

Rooted in Relationships embraces a systems approach to enhance the social-emotional development of Nebraska's young children.

Rooted in Relationships (RiR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8. One part of this initiative supports communities as they implement the *Pyramid Model*, a framework of evidence-based practices that promotes the social, emotional, and behavioral competence of young children, in selected family child care homes and child care centers. In addition, each community establishes a multi-disciplinary stakeholder team charged with developing and implementing a long-range plan to influence the early childhood systems of care in the community and support the healthy social-emotional development of children. RiR currently supports nine communities inclusive of planning, implementation and expansion: Buffalo, Dakota, Dawson, Dodge, Hall, Keith (Perkins), Lancaster and Saline (Jefferson) Counties as well the Panhandle.

Supporting Community Early Childhood Systems of Care

RiR Stakeholder Teams completed systems level planning and have initiated community specific strategies that may include:

- Parent engagement activities, such as Parents Interacting with Infants and Parent Child Interaction Therapy (PCIT)
- Public awareness activities about children's social-emotional needs, the Pyramid Model and community systems work
- Promoting the importance of high-quality child care to parents and community members
- Parenting education activities, such as Circle of Security™-Parenting (COS-P) and Parent Pyramid Model Training

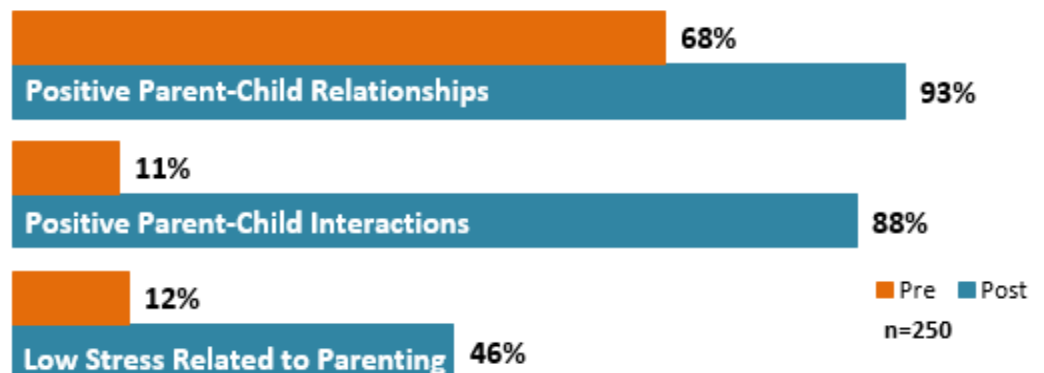


Parent Pyramid Module Training was implemented in four communities. Circle of Security™-Parenting (COS-P) was implemented in eight.

Participants' parenting skills improved significantly* after participation in COS-P.

Circle of Security™-Parenting (COS-P) is an 8-week parenting program based on years of research about how to build a strong parent-child relationship. It is designed to help parents learn how to respond to their child's needs in a way that enhances the attachment between parent and child. This year, there were **269 participants** across **34 COS-P classes**.

Most of the participants met the program goal in adopting positive parent-child interactions and had positive parent-child relationships. More parents reported lower stress by the end of the COS-P session.



*Significance at the <.001 level, two-tailed test.

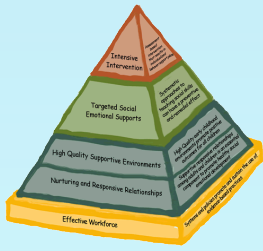
COS-P helped “(me) recognize the need to step back and evaluate situations before I react.”

“I feel a strong sense of unconditional support.”

COS-P should be “mandatory training for foster parents and licensed caregivers!”

Participants reflect on COS-P

Pyramid Model Implementation



The Pyramid Model is a framework of evidence-based practices that promote social-emotional competence in young children and prevent and address challenging behaviors. The model is designed as a promotion, prevention, and intervention framework built on the foundation of a high quality workforce. The three tiers of the Pyramid Model include:

1. Nurturing and responsive relationships and high quality learning environments;
2. The intentional teaching of social-emotional competencies such as play skills and emotional regulation;
3. Individualized interventions for children who need additional supports such as a positive behavior support plan.

IN 2018:

35 coaches supported

186 providers in

87 programs impacting over

1,360 children

56% of programs were center-based

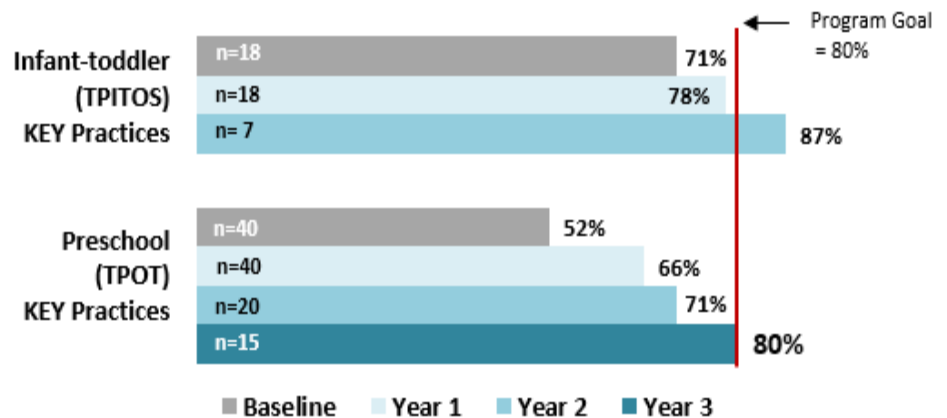
44% were home-based

Coaching made a difference.

To measure the center-based classroom outcomes, outside evaluators completed observations using the Teaching Pyramid Observation Tool Research Edition (TPOT R) for preschool rooms and the Teaching Pyramid Infant/Toddler Observation Scale Revised (TPITOS R) for infant or toddler rooms. The Key Practices scale measures teacher-student relationships and preventative strategies such as structuring transitions.

On average, infant-toddler classrooms met the program goal after two years in the program. Preschool rooms met the goal by year 3.

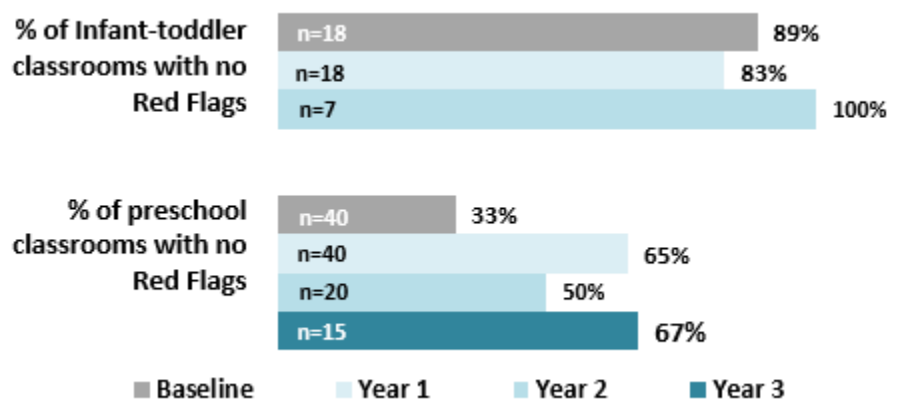
Classrooms improved each year.



The observation tools measure Red Flags which include negative practices such as chaotic transitions and harsh voice tone. The goal is for classrooms to have zero Red Flag practices.

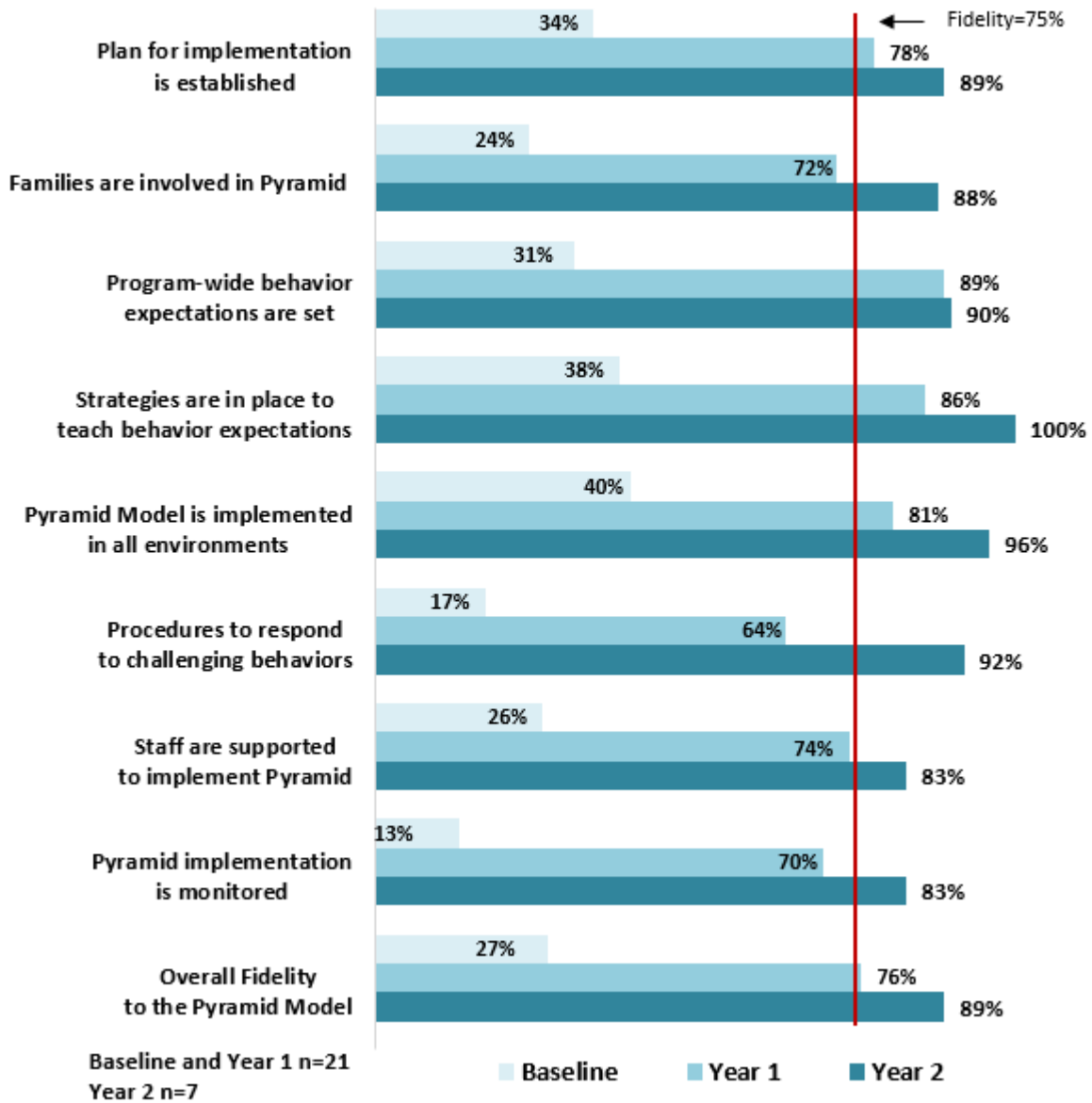
The incidence of Red Flags varied over time.

By Year 2, all infant-toddler classrooms met the program goal of having no Red Flags. By Year 3, 67% of preschool classrooms met the goal.



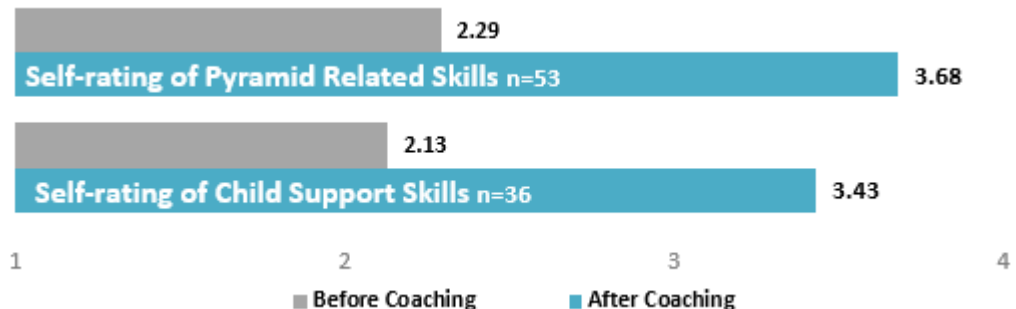
Pyramid Model Implementation

Home-based providers **increased their fidelity** to the Pyramid Model each year and, on average, reached fidelity in every area after two years in RiR.



Providers' skills improved.

Providers reported a significant* increase in their skills after RiR Pyramid coaching.



*significance at the <.001 level, two-tailed test.

Statewide System of Care Efforts

RiR is building statewide capacity to support early childhood systems of care.

- RiR established cross-agency partnerships to align activities that build statewide capacity to support young children and their families.
- RiR increased the state's capacity to implement evidence-based practices, including creating infrastructure supports, supporting facilitator networking, and promoting evaluation to increase the implementation of Circle of Security™-Parenting across the state.
- RiR has supported the development of the Nebraska Center on Reflective Practice. Training RiR and Step Up to Quality coaches in Reflective Practice has enhanced workforce development.
- RiR staff supported the Nebraska Mental Health Association's mission to increase professional development opportunities and expand public awareness of the importance of infant and early childhood mental health.
- RiR continues to collaborate with multiple agencies to provide training and consultations for mental health providers to implement Child Parent Psychotherapy.

RiR collaboration with statewide partners has resulted in **common processes** across initiatives and has **promoted alignment** of cross-agency activities.



Funding for this project is a partnership between the Buffett Early Childhood fund (beginning in 2013) and Nurturing Healthy Behaviors funding made available through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014.



nebraskachildren
AND FAMILIES FOUNDATION

www.rootedinrelationships.org

Report prepared by Barbara Jackson, Ph.D. &
Rosie Zweiback, M.A.
Munroe-Meyer Institute
University of Nebraska Medical Center



University of Nebraska
Medical Center™

MUNROE-MEYER INSTITUTE