Raver and her colleagues combined two well-established approaches: an evidence-based social-emotional and behavior management curriculum for early childhood settings and a mental health consultation approach. The two components of the intervention are described in more detail below.

Behavior management strategies and support

The backbone of the intervention was training in the Incredible Years curriculum. Using the Incredible Years Teacher Training program (Webster-Stratton, Reid, & Hammond, 2001), an experienced trainer and licensed clinical social worker conducted five Saturday training sessions that were attended by teachers, teacher assistants, and consultants together. These sessions provided a total of 30 hours of lessons in classroom management strategies. Teachers were compensated $15 per hour and provided with a catered lunch and on-site child care.[1] In FOL, a separate, 1-day version of the training was provided for center directors and school administrators at no cost.

During each session, the trainer introduced a behavior management strategy for teachers to implement in the classroom and helped them learn how to use it. Strategies focused on concrete actions teachers could take to reduce and redirect problem behavior and build social and emotional competencies, such as using positive social pressure (when children want to imitate others' behaviors, resulting in positive responses from adults), offering praise and positive reinforcement, providing warnings and consequences, and ignoring undesirable behaviors when appropriate. After introducing each strategy, the trainer showed a video of another teacher implementing the strategy, used role play to have teachers practice, and conducted a discussion among the teachers about what worked well and what could be improved.

Mental health consultation

A trained consultant, usually with a master's degree in social work and extensive clinical experience with young at-risk children, engaged in one-on-one consultation with classroom teachers (both leads and assistants) to help them address children's behavior problems and mental health issues. Unlike in many other mental health consultation models, these services were intentionally tied to the Incredible Years curriculum. Between and after attending the Saturday trainings, each consultant provided 5 hours of weekly in-class consulting to approximately 4 classrooms. Specifically, consultants observed teachers, engaged in classroom assessment, provided feedback and ideas about specific Incredible Years strategies, modeled these strategies, worked collaboratively with teachers to set goals and problem-solve, and helped teachers reflect and discuss their practices. In addition, in the spring, consultants worked one-on-one with children in need of extra support (approximately 3-5 children per classroom).

[1] Unless otherwise noted, references to "teachers" in this profile include both lead and teacher assistants.

Timeline for CSRP and FOL activities

September: Initial consultant visits to classrooms for relationship-building and observation
October: Incredible Years curriculum training for teachers and teacher assistants
January: Stress management training for teachers and teacher assistants
March: Consultant support to individual children with significant challenging behaviors
Late May/early June: Termination planning, follow-up referrals, and wrap-up

Stress management workshops

While most of the intervention focused on teachers' behavior management strategies and specific interactions in the classroom, Raver and other team members were aware of the need to address teachers' professional and personal stresses. Midway through the year, trained members of the intervention teams conducted 2- to 3-hour stress management workshops for teachers and teacher assistants. The workshops were held in February, soon after the winter break, for two reasons: (1) consultants had developed strong relationships with teachers by that time and (2) classroom stresses often become acute for teachers at that point in the year. The workshops were based on the premise that teachers' own needs must be addressed in order for them to fully attend to children's needs. As Raver described it, "It was really clear that teachers were feeling very isolated and that administrators were feeling very much like, 'We can't solve teachers' social and emotional problems – there's too much else going on.'" So the stress reduction component, she said, was a "no-brainer."

The structure of the workshops varied. In the first year of CSRP, leaders conducted one workshop for all participating teachers, but in the second year, they conducted a separate workshop at each site. In FOL, workshops were conducted separately for each classroom. In all sites, the workshops covered four main topics. First, they defined stress, to help teachers view stress as a common result of lack of resources and coping strategies rather than as a sign of personal weakness.

Second, the workshops examined both work and non-work stressors, helping teachers realize that they often shared common sources of stress. The specific topics discussed varied according to the needs expressed by teachers and teacher assistants. In CSRP, stress workshops addressed topics such as dealing with difficult colleagues, managing deadlines, domestic violence, financial challenges, physical and mental health, and management of familial responsibilities. In FOL, the clinical supervisor also used a brief survey of teachers' stressors to plan the workshops. Lead teachers identified as common stressors insufficient time to complete tasks, overwhelming amounts of paperwork, children's behavioral challenges, and struggles related to children with special needs. Teacher assistants reported many similar stressors as well as concerns about education and certification requirements and difficulties with parents.

Third, after defining stress and identifying stressors, the workshops covered symptoms of stress including physical, spiritual, intellectual, social, and emotional dimensions. Finally, trainers emphasized generating feasible solutions to managing stress in order to improve well-being and classroom functioning. Knowing that preschool teachers often have little control over setting-level stresses such as scheduling and responsibilities, trainers focused on coping with individual-level stresses. Trainers and consultants leading the workshops shared strategies with which they

were personally familiar and that were a good fit for teachers' needs and capacities, such as relaxation techniques, cognitive-behavioral skills, and developing an internal locus of control. Trainers also emphasized "real world" strategies like taking breaks, eating regularly and healthfully, exercising, and using the religious affirmations that were already part of many teachers' lives.

Reactions to the intervention

CSRP and FOL leaders and consultants report that teachers' reactions to the behavior management strategies and consultation varied, but were positive overall, especially by the end of the school year. One consultant said that teachers even "started to get nervous" toward the end of the program year, knowing that they would not have the opportunity to work with the consultants again in the following year. Another consultant shared the story of a teacher who used to "really beat herself up" but became increasingly empowered once she started using the Incredible Years techniques, getting to the point of saying "I can do this. I got this!" This is not to say that there was no resistance. Some teachers were initially resistant because they were already confident in their abilities or because they believed that parents alone were responsible for children's behavior problems. Others had an initial lack of trust in the intervention staff; when consultants first visited classrooms, reactions of "Who is this and who does she work for?" were common. Given teachers' wariness, it was key for consultants to dispel teachers' fears that the consultants were there to evaluate them or report about them to supervisors.

Some consultants reported that age and culture were factors in teachers' resistance. Two young consultants reported that they encountered resistance from older teachers, who felt they had little to learn or were skeptical of the consultants' experience levels. Another reported that teachers' cultural beliefs were sometimes at odds with Incredible Years strategies, such as praising positive behaviors rather than expecting children to engage in them as a matter of course.

Although the model called for racial and ethnic matching of consultants and teachers, leaders found that this wasn't always possible. To their surprise, the mismatches rarely posed problems. Interviews with teachers that were part of the FOL implementation study indicated that, although some teachers were initially skeptical of the benefit of learning from trainers with different backgrounds, such attitudes did not persist and some teachers even found a mismatch helpful in breaking down stereotypes and misconceptions.

> *Ultimately, we got a lot of our gain from the skeptical teacher who thought she had nothing to learn.*
>
> - Cybele Raver

Some teachers never bought in despite repeated efforts by consultants; in these cases, leaders encouraged them to focus on teachers with whom they thought change was more likely. But leaders and consultants found that most teachers overcame their initial resistance, becoming more invested and motivated once they began to see changes in children's behaviors. The key, therefore, was to get them "over the initial hump" of trying a new strategy. Consultants knew they had to do this without pushing too hard, that is, to be assertive but not aggressive. One consultant found it was important to respect teachers'

boundaries and have their permission even when it meant waiting to suggest the strategy again. For example, when one teacher assistant took over a classroom during a lead teacher's long-term illness, she wanted to prove herself by using her own strategies. The consultant chose to give the teacher assistant space to make her own decisions and gradually found opportunities to encourage small changes over time.

Role of the stress reduction workshops

Raver believes that the stress reduction workshops helped to build teachers' trust and commitment to the intervention. Across CSRP and FOL sites, leaders and consultants heard positive reactions to the workshops from teachers and assistants, many of whom said that they had not previously felt supported or cared about. In FOL focus groups, many teachers reported that no one had ever done anything like this for them and said that they were "thrilled" to have someone ask them about their own needs. Raver says that when teachers and teacher assistants heard about the workshops, "their eyes would light up" and that afterwards there was a palpable sense of appreciation and relief. Consultants believe that the stress reduction workshops helped teachers and teacher assistants to see that "they are human" and gave them encouragement and permission to "do something for themselves."

CSRP and FOL leaders report being surprised by the level of personal stress in teachers' lives, including domestic violence, depression, substance use, and physical health problems. After hearing a consultant talk about how personal stresses can subconsciously impact one's work in the classroom, a teacher confided in the consultant about domestic violence. This opened the door for the consultant to make a referral for community-based support. Another consultant worked with a teacher who identified a specific goal during the stress management workshops – to take breaks - and "held her accountable" for taking those breaks in the classrooms. Such follow-up was done on an individual basis and was inconsistent. Some consultants reported following up regularly while others said that they did not "remember doing anything specific." Several say that they would have liked to provide stress management support in a more ongoing way.

> *It was just a no-brainer: We can't expect teachers to be emotionally supportive to children if they themselves do not feel emotionally supported… as soon as I would say that, I would see everybody's eyes light up.*
>
> - Cybele Raver

Consultants report a few factors as key to the success of the stress management workshops. First was the timing, because the strong relationships already formed between consultants and teachers led to high levels of comfort and openness. Second was the food. Trainers and consultants provided a large quantity of food along with take-home containers so that teachers and assistants could bring leftovers home to their families, a gesture which elicited appreciation and strengthened relationships. Third was the organization of participants into small groups, which helped to make the teachers feel comfortable and to keep the workshops intimate.

Consultants also report that they found the intervention to be a professionally rewarding experience for themselves. Said one, "Foundations of Learning provided the clinicians with great opportunities to develop, plan, and implement wonderful interventions to less fortunate children and families who, like many of us who have children, feel lost because we don't understand, trust, or know how to go about asking for help."

Assessment and results

CSRP and FOL were evaluated in separate randomized controlled trials. To date, results have been reported for CSRP sites and Newark FOL sites at the end of the intervention year and at one year follow-up, when most children were finishing kindergarten. Despite some differences in the number, types, and locations of sites served, findings were strikingly similar for the two interventions, suggesting that the intervention is robust across different contexts.

Impacts for teachers

Classroom Climate and Teaching Methods

Teacher impacts were largely positive in both interventions. Compared to control classrooms, CSRP classrooms had significantly higher levels of positive classroom climate as rated by observers using the CLASS instrument (Pianta, LaParo, & Hamre, 2006).[2] There was also a trend toward higher levels of teacher sensitivity toward children's needs and more effective management of disruptive behaviors in CSRP classrooms (Raver, Jones, Li-Grining, et al., 2008).

Similarly, teachers in FOL classrooms demonstrated greater improvement than control group teachers in addressing children's challenging behaviors and providing a positive emotional classroom climate (Morris, Raver, Millenky, et al., 2010). They also demonstrated more use of engaging teaching methods, better time management, and more instructional time. As a result, children in FOL classrooms received approximately 50 minutes more instruction per week than children in control classrooms, presumably because teachers had more time to spend on instruction when they were able to quickly and effectively manage behavior issues (Morris et al., 2010). Most of these teacher and classroom impacts were sustained a year after the intervention ended, with some specific teacher skills actually increasing over time in FOL and only a few indicators decreasing over time.

Stress and Perception of Skills

Impacts on teachers' stress and perception of their skills were mixed. The CSRP evaluation found that by the end of the intervention year, teachers reported a decrease in stress levels, but surprisingly, less confidence in their skills than at the beginning of the year (Raver et al., 2008). The research team posited two possible explanations: 1) that the feedback from consultants highlighted for teachers where they needed improvement and 2) that most teachers were trying new skills for the first time, which can cause some discomfort and insecurity.

[2] Impacts were reported as comparisons between treatment and control teachers in the spring of the academic year, controlling for baseline CLASS scores.

The FOL evaluation found no impacts on teachers' beliefs about their skills, job related stressors, or mental health (Morris et al., 2010). The research team hypothesized that this was because the intervention may have impacted teachers' confidence and comfort in certain areas of their jobs (namely, behavior management) but not in other areas covered on the surveys. Additionally, the intervention did not change the teachers' roles, responsibilities, or site structures, so it may not have been enough to make them feel more in control, autonomous, or empowered.
These results suggest that teachers can make improvements in their classroom practices and in classroom climate even without feeling more confident or less stressed. But they also suggest areas for further improvement and questions about whether even greater change could be made in classrooms if teachers developed more positive feelings about their skills.

Impacts for children
Impacts for children were largely positive at the end of the school year. Children in CSRP classrooms had significantly lower levels of internalizing and externalizing behavior problems, including sad and withdrawn symptoms and aggression and defiance, than children in the control group (Raver, Jones, Li-Grining, et al., 2009). The evaluation found some group differences, such that children facing lower levels of poverty-related risk had the most significant decrease in externalizing and disruptive behavior problems and Hispanic girls showed the largest reduction in behavior problems (although boys and African-American children also showed a reduction in behavior problems).

In the FOL evaluation, an interesting pattern emerged in which unbiased observers rated children in FOL classrooms as having less conflict with peers and teachers, higher classroom engagement, and better task regulation, but teachers reported no differences in treatment and control classrooms (Morris et al., 2010).[3] The researchers suggest that, through their participation, teachers may have been primed to think about and observe behavior problems. Another possible explanation is that teachers' impressions of children may be set early in the year and may be hard to change, even when children's behaviors change.

Follow-up results
Despite these positive findings, overall CSRP's and FOL's impacts on children were not sustained one year later (when most children were in kindergarten). In fact, teachers unaware of whether children had participated reported higher levels of some problem behaviors among former FOL participants than among their control group peers.

CSRP and FOL leaders have offered hypotheses about why the intervention effects for children were not sustained. These range from methodological (the limitations of teacher report during the kindergarten year, when observer reports were not available) to contextual (for example, the fact that the strategies may have been relevant only for the preschool settings and not transferrable to other school settings). In addition, the kindergarten transition can be challenging for many children; kindergartens have fewer teachers and more students in the classroom, the classrooms are housed in larger buildings, there is generally a decreased focus on supportive a positive emotional and social environment, and there are higher expectations of independence and discipline. This may have been exacerbated by the fact that many FOL and CSRP children, like

[3] It is also worth noting that observers did not find differences on dimensions of positive interactions between children and their teachers.

others in poverty in the U.S., likely entered kindergarten classrooms that were under-resourced, chaotic, emotionally and socially negative, or otherwise of low quality. The lesson, according to Raver, is that it takes "sustained and prolonged investment" across different settings to ensure that children continually receive the kinds of support they need. "We can't keep our foot on the gas pedal for one year and then pull it off again," she says (Raver, 2012).

In addition, leaders point out that teachers' implementation of the intervention strategies was not 100%. According to FOL's project manager Chrishana Lloyd, teachers "took bits and pieces of what they liked and what they thought was useful and beneficial." Dorothy Jordan, FOL's Clinical Classroom Consultant Coordinator, who supervised and trained consultants, adds that teachers tended to implement the earlier and easier skills in the Incredible Years curriculum. According to Lloyd, "I would say about 90% of what they took they're still using [although] it was very selective what they took." One hundred percent uptake, these supervisors point out, is an unrealistic goal, and even 50% can be challenging without significant follow-up and/or alignment with existing practice.

Conditions for success

According to interviews with CSRP and FOL leaders and consultants, along with an extensive implementation report about FOL published by MDRC (Lloyd & Bangser, 2010), a set of factors were key to CSRP and FOL's success over the children's preschool year: focusing on concrete strategies, framing the strategies as changing children's behaviors rather than adults, investing in relationship-building, and providing support to consultants as well as teachers.

Focusing on concrete strategies

The intervention focused on giving teachers simple, consistent, and specific strategies. Fidelity to the Incredible Years curriculum was an essential component of the model and, according to many intervention team members, essential to success. As noted above, trainings followed a clear structure that used instruction, video, role play, and discussion. In classrooms, consultants also followed a clear structure, observing and assessing, suggesting a strategy, modeling it, watching teachers use it, and discussing the results. These strategies provided predictability, reinforcement, and clarity for everyone involved, from consultants to teachers to children.

Throughout the intervention, leaders and consultants focused on concrete actions to keep the intervention grounded and to keep teachers engaged and willing. Reflection was subtly encouraged but never overtly described, because it was foreign to many teachers' experiences, cultures, and habits, and therefore uncomfortable territory. According to Raver, "we steered clear of anything that seemed complicated or cognitively challenging…We steered towards…[providing] a simple tool that you can use" such as giving specific praise or decreasing the number of directives to children. Consultants would "sneak in" reflective conversations during naptime and downtime. When they did so, they used simple language, so that these conversations would not seem daunting, uncomfortable, or inappropriate to teachers.

Focusing on children's behaviors
Consultants consciously depersonalized the behavior management strategies. They focused on children's specific behaviors and reactions and suggested things teachers could do to change those behaviors, rather than presenting teachers' existing practices as problematic. They were careful not to make judgments, focus on teachers' personalities, or make broad assessments of teachers' skills. In watching training videos and in reflective conversations with teachers, they steered away from asking, "What did the teacher do?" Instead, they asked: "How did this child respond to the technique that the teacher used?" This was key because all teachers agreed on the goal of changing children's behaviors, even if they didn't agree on the goal of changing their own.

Building and investing in relationships
Consultants and leaders worked hard to build relationships and buy-in. First, they focused on establishing trust. Consultants said that they observed classes for a few weeks before modeling or giving feedback. One established a goal of talking personally with each teacher for at least an hour a week at the beginning of the intervention to hear each teacher's thoughts and feedback. Making teachers feel cared for, supported, and safe from evaluative concerns was key to helping them open up enough to integrate consultants' feedback. For this reason, consultants note that it was important that they operate independently of the school system or the administrative structure of the site.

Second, consultants stress how important it was that they did not present themselves as experts, but rather as teammates and helpers who provided an extra pair of eyes and ears in the classroom. They all reported that one of the most important parts of the intervention was that they attended the Incredible Years training together with teachers as equals. And throughout their work, they showed that they were interested in teachers' ideas and experiences, happy to help out in the classroom, and generally willing to be team players.

> *We heard from teachers that the training and the depth of it professionalized them in a way that they had never experienced.*
>
> - Chrishana Lloyd, Senior Research Associate, MDRC

Third, leaders and consultants continually sought teacher feedback. In FOL, teachers were encouraged to provide written feedback at the end of each training session and were surveyed regularly by the consultants about the helpfulness of the trainings. Teachers were also urged to share classroom difficulties with the consultants between trainings so that relevant techniques could be incorporated into future sessions; one consultant reported that she gave out her cell phone number and encouraged teachers to use it at any time. In all of their work, leaders and staff were cognizant of the need to support both lead teachers and teacher assistants, and also cognizant of the tensions that can arise between these roles. In FOL, leaders addressed these issues by working with lead and teacher assistants together on some occasions and separately on other occasions. During training sessions, the roles were combined, to promote information-sharing and relationship-building, as well as to provide support for teacher assistants to take increasing levels of responsibility in partnership with their lead teachers. The stress reduction workshops, however, were conducted separately for lead

teachers and teacher assistants to allow everyone to be open about the tensions that existed and to explore opportunities for addressing them.

Strong support for consultants as well as teachers
Aware that mental health consultation can be an emotionally taxing profession, CSRP and FOL leaders established several systems to ensure that their consultants were well supported. In CSRP, clinical supervisors conducted a monthly clinical consultation with consultants. They quickly identified a need to conduct training and support sessions on compassion fatigue, because consultants were reporting multiple challenges including dealing with teachers' stresses and emotions, work-family balance strain, and personal issues. Through these sessions, the clinical supervisor helped consultants find ways to respond supportively to teachers while remaining faithful to their CSRP role – that is, supporting teachers' classroom management and children's behaviors rather becoming teachers' psychotherapists. In FOL, clinical supervisors conducted both group and individual supervision with consultants. Group supervision proved to be very valuable for consultants, who appreciated receiving peer support; Jordan and Lloyd suggested that formalizing such peer support would be a beneficial addition for future interventions. FOL leaders also conducted weekly meetings focused on the research side of the project, addressing issues such as model fidelity, drift, and adaptation.

Challenges

Large-scale interventions are not without their challenges, and leaders of both CSRP and FOL are transparent and reflective about them. Leaders and consultants report a common set of challenges relating to the specific populations and models of their intervention, which are described below.

Structural challenges in early childhood centers
CSRP and FOL sites were heterogeneous in the amount of resources and challenges they faced, even more so than Raver and other leaders had expected. While some sites were well-functioning, others were poorly organized or under-resourced, requiring attention to immediate safety and other issues; one was even closed as a result of health violations. Because of these variations across sites, teachers' levels of responsibilities, stresses, and support structures varied. Some teachers felt burdened by a heavy workload and few available supports, and as a result, some worried initially that the intervention would add more work. As a result, leaders had to learn to adapt the intervention to match distinct resources, contexts, personalities, cultures, and other factors across sites.

In addition, leaders report that it was challenging to work with a subset of teachers who were not fully invested in their roles or committed to children. Raver says that she was surprised to discover that her initial operating assumptions about teachers' goals were not always accurate. "I had this vision that cognitive input from teachers was suppressed by behavioral dysreglation, [and that] when behavioral dysregulation was taken care of, adults would be able to be much more engaged with kids and with each other, and they would just take off. And what I found was that some teachers really just want compliance." While the majority of teachers cared deeply about children and about their classrooms, she explained, some saw their responsibilities as little

more than a paycheck and were therefore very focused on compliance with basic regulations, dedicating little attention to interaction quality or cognitive enrichment.

Personal challenges in teachers' lives

Across the board, teachers' personal stresses posed unexpected challenges for the intervention team, even among the teachers who were very dedicated to their classrooms and to the intervention. As one consultant explains, "teachers are humans… and their life stuff gets in the way." This often made it difficult for the consultant to implement the plans she had made for specific days. CSRP and FOL consultants and the clinical supervision team reported that many teachers experienced depression, domestic violence, and substance use, in addition to the financial and family stresses that affected nearly all of the teachers.

Because these problems were common – and commonly discussed – during the initial CSRP intervention, FOL leaders were able to anticipate them in advance and to make plans for addressing them. FOL staff benefited from the fact that the intervention was administered from a community mental health agency. Included in the initial agreement with the agency was a condition that teachers, parents, and children participating in FOL who needed services would be served quickly if not immediately. In cases where the agency wasn't able to fully address the issues, agency staff was able to help FOL clinical supervisors locate other local resources and supports. In addition, FOL staff created a compendium of resources for teachers.

Relationships with families and schools

Some consultants wish that they had had more time and relationships with families. A few had informal relationships with families, usually at a teacher's request, and found them to be very beneficial. But because family involvement was not a structured component of the intervention, and because consultants had limited time, such interactions with families were relatively rare. More consistent relationships with families, they believe, would have helped them to develop additional insight about children and also provided an opportunity to support families in using at home the strategies teachers used in the classrooms.

Relationships with site administrators, which are essential to any intervention effort, varied. Administrators in community-based settings – and to a lesser extent the Head Start centers – took a "hands-on" approach and were interested in receiving frequent updates. But most administrators in public schools did not express much interest in being apprised of the progress of the intervention. FOL staff report frustrations with this lack of involvement and feel that they could have accomplished more with teachers if they had more active support from administrators.

Balancing clinical and research needs

Because CSRP and FOL were demonstration projects, they included both clinical and research components. While these two components clearly had a symbiotic relationship, balancing the demands of the two was often challenging. Raver found herself navigating conflicts over time and resources between the research and clinical teams. And consultants, who were primarily clinicians but also played an essential role in documentation and data collection, sometimes struggled to find a balance.

Lloyd and Jordan report that the most effective FOL consultants had a combination of excellent clinical skills, communication and interpersonal skills, and the ability to document their work for research purposes. This combination of skills was not easy to come by, even though the majority of consultants had extensive training and experience. Nor were these skills easy to assess in advance. Lloyd points to certain skills that were particularly difficult to assess in the hiring and initial training process: flexibility, open-mindedness, comfort with ambiguity, the ability to balance independent work with fidelity to the curriculum, willingness to address resistance and occasional conflict, the ability to maintain a positive relationships with teachers while gently pushing them to change practices, and knowledge about adult development as well as child development. Although the hiring process included role plays, Lloyd and Jordan suggest that it would have also been helpful to assess potential hires' writing and communication skills through structured assessments. They also note that if they were to go back to the beginning, they would have spent even more time emphasizing to consultants the importance of documentation and the research component of the intervention.

Next Steps for CSRP and FOL

CSRP and FOL leaders and supervisors agree that there is room for even better support and a need for more sustained impacts. They are continually applying the lessons learned from these interventions into new early childhood initiatives, expanding the knowledge base and, they hope, the benefits for teachers and the young children they serve.

A Conscious Approach to Self-Regulation: Knox County Head Start and the Conscious Discipline Program

Knox County Head Start's proud status as a national Head Start Center of Excellence is visible in its centers and its marketing materials, but even more visible is the organization's commitment to a program called Conscious Discipline. It is this commitment to and implementation of Conscious Discipline – which complements and builds the skills of a strong staff - to which Knox County Head Start leaders largely attribute the honor.

Conscious Discipline is a programmatic approach to effecting systemic change in educational settings by building adults' and children's emotional intelligence and self-regulation skills. Unlike many programs, it does not have a scripted curriculum and is not designed to be delivered as a discrete component of the day. Instead, it introduces a mindset and provides a set of strategies that are infused throughout the classrooms and the whole organization. In this spirit of infusion, Conscious Discipline has gradually become the backbone of Knox County Head Start's work over the past seven years, shaping organizational structures and relationships, staff support and communication, classroom practices with children, and connections with families.

Leaders and staff report that Conscious Discipline has changed the culture of their organization, their practices with children and one another, and their image in the community. They also believe that it has led to fewer behavioral problems and stronger social and emotional skills among children. Implementing Conscious Discipline is not a "quick fix," as one supervisor pointed out, and it is a constant work in progress. It requires a significant investment of time and energy, particularly in staff training and support. But as a result of these efforts and a visible difference in classrooms and children, staff members say, "This is a process, we're gonna stick with it. We believe in it."

About Knox County Head Start

Knox County Head Start (KCHS) provides services to young children and their families in rural Knox County, Ohio, approximately 40 miles northeast of Columbus. Among KCHS's seven centers are single classroom centers serving small rural communities and multi-classroom centers including one in the county's largest city of Mt. Vernon (population approximately 17,000) and two in the college town of Gambier. KCHS provides a preschool program, funded largely through Head Start, along with other services to young children and their families. The preschool program serves approximately 250 children. Most are in half-day programs, but a small number are in recently created full-day classrooms.

Preschool teachers at KCHS are employed full-time. They have varied backgrounds; three have associate's degrees, nine have BAs, and 3 have MAs. Those who work in half-day classrooms work as teachers for one half-day session and as family service workers during the remainder of the day. While some of their family service work time is spent off-site, they are often at the center making phone calls, doing administrative work such as obtaining medical and dental

reports, and providing additional support to their colleagues who are teaching. This support is particularly seamless in the single-classroom centers, where teacher workstations are openly connected to the classrooms and all staff can see and hear what is occurring in the classroom. All classrooms have a teacher assistant, and all centers have additional staff, such as nutrition aides, who prepare food (2 meals per day for half-day participants and 3 for full-day) and "itinerants," specialists external to KCHS and usually funded by the county who provide additional services such as speech and mental health therapy. In some centers, additional adults, such as bus drivers and bus aides, come in and out of the classroom and lend a hand, for example when children are exhibiting challenging behaviors.

Families served by KCHS have incomes primarily in the $10,000-$20,000 range, and many of them are described as "generationally poor." The vast majority of KCHS preschoolers are white and native English speakers. Many of them face significant stresses due to poverty, abuse, and neglect. Behavior problems and emotional dysregulation are common. KCHS teachers and a staff mental health coordinator refer them to special services but also provide behavioral support as needed within the classroom.

History and evolution of Conscious Discipline in Knox County

After Peg Tazewell became executive director of Knox County Head Start (KCHS) in 2002, she and her leadership team knew that a change was needed. Staff turnover was nearly 45%, teachers did not feel supported by the administration, KCHS was labeled out of compliance on several dimensions during a federal Head Start review, and teachers and parents consistently complained about children's behavior problems. Their discipline methods, which included issuing warnings and sending children home after three warnings, were not working. In fact, they seemed to be exacerbating the problems.

When two members of the KCHS leadership team heard Conscious Discipline creator Becky Bailey speak about the program at a regional Head Start conference, they were impressed. They brought home books and other Conscious Discipline resources and visited the program's website to learn more. It wasn't long before they began sharing Dr. Bailey's books with their colleagues and attending Conscious Discipline workshops. Convinced that this was the approach they needed, they trained all of their teachers that summer and began implementing the program in the fall. In the first year, all staff watched training videotapes, participated in regular staff meetings and in-services, discussed the program during regular classroom observations by supervisors/ mentors, and received a monthly newsletter called "Keeping Conscious Discipline Alive in Your Classroom" that was created by KCHS's mental health coordinator, who had quickly become a champion of the program and a resource for teachers.

Conscious Discipline in practice at KCHS

Conscious Discipline comprises a set of strategies and structures for daily interactions. These strategies are designed to help adults manage their thoughts, feelings, and actions in the face of daily stresses and conflicts and to help them teach these skills to children. The strategies can be used flexibly and comprehensively in classrooms, the organizations that run them, and the homes of the children and families served.

Based on research in neuroscience, developmental psychology, and education, the Conscious Discipline model includes four components: 1) The Brain State Model, 2) the 7 Powers for Conscious Adults, 3) the 7 Skills of Discipline, and 4) the School Family.

The Brain State Model, the grounding for and introduction to the other components, is a frame that explains how brain functioning is linked with feelings, physical arousal, and ultimately behavior. Simplifying neuroscience research, it explains how different brain "states" are associated with different regions of the brain, and how the program intends to help people move from the most basic of these states (the survival state, which is concerned with fulfilling basic needs) to the most advanced state (the executive state, in which people can be reflective, planful, and capable of learning).

> *The biggest thing was that teachers cannot teach children skills that they themselves don't have.*
> - KCHS leader

The 7 Powers for Conscious Adults are skills that are associated with the executive state that allow adults to be conscious, present, and intentional, thereby helping them to deal responsively and effectively with conflicts and stress. Specifically, these skills are intended to help people replace the emotional, reflexive responses that can be detrimental to social relationships and experiences.

The 7 Skills of Discipline are positive and effective discipline techniques, based on the 7 Powers for Conscious Adults. These techniques can be used during everyday interactions to teach children the social-emotional and communication skills needed to manage their emotions, solve problems, and develop pro-social behaviors.
The School Family, composed of teachers, children, and families, is the backbone of Conscious Discipline. The 7 Skills of Discipline provides an essential base for positive relationships and support the creation of and connections among the School Family. ,

While Conscious Discipline does not have a scripted curriculum, it has a language – a way of communicating -- and a set of phrases that are intended to be used all day, every day. All staff members are expected to use similar language and strategies with one another and with children, but they are given a large amount of flexibility about which specific techniques to use. In KCHS, the Conscious Discipline language pervades the classrooms, offices, and hallways. One leader estimated that across the organization, the Conscious Discipline language is used 75% of the time throughout each day (although it is used more by teachers with more experience than by teachers still learning the structures). Some key elements of the Conscious Discipline language, and how they are used in KCHS, are described below.

Focus on desired outcomes
Staff members' instructions to children focus on what they expect and what they want to reinforce – that is what *to* do rather than what *not* to do. For example, teachers tell their students "use your walking feet" as opposed to "don't run." Teachers frequently use the language of safety to explain rules, saying things like, "It's my job to keep you safe," "Chairs stay on the

floor for safety," and "Only use safe touches" to a child who is pushing another. They acknowledge and reinforce positive behaviors by providing encouragement and, to varying degrees across classrooms, using the "noticing tree," on which they hang leaves for noticing and acknowledging another's needs. Staff use the practice of "wishing well," which involves thinking and saying supportive thoughts to others in the school family, especially those with whom they are particularly frustrated or in a challenging situation.

Assertiveness

There is also a focus on assertiveness, including speaking and acting authoritatively, using what Conscious Discipline describes as a "big voice." Lessons on being assertive are part of teacher training, and staff encourage one another to "use their big voices" when communicating with colleagues. Teachers also scaffold children to help them be assertive in their relationships with classmates. They assist children in solving peer conflicts by giving them phrases to use, such as "I didn't like it when you pushed me. Please keep your hands to yourself."

Children in KCHS are generally willing to use the language and often successfully resolve conflicts with its use. It is not entirely clear to an outside observer whether the preschoolers have internalized this kind of language enough to use it independently, but staff report that children sometimes use it with their parents, and a few children can be heard in the classroom independently using phrases like "Use your big voice," "Only three more minutes," and, from one child with many challenging behaviors, "You're not the boss of me. I'm the boss of me," a statement which received cheers and reinforcement from the teachers who had been working with the child to take ownership of his own emotional reactions to other children.

Choice and flexibility

Classrooms and staff meetings emphasize the role of choice. For example, when children are upset, they are encouraged to choose from among four strategies for calming down. As another example, teachers provide choices for managing negative feelings, as one teacher did when she told a child "you can visit the safe space, sit with me, or sit on your spot in the circle." Another teacher used the "feelings and choices board," a legal-pad-sized felt board from which children can choose the face corresponding to their emotion (e.g., frustrated, angry, sad) and then choose one of four structured strategies for calming down and dealing with that emotion. This was particularly effective with a preschooler who displayed significant behavioral challenges throughout his class session, especially during transitions. (The child ran around the classroom, ignored instructions from teachers, and sometimes became agitated when asked to join the group.) On one afternoon, staff assisted the child in using the board on three separate occasions, and on each occasion, he calmed down and rejoined the group on his own. In one situation, another child came over to assist him in the process and to choose and share with him an "I love you ritual," an activity to promote social connection (in this case a high five).

Finding the right strategies for each child is often a case of trial and error, which is in itself facilitated by the program's commitment to choice, in this case choices for teachers. Teachers are given extensive flexibility in how they implement the program, based on their own comfort and skills, personalities, assessment of classroom composition and needs, and intuitive sense of what will be most effective for them, their students, and their classrooms. Many teachers report this degree of adaptability to be an essential part of their willingness to implement the program and to take ownership of it, since it keeps them from getting overwhelmed by the extensive array of

strategies. The use of choices extends to administrative relationships and professional support. Teachers struggling with behavioral or other classroom issues are often given a choice of two KCHS mentors to assist them, framed with the question, "Which of us could be more helpful to you?" This choice gives ownership of the process to teachers and also conveys a tone of support that pushes back against the sense of evaluation that is so often inferred in mentoring situations.

Reactions to Conscious Discipline

While Knox County Head Start leaders were immediately impressed with Conscious Discipline, staff members' initial reactions were mixed. Some staff immediately embraced the program, and a few saw it as formalizing strategies and language that they had been using already. Many others were willing to try anything that might help them reduce the growing behavioral challenges in their classrooms. But others weren't so sure, skeptical of the strategies or resistant to do the personal work that was required in changing their own thoughts and behaviors. Some thought that the ideas behind the program were "crazy" and that the language "sounded like a cult."

KCHS leaders have dealt with resistance and other challenges by taking an incremental approach and giving staff flexibility in how to implement the strategies. When teachers express strong resistance, supervisors ask them to choose just one or two strategies to try. They tell staff that Conscious Discipline is a constant work in progress and that they don't expect teachers to become immediate experts. One leader said that it can be tricky to explain to teachers that Conscious Discipline does not provide "a quick fix," and that to do so, she continually focuses on growth and learning and minimizes criticism.

In the context of this support and an organization-wide implementation effort, most teachers have come around over time. Although some staff members were so uncomfortable with the language that they left, most stuck with it and began to see changes in their classrooms, including more positive behaviors from children, a decrease in problem behaviors, and a more supportive and trusting organizational culture. In fact, many KCHS staff now attribute their job satisfaction and performance to the organization's use of Conscious Discipline. One longtime teacher said "If we didn't use Conscious Discipline and we were still doing the things we did [before we started the program], I wouldn't still be here." Previously on the verge of burnout, she now is one of KCHS's strongest teachers and hopes to become a certified Conscious Discipline trainer. This is not to say that teachers never struggle or feel challenged, but most believe that Conscious Discipline gives them a base from which to work. One new teacher's aide who joined KCHS this year says that although she sometimes finds the language unnatural, she believes the approach is much more effective than what she previously used at a childcare center in another state. In fact, recently she emailed the director of her former center to recommend Conscious Discipline.

> *My first thought was: "Why didn't I learn this in college?"* – KCHS teacher

Assessment and results
Committed to ongoing quality improvement through federal, state, and internal organizational processes, KCHS collects data from both teachers and children. They do not have systematic data comparing teacher and child outcomes before and after implementing Conscious Discipline, but they do have data comparing the outcomes at the beginning and end of recent school years. Using the Head Start Outcomes Framework to assess children's outcomes, they have reported increased mean scores for all domains, including reduced aggression and fewer behavioral referrals, from the beginning of the school year to the end. The most recent annual report describes percentage increases in mean scores from fall 2009 to spring 2010 in several domains, including social/emotional development (+38.3%) and literacy areas (ranging from +38% to 46%).

In addition, KCHS is in its second year of collecting observational data for all teachers' classroom quality, utilizing the CLASS assessment of classroom interactions and relationship quality (Pianta, LaParo, & Hamre, 2006). (Their use of the instrument pre-dates recent guidance from Head Start that CLASS will be a required measure of classroom quality beginning in future years.) CLASS scores are above average in all domains compared to the national average, with the highest in the emotional support domain (perhaps not surprising, given KCHS's focus on Conscious Discipline).

Conditions for success
Leaders, teachers, and other staff members identify a strikingly consistent set of factors that make Conscious Discipline implementable and effective at Knox County Head Start.

Common language
The Conscious Discipline language described previously is most frequently identified by staff as a key to success. All of the adults in the setting are trained to use the same words, phrases, and overall messages with children and with one another. After they receive training in how to use the language, staff practice it with one another and place posters in their classrooms with sentence starters in case they need a reminder of how to speak positively and authoritatively with children and colleagues. They also model it for children with comments such as "I am getting frustrated. I need to take a deep breath to calm down."

Leaders are also committed to using the language. They utilize and model the principles in staff meetings, during observations, and during informal interactions with one another. One leader shared a story about a day when she was feeling negative about a conflict with a staff member, and a colleague reminded her that she was not assuming positive intent. The reminder, and the technique of "wishing well" to the person who was frustrating her, changed her outlook and made her able to be productive and effective despite her high level of frustration.

> *[People say] "Every center, you all talk the same." And we say, "Exactly, that's what we wanted." Our classrooms… they're much more consistent now.*
> - KCHS leader

Staff members repeatedly say that this language has initiated a mindset and a way of thinking about relationships that pervades both their work and their personal lives. In addition to using it to provide a clear set of expectations for children, teachers describe using it with their spouses, their own children, and strangers. Many report that it has become a positive force in their lives, enabling them to make significant personal changes as well as professional ones.

The Conscious Discipline language and strategies are reinforced by a parallel program called Conscious Parenting, which KCHS offers to parents on a voluntary basis. Offered in 6 weekly evening sessions, Conscious Parenting teaches parents the same skills for how to talk with children and promote self-regulation and positive behaviors. Even parents who do not participate in that program often learn some of the language and skills from children and their teachers, and they are encouraged to use them at home.

Staff members say that the language of Conscious Discipline is even catching on in the community. Some of them have learned it from friends, but others have learned it through efforts KCHS has made to spread the word. For example, KCHS has collaborated with the United Way, which has produced a community billboard and an ad on the local movie theatre screen encouraging viewers to "Be a S.T.A.R."

> *This mom was having just a really awful day. And [the bus driver] saw her put her boy on the bus and her son turned around to her and said, "It's gonna be ok today, Mommy. I wish you well." And the mom just started to cry.* – KCHS leader

Organization-wide commitment

Conscious Discipline is implemented organization-wide, among all adults, from the executive director to the bus drivers. In addition to teachers and teacher assistants, nutrition workers who prepare meals, bus drivers, and parents who have and have not participated in the Conscious Discipline parenting sessions also use the strategies and language.

Renee Sutherland, KCHS's mental health coordinator and a certified Conscious Discipline trainer, believes that this organization-wide commitment is key, and she often shares this lesson when she provides training to other organizations. She strongly encourages executive directors to participate in the Conscious Discipline trainings. When directors leave the room and leave the hard work of implementing the program solely to staff, she says, "That's a huge mistake… It makes all the difference in the world to have them buy in."

KCHS leaders estimate that around 50% of staff need to buy-in order to create the tipping point that can significantly alter the culture, but they believe that the percentage of KCHS staff commitment to Conscious Discipline is much higher.

Professional development and support from leadership

Ongoing professional development and support from leaders are also reported as key success factors. Training is provided in an ongoing way through multiple mechanisms.

All new teachers attend staff trainings and watch training videos, all managers and several other staff members attend Conscious Discipline training institutes, Becky Bailey's trainers provide periodic coaching, and a few years ago all staff attended a local training by Bailey. In a less traditional manner, several staff also participated in a 12-week Conscious Discipline book study designed by Sutherland, which provided college and continuing education credits.

Equally or even more important are the ongoing internal structures for professional development and support. A monthly staff meeting begins with a "Brain Smart Start" and includes time for colleagues to share Conscious Discipline strategies used in their classrooms. All teachers are observed at least twice a year by one of three KCHS mentors/leaders and more frequently if either the teacher or the mentor requests it. CLASS observations are conducted during the biannual visits and discussed with teachers in a way that is focused on support and improvement, not on criticism or sanctions.

Given all of this support, it is perhaps not surprising that teachers and teacher assistants report feeling well supported by their leaders. As one teacher says, "It's easier to ask for help knowing that we have people willing to be helpful" and that leaders are not there to criticize them or punish them. One KCHS leader explains that leaders have cultivated this attitude intentionally by frequently asking "how can I be helpful?" This culture of trust and willingness to give and receive help pervades the organization. Every center has an "oops" sign in the teacher workstation that encourages teachers to try new things and not be afraid to make mistakes, and leaders ask each other for help when they need it.

Staff empowerment and ownership

One of the ways that leaders provide such support for staff is by empowering them to be assertive and to have agency as professionals and as individuals. They recognize the importance of valuing everyone's individuality and professionalism and of providing choices to staff members, just as teachers provide choices to children. At one staff meeting attended by all teachers and assistants, leaders initiated a discussion about how best to structure a new staff position within the organization in a way that would help everyone. As another example, one of the leaders explained that when it comes to mentoring teachers, staff are given choices about who they want to work with, because "it's just natural that you're going to connect more with one than the other." Leaders also give teachers choices about which strategies to try in their classrooms. This flexibility helps teachers feel in control of their classrooms and it also helps keep them from feeling overwhelmed by all the strategies and structures that are available in the program. Several teachers commented that if they had been required to use all of the strategies at once, they would not have been able to successfully implement the program.

Leaders and staff members also remind one another about the importance of being assertive. Using tools from the 7 Powers, they focus on being authoritative as a mechanism for both conveying and expecting respect. They often utilize the language of "using your big voice" and speaking matter of factly, as one would do when making a statement such as "Columbus is the capital of Ohio." One staff member explained that "Using the skill of assertiveness was *huge* for our agency because all of us women need to learn to be more assertive." Another explained that this skill has helped her both with the children in her classroom, by commanding respect and

avoiding control battles, and with her colleagues, by helping her to articulate her needs and assert her opinions.

Challenges

Staff members cite some of the same factors as strengths and as challenges to implementation, a fact that may reflect KCHS leaders' emphasis on a core set of goals and priorities.

Making the language feel natural

Although the language is clearly an important factor in the success of Conscious Discipline, it can also be a challenge for teachers, especially when they first start using the program. Many say that it doesn't feel natural and that they have to unlearn other habits, such as using requests and "please and thank you" with children. Some initially find it to sound "wishy-washy, lovey-dovey," "a little out there," or even "ridiculous." Being assertive and using only positive language are the most frequently reported challenges. (One teacher described struggling in the moment to come up with an alternative to "Don't spit!," before coming up with the more positive "Keep your spit in your mouth.")

Addressing individual differences among children

Teachers say that Conscious Discipline may not be enough with certain children. They find the program difficult to use with children who have developmental delays (partially because these children may be unable to understand the language used in the program), those with serious emotional challenges, and those with mood disorders. Indeed, leaders explain to teachers who lead classes that have many children with behavioral challenges that they may not see the effects of the program as quickly as teachers in other classrooms. Teachers acknowledge that working with these children is difficult regardless of the program used, but they also express a desire for more support in helping these children and for additional interventions for their families. While they are encouraged to individualize Conscious Discipline for the children in their classrooms, some staff members say that they do not receive enough training in how to do so.

Providing training and countering prior experiences

Leaders emphasize a different set of challenges. One of these is that providing professional development to new staff gets more complicated as the longer-term staff members become more comfortable and familiar with the program. As turnover has decreased and teachers who have worked at KCHS for several years have become more comfortable with the program, there is a larger gap in experience and training. On the one hand, this difference allows for teacher-to-teacher mentoring; on the other hand, it means that supervisors need to find creative and efficient ways to meet the needs of staff at varying levels.

A related challenge stems from teachers' prior training and experience, which varies considerably. For some teachers, the program stands in stark contrast to the kinds of training and curricula they have received elsewhere. (This has become less of an issue since KCHS has become very transparent about their use of Conscious Discipline with prospective job applicants.) At the other end of the spectrum, for those teachers who are already implementing Conscious Discipline consistently, it can be a challenge to keep the strategies fresh. KCHS leaders encourage teachers to try new strategies, create their own, and "apply their own

personality to it," in order to maintain momentum and keep their commitment and enthusiasm genuine.

Experience levels aside, leaders also explain that teachers naturally have varying degrees of skill and different life philosophies. Some "get" the program and internalize it more quickly than others, and the program can be a struggle for "black and white thinkers." And the natural skills and philosophies that support implementation of Conscious Discipline and attention to self-regulation aren't necessarily taught in training programs or addressed in continuing education.

Next steps for Knox County Head Start

Adults at KCHS are clear that implementing Conscious Discipline – and building the social, emotional, and academic skills of young children living with poverty and other stresses - is a constant work in progress. At the same time that the organization is striving to improve its own work, it is increasingly working with families and community partners. Participation in KCHS's 6-week Conscious Parenting series is growing, with an impressive but still not ideal participation rate of about 30% of KCHS families. Many staff members and parents also express a desire to have stronger ties with the public school system, which uses a very different and more punitive approach to behavior management. That system employs a color-coded warning method similar to the approach KCHS used before implementing Conscious Discipline, and it is a shock to children who have come to expect support and positivity from adults and classmates. School leaders have not reciprocated KCHS's interest in collaboration, but recently a handful of public school teachers have begun to express an interest and attended Conscious Discipline trainings. KCHS staff members seem encouraged by this step, but they remain realistic about the transition challenges for the children who leave their programs to enter kindergarten.

At the same time, teachers and other staff remain committed to positive behavior management in their classrooms and to building their own and their young students' emotional and social regulation skills. As one teacher explained, relaying a phrase she heard from Becky Bailey, "the language you speak to children will be their inner speech for the rest of their lives." This teacher and others strongly believe that the time and effort required to implement Conscious Discipline is worthwhile. As one leader explained, "They're not going to be…successful academic learners until they can control their own emotions and their own selves. So all the time you're putting into the Conscious Discipline and teaching them those skills – trust me, that's helping them. That's what we need.

PART III

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Research Method & Notes

The Child FIRST profile is based on: 1) Interviews with Child FIRST leaders Darcy Lowell, Mary Peniston, and Norka Malberg, 2) A focus group with Child FIRST staff (Child Development Specialists, Care Coordinators, and Clinical Supervisors), 3) Published findings from a randomized controlled trial of Child FIRST, and 4) Child FIRST documents, including a training manual and toolkit for staff.

The CSRP and FOL profiles are based on: 1) Interviews with CSRP and FOL leaders Cybele Raver, Chrishana Lloyd, and Dorothy Jordan conducted in the spring of 2012, 2) Interviews with three CSRP and FOL coaches conducted in the summer of 2012, 3) a New America Foundation podcast featuring Cybele Raver, and 4) Review of implementation and outcomes reports from CSRP and FOL.

The Knox County Head Start profile is based on 1) Interviews with KCHS leaders; 2) Focus groups with KCHS teachers and assistant teachers, 3) Observation of four KCHS preschool classrooms, 4) Observation of a Conscious Parenting session at KCHS, 5) Review of KCHS annual reports and other documents, and 6) Review of Conscious Discipline materials and documents, including resources from the www.consciousdiscipline.com website and Becky Bailey's books *Easy to Love, Difficult to Discipline* and *Managing Emotional Mayhem.*