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Head Start-Trauma Smart Program Expands

Mitigates the effects of exposure to traumatic events for children ages 3 to 5 in the Kansas City area

SUMMARY

Head Start-Trauma Smart, a program of the Crittenton Children's Center in Kansas City, Mo., works with preschool children attending Head Start programs in the Kansas City area to mitigate the effects of exposure to traumatic events such as violence, child abuse, incarceration or sudden death of a family member, and alcohol and drug abuse. The program includes staff and parent training, intensive individual therapy for particularly affected children, and in-classroom skill-building and coaching for teachers.

With funding from the *Robert Wood Johnson Foundation Local Funding Partnerships* program, Head Start-Trauma Smart expanded from one Head Start program to two others from July 2010 through June 2013, all with multiple sites. In total, Head Start-Trauma Smart reached more than 400 Head Start staff and nearly 1,100 children.

Key Findings

Head Start-Trauma Smart reported the following key findings from the three Head Start programs over the three years of the project:

- Caregivers reported a high incidence of children's exposure to traumatic events, with 74 percent reporting at least one event and 45 percent reporting three or more events.
- All categories of classroom relationships studied improved over the three years. For example:
  - Positive classroom climate increased and negative climate decreased.
  - Classroom productivity increased.
- Children who received individual treatment showed statistically significant improvements in four areas important for school readiness and academic performance: attention problems, attention deficit/hyperactivity, aggressive behavior, and oppositional defiance.
- Parents reported that the internalizing problems (such as depression and anxiety) of children receiving individual treatment improved over time.

Funding

The Robert Wood Johnson Foundation (RWJF) provided $500,000[1] for the project through its *RWJF Local Funding Partnerships* program. The matching grant program supported innovative, community-based projects that improve health and health care for underserved and vulnerable populations.[2] See the Special Report for more information on the program.

Local funding partners included Hall Family Foundation ($100,000), Health Care Foundation of Greater Kansas City ($250,000), REACH Healthcare Foundation ($250,000), and Victor E. Speas Foundation ($100,000; Bank of America as trustee).

CONTEXT

Young children exposed to traumatic events (violent crimes, child abuse, incarceration of a parent, sudden death of a parent or close family member, motor vehicle fatalities, alcohol and drug abuse, and others) may experience a range of difficulties with attachment, behavior regulation, cognition, self-concept, and other areas of social and emotional development as well as physical health. They may exhibit internalizing symptoms like depression and anxiety and/or externalizing symptoms such as aggression.

Research beginning with the landmark Adverse Childhood Experiences (ACE) Study in the late 1990s has demonstrated that childhood experiences with highly stressful and traumatic events and situations are major risk factors for later significant health and social problems. Subsequent research over the last two decades has refined understanding of how these experiences impact brain development, as well as the cardiovascular, immune, and other body systems.

Children attending Head Start programs often live in communities with high rates of poverty, violence, homelessness, and other social deprivations that lead to increased incidences of traumatic events. Their caretakers and many of their teachers, who also live in these areas, experience their own physical and emotional reactions to the events around them, with a resulting higher risk for depression, high blood pressure, alcohol and drug abuse, and other debilitating conditions.

RWJF's Interest in This Area

RWJF is part of a growing network of leaders working to increase awareness and understanding of the impact of adverse childhood experiences (ACEs) and the need to develop effective innovative interventions.[3] "Thanks to decades of neuroscience research

[1] Grant ID# 67923 ($500,000; July 1, 2010 through June 30, 2013).

[2] *Local Funding Partnerships* ran from March 1987 through December 2014.

[3] See infographic and related resources on RWJF website.

on brain development, adversity, and toxic stress, we now understand how a child who is exposed to violence, or neglect, or homelessness at an early age may develop behavioral and physical health problems later in life," said Jane Isaacs Lowe, PhD, RWJF senior adviser for program development. "We can now use this rapidly evolving knowledge to create real-world solutions."

Examples of RWJF's support in this area include:

- *Nurse-Family Partnership* (1979 to October 2014), conceived in 1977 by David Olds, PhD, sends public health nurses to make home visits to new teen mothers before and after their babies are born. From a demonstration project in Elmira, N.Y., the program has grown to include sites in 34 states and some foreign countries. (See the Program Results Report for more information.)
- *Child First* (2009 to 2016), a home-based early childhood intervention program, works to reduce serious emotional disturbance, developmental and learning problems, and abuse and neglect. From its beginning in one location in Connecticut, *Child First* has expanded throughout the state and expects to replicate in one or more other states in 2014. (See the Progress Report for more information.)
- *Philadelphia Urban ACE Survey*, a 2012 survey by the Institute for Safe Families of over 1,700 residents to determine the prevalence of adverse childhood experiences in Philadelphia. (See the survey report for more information.)
- *First National Summit on Adverse Childhood Experiences (ACEs)* (2013), co-hosted by the Institute for Safe Families and RWJF to advance the national dialogue on adverse childhood experiences, trauma, toxic stress, and resilience. (Videos from the Summit are available online.)
- *Supporting Research at the Center on the Developing Child at Harvard University* (2010 to 2013) funded research on biological markers of stress in children, which resulted in 10 published journal articles. (See the Program Results Report for more information.)
- *The Rigorous and Regulated Learning Environment* (2011 to 2013), a community-based partnership to transform interactions among vulnerable populations in early education and care settings. (See the Program Results Report for more information.)
- *Growing the Online Network to Prevent Adverse Childhood Experiences* (2014 to 2016), a program to expand two Web resources: ACEsTooHigh.com, a national news site that builds public awareness of the impact of adverse childhood experiences and trauma, and ACEsConnection.com, a social network community for people implementing programs and policies based on ACE studies, trauma-informed care, and resilience.

Crittenton Children's Center

Since 1896, Crittenton Children's Center[4] in Kansas City, Mo., has addressed the mental and behavioral health care needs of children, adolescents, and their families. The center includes a child and adolescent psychiatric hospital and residential facility, foster care and adoption case management, intensive in-home services, school-based interventions, and other services.

Since the mid-1990s, Crittenton clinicians have provided mental health services within 13 Head Start programs in Wyandotte County, Kansas. Wyandotte County includes Kansas City, Kan., and is adjacent to Kansas City, Mo.

In 2007, Crittenton staff became aware of a large number of funerals related to Head Start families and employees. In fact, they found 40 related deaths between 2004 and 2007 resulting from interpersonal violence, accidents, untreated health problems, and other traumatic events. Despite the high incidence of potentially trauma-inducing occurrences, knowledge about—and even recognition of—the impact on the young children (ages 3 to 5) at the Head Start programs was limited.

Crittenton staff began to explore ways to support these trauma-affected children and their families. In 2008, they launched Head Start-Trauma Smart in the Wyandotte County Head Start programs, with grants from the REACH Foundation, the Health Care Foundation of Greater Kansas City, and the Hall Family Foundation. A year and a half into the project, the REACH Foundation nominated Head Start-Trauma Smart for the *RWJF Local Funding Partnerships* program.

Head Start-Trauma Smart Components

Head Start-Trauma Smart uses an evidence-based, multifaceted approach that involves the entire Head Start organization. Its key components are:

- *Staff and parent training.* Head Start-Trauma Smart master's-level clinicians offer training to all of the adults who come in contact with the child, including:
  - All Head Start staff: teachers, administrators, bus drivers, kitchen staff, custodians, and receptionists
  - The child's parents
  - The child's broader network: grandparents, neighbors, other care providers, etc.

[4] Crittenton Children's Center is part of Saint Luke's Health System, which includes 10 hospitals, home care and hospice, behavioral health care, physicians' practices, and a range of other programs throughout the greater Kansas City area.

The 20-hour training program is based on the ARC framework of attachment, self-regulation, and competency. It addresses "how trauma affects early childhood brain growth and development and how secondary stress affects caregivers," said Project Director Avis Smith, ACSW, LSCSW.[5] "It includes practical, hands-on tools to help teachers and parents intervene with children more effectively." See the Appendix for more information about ARC and its use by Head Start-Trauma Smart.

- *Intensive individual trauma-focused intervention.* Children with the highest need (about 5% to 7 % of children each year) may receive individual therapy from master's-level therapists. The therapists receive training in the ARC model and in Trauma-Focused Cognitive Behavioral Therapy adapted to the developmental needs of young children.[6]
- *In-classroom skill-building and coaching*. Therapists help teachers, right in the classroom, practice the interventions they learned in the training sessions and set up a supportive environment (for example, by adding a "calm down" area that children overwhelmed by "big feelings" can visit when they feel the need).

A recent addition to the program is peer-based mentoring, through which staff members or parents support each other as they continue practicing their skills. Mentoring experts at the Midwest Center for Nonprofit Leadership at the University of Missouri-Kansas City provided assistance in establishing the peer-based mentoring component.

THE RWJF PROJECT

In 2010, with funding from RWJF and its local funding partners, Head Start-Trauma Smart expanded to two other Head Start programs, Operation Breakthrough and St. Mark's Child and Family Development Center, both based in Kansas City, Mo. Head Start-Trauma Smart also continued at the Head Start programs in Wyandotte County under the *RWJF Local Funding Partnerships* grant.

In the three programs covered under this grant more than 400 Head Start staff work with close to 1,100 children ages 3 to 5.

Data Collection and Analysis

Project staff used standardized data collection instruments to:

- *Identify the potentially traumatic events that had occurred or were present in the child's life*. They collected this information from the child's parent or caregiver using the Childhood Trust Events Survey (CTES): Caregiver Version. The instrument's

[5] Smith is Director of Prevention and School-Based Programs at Crittenton Children's Center.

[6] Trauma-Focused Cognitive Behavioral Therapy consists of trauma-specific components (e.g., parenting skills, relaxation skills, trauma-narration, and processing) and has shown evidence of improving symptoms of traumatic stress disorder in children and youth.

purpose is historical, and its 26 items address traumatic events such as accidents, abuse, other violence, serious medical conditions, loss of caregivers such as through death or prison, and others.

- *Measure systemic improvements in the classroom*. They measured this through use of the Classroom Assessment Scoring System (CLASS), which assesses the quality of the classroom relationships (adult-to-adult, adult-to-child, child-to-child) in three domains: emotional support, classroom organization, and instructional support. The focus of the CLASS is on the classroom, not on individual children.
- *Measure clinical progress made by children who received individual treatment*. They measured progress through use of the Achenbach System of Empirically Based Assessment, a diagnostic tool that assesses child behavior and clinical changes over time. Scores are compiled for internalizing, externalizing, and total problems. Parents and teachers complete different versions.

Staff from Resource Development Institute in Kansas City, Mo.,[7] under a subcontract, provided assistance to Head Start-Trauma Smart in two key ways:

- Analysis and interpretation of the project's raw data, which ensures that reported "outcomes are accurate and untainted," said Project Director Smith
- Consultation to help Head Start-Trauma Smart staff establish goals at the outset and determine how progress toward those goals should be best measured

Communications Training

The CEO and the development officer of Head Start-Trauma Smart participated in strategic communications training led by Spitfire Strategies[8] at RWJF in Princeton, N.J. They received practical information as well as tools to prepare communications materials. "This training introduced us to national caliber experts in media, storytelling, and online strategies," said Smith. "We also maintain relationships with multiple other agencies that Spitfire introduced us to."

Since then, Head Start-Trauma Smart has contracted with Spitfire to continue receiving their help in presenting the model to funders, legislators, and the public.

Challenges

At its beginning, Head Start-Trauma Smart faced a series of challenges brought on by a turbulent external environment. "We started at a time when the economy was badly shaken and violence, substance use, and problems resulting from general economic

[7] Resource Development Institute provides local and regional data-driven evaluation, needs assessment, community research, and community development.

[8] Spitfire has offered this training, under separate contract with RWJF, over a number of years to a wide range of RWJF grantees.

hardship were at a peak," said Smith. "Then mass shootings[9] across the country put a spotlight on mental health and the potentially devastating results of undetected and unresolved emotional concerns, as well as the need to manage the aftermath of such horrific occurrences."

At that point, the Head Start-Trauma Smart model was showing strong individual and community outcomes, and interest in the program grew as its profile grew. "This 'being in the right place at the right time' has pushed us much faster and in different directions than we had anticipated," said Smith. "In a terrible way, it helped propel us forward very, very quickly—we're still building infrastructure and trying to catch up in some ways. The beauty of it is that it has allowed us to reach a lot of people who have a strong need."

But this has brought challenges, including:

- Grants with short lead times and expectations that programs will quickly be up and running. "There are times when we feel like we've been building the plane while we've been flying it," said Smith.
- Hiring and training staff. For example, Head Start staff shortages made it difficult to find time for training without putting classrooms out of compliance with staff-to-children ratios. Training was provided during nap time, rescheduled to meet staff needs, or provided in smaller groups.
- Getting consistent parent participation as a result of parent struggles with transportation and lack of child care. To address this, trainings were provided in conjunction with other meetings to make it easier for parents to participate.
- Working with multiple Head Start organizations, each of which can meet its federal mandate in different ways, using varying policies, procedures, and cultures. "We have tried to be very sensitive to the fact that we are doing our work in somebody else's house," said Smith.

Solutions

Local advisory committees. To help meet these challenges, Head Start-Trauma Smart staff established a local advisory committee at each Head Start organization that includes representatives from administration, family services (the staff that conducts home visits), a secretary, a parent, a Spanish-speaker where appropriate, and others. "They have been

[9] Mass shootings that took place in 2008–2009, as Head Start-Trauma Smart started operations included: a February 7, 2008, shooting spree at the Kirkwood, Mo., City Hall that killed six and injured two people; a February 14, 2008, shooting spree at Northern Illinois University that killed six and wounded 21; a March 29, 2009, shooting at the Pinelake Health and Rehab nursing home in Carthage, N.C,. that killed eight; an April 3, 2009, shooting at an immigration center in Binghamton, N.Y., killing 13 and wounding four; and a November 5, 2009, shooting spree at Ford Hood army base in Texas, killing 13 and wounding 29.

invaluable in helping us not put our foot in our mouth on a lot of different occasions," said Smith.

Metrowide advisory committee. Then staff invited people from each of the local committees to join a metrowide advisory committee, which has ensured that services are not duplicated and has helped staff learn about supportive community partners and about things to do and not do.

Representatives of the program's local funders also sit on the metrowide advisory committee. This has worked very well. "Their investment in the project, because they were hearing the things that were going well and the things that weren't going well, was just really, really strong," said Smith. "They had amazing ideas and they pushed us forward in ways that I would never have imagined we would have gone."

FINDINGS

Head Start-Trauma Smart staff reported key results in a 2014 article published online in the *Journal of Child and Family Studies*.[10] These findings are from analyses of children from all three Head Start programs, the original in Wyandotte County, and the two other programs added through the *RWJF Local Funding Partnerships* grant.

- **Caregivers reported a high incidence of children's exposure to traumatic events:**
  - At least one event: 74 percent
  - At least two events: 60 percent
  - Three or more events: 45 percent.
- **The most commonly reported events included:**
  - Having a family member put in jail or prison or taken away by the police: 41 percent
  - Being completely separated from parent(s) for an extended period through foster care, a parent living far apart, or never again seeing the parent: 32 percent
  - Having a family member or another close person die unexpectedly: 26 percent
  - Having someone living in the home who abused alcohol or used illegal drugs: 23 percent
  - Having seen or heard a family member hit, punched, kicked, or killed: 22 percent

[10] Holmes C, Levy M, Smith A, Pinne S, Neese P. "A Model for Creating a Supportive Trauma-Informed Culture for Children in Preschool Settings." *Journal of Child and Family Studies*, published online May 20, 2014. Available online.

- **All categories of classroom relationships measured by the CLASS system improved over time.** (Statistical significance could not be calculated due to issues with classroom turnover and student tracking between school years).

  For example:

  — Positive classroom climate increased and negative climate decreased over the three years.

  — Teacher sensitivity improved.

  — Respect for student perspective increased.

  — Classroom productivity increased.

- **Children who received individual treatment showed statistically significant improvements in four areas important for school readiness and academic performance, according to teachers' reports:**

  — Attention problems and attention deficit/hyperactivity problems, which affect a child's ability to pay attention in school

  — Externalizing problems (aggressive behavior such as hitting and punching) and oppositional defiant problems, which, if untreated, can eventually lead to suspension or even expulsion from school

- **Parents also reported statistically significant improvements for children receiving individual treatment in:**

  — Externalizing problems and attention/hyperactivity problems

  — Internalizing problems, such as depression and anxiety

According to Project Director Smith:

- Of the children referred to Head Start-Trauma Smart for intensive individual treatment during the three years of the project:

  — All (100%) who were referred because of internalized behavior problems—sleep disturbances, depression, anxiety—went from "a clinical range of concern on the Achenbach measure to the normal range by kindergarten."

  — Two-thirds (66%) of children referred for aggression and ADHD—externalized behaviors—went from "a clinical range of concern to normal by kindergarten."

Overall, "We've really improved individuals' daily relationships and functioning by helping them develop skills that address stress and trauma. We see them develop coping

skills that we believe will last a lifetime."—Avis Smith, Project Director

Read the sidebar, "The Story of Jerome and Jake."

Communications Results

Project staff reported the following communications results to RWJF:

- The article, "A Model for Creating a Supportive Trauma-Informed Culture for Children in Preschool Settings," was published online in the *Journal of Child and Family Studies* on May 20, 2014. It is available online.
- The article, "Head Start-Trauma Smart: Creating Trauma-Informed Head Start Communities," was published in the Summer 2013 issue of *Head Start (Region VII) Sandbox.*
- Project staff presented on Head Start-Trauma Smart at the American Academy of Pediatric Office of Head Start Birth to Five Leadership Institute in April 2013.
- *New York Times* columnist David Bornstein featured Head Start-Trauma Smart in his *Fixes* column on March 19, 2014, in a piece entitled "Teaching Children to Calm Themselves."

LESSONS LEARNED

1. **When providing services "in someone else's house" it is imperative on the front end to assess the agency's level of interest and need and to understand its capacity to integrate the program principles and requirements as well as its commitment to systemic growth.** Head Start-Trauma Smart staff found that these were different at each partner agency, and they needed to make adjustments and adaptations to implement the model in different organizations. The establishment of agency advisory committees as well as the metrowide advisory committee ensured that each partner agency had regular opportunities to provide feedback and to receive support from the other Head Start organizations. (Project Director/Smith)
2. **When establishing an agency advisory board, create the initial structure using Head Start-Trauma Smart staff expertise and support and then encourage the board to manage itself internally.** This will ensure greater ownership of the process and achieve greater buy-in from staff and administrators. (Project Director/Smith)

THE WORK CONTINUES

With a new $2.3 million grant[11] from RWJF, Head Start-Trauma Smart staff will replicate the model in urban, suburban, and rural communities in 26 counties across Missouri. The expansion will take the program from 60 to approximately 156 classrooms and will benefit an estimated 3,265 preschool students during each of the three years of the project. Outcome measurement will continue, with the addition of qualitative data collection on the replication process itself. Spitfire Strategies will provide assistance with media and communications.

Other funders are providing another $2.3 million over the three years, building on the funding partnerships started under *RWJF Local Funding Partnerships*. These include Health Care Foundation of Greater Kansas City, Missouri Foundation for Health, and Missouri Department of Social Services/Southwest Community Alliance.

Project Director Smith described the purpose of the replication project this way:

> *"The purpose is to help us define our product and help us figure out if we can go to scale on a regional or national level. We want to know whether all of the components of the program are replicable and which components must be in place in order for us to continue to get positive outcomes that help communities become trauma-informed and move children into kindergarten ready to learn. We are learning a lot about the structures that must be in place to support this work at a large scale."*

THE STORY OF JEROME AND JAKE

While sitting in the back seat of the car during a routine visit with their father, brothers Jerome and Jake (ages 3 and 4) witnessed their father murder their mother before turning the gun on himself.

After this horrific experience, the boys were placed with their maternal grandmother and their behaviors spiraled out of control. They were fearful of loud noises, were terrified of riding in the car, and engaged in tantrums and frenetic outbursts at bedtime and throughout the day. Grieving herself, without any support and unable to manage the boys' behaviors on her own, Grandma heard about Head Start-Trauma Smart and called.

[11] Grant ID# 70833 ($2,300,000; July 1, 2013 through June 30, 2016).

Within a week, she and the boys met with a Head Start-Trauma Smart therapist who recommended individual therapy for both boys and family therapy sessions with Grandma. The therapist observed the boys' behavior during school and consulted with teachers to ensure the ready availability of resources so the boys could manage their feelings. She taught the boys how to use deep breathing to calm themselves and relaxation techniques for riding in the car. She helped Grandma to implement a consistent bedtime routine with nurturing activities to encourage sound sleeping.

Acting Like Themselves Again

As therapy progressed over eight months, the boys began to act like themselves again. They were able to narrate their own story about what happened to mom and dad and read through it with their therapist without becoming agitated. Grandma reported that the boys were using their calm-down techniques at home and were able to identify and express their feelings. Tantrums all but disappeared. The therapist also helped Grandma to identify resources near her home to address her personal grief, as well as to apply for legal guardianship of the boys.

The intervention of Head Start-Trauma Smart allowed the family to heal from its grief, while arming each person with the tools and skills needed to support the boys' development and manage other traumas that may arise in the future.

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APPENDIX

ARC (Attachment, Self-Regulation, Competency) Framework

The 20-hour training program offered to Head Start staff is based on the ARC framework—Attachment (ability to form secure relationships), Self-Regulation (ability to identify, adjust, and express emotions), and Competency (ability to meet age-appropriate developmental norms), three domains affected by chronic interpersonal trauma.[12] This model is focused on complex trauma (multiple or chronic trauma events, especially early in life) and was developed at the Trauma Center at the Justice Resource Institute in Brookline, Mass. Head Start-Trauma Smart staff adapted the model for use with young children. Modifications include:

- Translating terms used in the framework into language accessible by a lay audience
- Creating age-appropriate resources, such as props and games, to help the child achieve attachment, self-regulation, and developmental competencies. This modification also helps adults recognize the importance of early identification of children needing trauma-related support and teaches them how to use developmentally appropriate tools in the child's everyday setting.
- Re-formatting training delivery to 10 two-hour sessions, which are more convenient for staff and parents than the typical two six-hour sessions. Also, between sessions, staff and parents can practice the skills they have learned.

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[12] ARC is listed on the Empirically Supported Treatments and Promising Practices page on the website of the National Child Traumatic Stress Network. Details about the model are available on the network's website.