

Using the Pyramid Model to Prevent and Respond to Challenging Behavior

Steve Shuman: Now we can begin. Let me introduce today's speakers, starting with Rob Corso. Rob?

Rob Corso: Thank you, Steve, and thank you everyone for joining today. Thrilled to have everybody from across the nation be with us here. I am the executive director for the Pyramid Model Consortium. We are a partner agency with the National Center on Health, Behavioral Health, and Safety, and have been in the Head Start world since the early '90s – running Head Start programs back in New Mexico. Have been part of the Head Start TA Network for the last 25 years or so.

But thrilled to have with us, today, also, Mary Ford-Lake, who was the mental health disabilities manager for a program in Massachusetts that's been using Pyramid models since 2013. And Christie Beatty, who's early childhood assistant director for a program in Iowa that's been implementing Pyramid since 2008. We'll have Mary and Christie with us to present at the back half of the webinar, share a little bit about how Pyramid has been utilized in their programs, and to make it real. Whatever I have to say in the next 25 minutes, here, Mary and Christie there to be colleagues that are living similar day-to-day realities that you all are.

Overall, our goal is to just give you an update on understanding the current state of science behind Pyramid Model. Pyramid Model was developed 20 years back. Lots of gold standard, clinical trials, as well as a ton of evaluation findings around how high-fidelity implementation can prevent and help you respond to challenging behavior, as well as just support the pro-social skills of the children in your Early Head Start and Head Start programs.

Want to really focus heavily on the programwide approach, a systems frame so that you can see Pyramid Model not as something that's just training, but a systems approach to supporting the work within your Early Head Start or Head Start. And again, just try to help make it real with looking at how this has worked in two different Head Start programs in Massachusetts and in Iowa.

The Pyramid Model is named after what is basically a public health approach to thinking about a tiered intervention for what we want for all children in our care. For 100% of the children that you're serving in your programs, we want them to experience nurturing and responsive relationships. We want all of them to be in high-quality, supportive environments. And that's certainly the case not just in the Head Start context, but in broader child care community-based programs, special education settings, home visiting, at home – making sure all children are supported and nurtured in responsive ways, and in high-quality environments.

The middle level of the pyramid recognizes that we need to be intentional about supporting social-emotional skills – not necessarily because the child has behavior challenges, but just because they're 2, or they're 4, and we need to teach them how to be friends, or teach them

how to regulate their emotions, or be intentional in teaching problem-solving skills. The middle part of the pyramid – the green part here – is really focused in on being intentional and using evidence-based practices for how to teach these skills to young children.

The top of the pyramid recognizes that even in the best of early childhood programs, we're going to need to be able to individualize supports and provide some intensive interventions to make sure that all children who are in your care are successful. That may be because of behavioral challenges, disability, dual language learning, or just unique learning needs that we need to be able to make sure we're individualizing the program so all children that are with us are successful. The Pyramid Model itself rests on the base of the effective workforce, acknowledging that we're only as good as our workforce – so making sure our teachers, our family service leads – everybody in our programs are using these evidence-based practices that we work for supporting the universal secondary and tertiary levels here.

For those of you less familiar with the Pyramid Model, I want you to see it as a framework for how to think about quality within your program, as well as a collection of evidence-based practices of how do we design our environments, schedules, routines, think about our curriculum and how we're teaching social-emotional skills, and how we're building out systems of support to individualize if we have children that needs some extra support to be successful.

You may know Pyramid Model by lots of different names. I mentioned we started this out 20 years ago in 2001. The Office of Head Start and Office of Child Care funded a center called the Center on Social Emotional Foundations for Early Learning or CSEFEL grant. That was funded for 13 years by the Office of Head Start and Office of Child Care. There was a sister center called TACSEI – the Technical Assistance Center on Social Emotional Interventions that was funded simultaneously by the US Department of Education that was really looking at what's the pyramid look like through the lens of supporting children with IFSPs or IEPs.

Together, these two national centers developed what we refer to now as the Pyramid Model. The Pyramid Model was intentionally designed to link into other schoolwide – big kid, elementary, middle school, high school – tiered interventions, specifically positive behavioral interventions and supports. Pyramid Model is oftentimes also referred to as the early childhood version of Positive Behavioral interventions and supports, or PBS – not big bird PBS, Positive Behavior Supports. And again, was intentionally designed to have a holistic system that merged infant, toddler, preschool into a holistic system that many, many school districts are using – over 20,000 school districts. Districts, not programs – districts are using.

As we move deeper into the work, the language of multi-tiered systems of support are being used in many states here. And that's really, I think, trying to extend the use of these tiered interventions and not artificially carve out social, emotional, behavioral from academic learning, here. And that's certainly our intent as well – to help the overall development of children, here. Not simply the social/emotional, but we know when children have the ability to persist at challenging tasks, get along with their peers, social-emotional skills, they're much better poised to have good academic learning, language, literacy, cognition.

You may also note, here, Pyramid Model sometimes referred to as Early MTSS. Again, I mentioned I was the executive director for Pyramid Model Consortium. When the federal funding went away in 2013, we created a nonprofit called Pyramid Model Consortium to keep the work going, to keep research going, to create the development of additional resources and materials.

Worth saying – in 2017, the U.S. Department of Ed refunded a National Center called the National Center of Pyramid Model Innovations. All of a sudden we're approaching year five of that five-year grant. But if you know Pyramid Model, you may know it by any and all of the above names, and it is all the same. What does a tiered intervention of universal secondary and supports look like? Supporting young children's social, emotional, and behavioral well-being through this tiered intervention.

All right, in terms of – I guess the good news message is we know what works to support pretty much every child in your care, even with all of the unique challenges – intense challenges, and extra intense, of course, during the times of COVID. We have the research and the practices to know what to do. That's the good news. The maybe less good news is it's not that any one of these practices are hard. It's doing all 152 of them all at the same time to fidelity with all the kids in the classroom, all the families you're working with, all throughout the day and sustaining these initiatives – that's the tricky part here.

Pyramid Model was really designed to help build out the use of what we know works to support young children and their families at each of the tiers, to get to high fidelity, to sustain it, and to be able to scale it across your entire program through a systems frame and a multi-year approach, here. But again, I think the good news is we know what to do. We know how to support the intense needs that children and families are bringing to your programs. The focus really is on helping our workforce be able to use those strategies, and again, with full awareness to all of the extra challenges of staff shortages, and onboarding new staff, and the extra challenge of getting our workforce to use those strategies – that is the extra challenge that we have.

In terms of what's been developed, with the federal funds that we've had, the model of the Pyramid Model has been developed and refined over the last two decades. There are lots and lots of free materials designed to help with the professional development for infant/toddler care for our Early Head Start partners, for preschool, for our Head Start partners, and blended birth to five modules that were really designed with family child care or mixed age grouping in mind, here. Lots of free professional development materials that are developed, available off the websites that Steve mentioned. You'll have the URLs for – I'll point to those, here, in a few minutes as well. But lots of free training modules that include facilitator scripts, videos, handouts, activities, things to bring the content to alive here. Pretty much everything is available in English and Spanish.

Over the years lots of efforts been made in a variety of states to also make materials available in numerous other languages – in Chinese, in Hmong, in Arabic – as well. But certainly,

everything is, by and large, available in English and Spanish. We also have some self-paced online modules that I'll share a little bit more about here in a few minutes as well.

Wanted to give an extra moment to lean in to what we know is the importance of practice-based coaching. Lots of resources of linking the training content into the coaching content through a practice-based coach lens. Again, lots of materials designed to help you make sure we're not just putting training out, but linking into what we know as the important and critical role of coaching.

In addition to the coaching of the workforce, lots of materials that have been designed to support the development of family coaching, or our work that we're doing on the family side of the house. Positive Solutions for Families is an approved parent curriculum that's on the approved PFC list, here, for Parent, Family, and Community Engagement, and approved curriculum. The parents interacting with infants, really designed with a home visiting dyadic, triadic strategies. Really comprehensive amount of materials designed for all areas, from the teacher level to the family service lead, to inclusive of your cooks, your bus drivers, all involved here, a variety of different materials that are freely available to support implementation in your program.

I alluded to, three or four minutes back, over the last three or four years pre-COVID, we started to develop self-paced online learning modules that may allow you to think about how to onboard new staff, give them this foundational content without you all having to replicate a training every time you have a new staff member that would be every week.

Know that these resources exist that replicate the content that's in the infant/toddler modules, the preschool modules, the blended birth to five modules in addition to having some additional content to help you see how things like [Inaudible] informed care, Pyramid Model merge, staff wellness, looking at culturally responsive practices, implicit bias – all of these are available at a low cost for how to onboard new staff. We will also have within the next month a new e-module on practice-based coaching as new resources that are all available to help your program think about implementing Pyramid Model.

Terms of the approach that we've used, it's really been a systems thinking, deep commitment to implementation science, and across agency collaborative planning approach. For most of you, as Steve was calling out states, and we have 35 states that have statewide initiatives to implement Pyramid Model and an effort to lean into a Head Start regional approach that taps in to the state systems work here.

For 70% of the states, we include Guam and call Guam a state, there are statewide efforts that are outside of the Head Start efforts that may also be things for you to link into. But I think the key piece of all of this is systems, systems, systems, and leaning into the idea that we're not going to simply send our staff to training and all of the challenges that children and families are bringing to our programs are magically going to be addressed. Training is certainly a piece of it, but as Mary and Christie are going to talk about here, we know it takes a deeper cut than simply if we send staff to training everything is going to magically get better. Really this requires

a commitment of time, effort, and energy at the program level to be successful and get to high fidelity.

For programs that we've worked with – and then the Head Start, Early Head Start front, that has been hundreds, literally hundreds – that have done work and have achieved these types of outcomes, including improving social-emotional skills, decreasing challenging behavior, using these practices that we know work. And I think extra, extra important, folks feeling successful in their job, wanting to stay in their job, reducing staff turnover, increasing staff satisfaction, and just overall improving a sense of “I'm good at this job. I like this job. I feel supported in this job.” And I think in a time period of staff shortages, it's even more important than ever to make sure we have that focus on keeping our staff in their current roles.

For those of you that are interested in seeing more of the current state of the research, there are some easy-to-read, consumable write ups of the state of the gold standard clinical trial studies that have been done over the course of the last several years off of the pyramidmodel.org website where you can see the kind of gold standard clinical trial work that's been done here to see the impact of high-fidelity implementation.

Lots and lots of free resources here. The Center on the Social and Emotional Foundations for Early Learning websites still exist at the URL you see. It has been many, many years since that website has been updated and maintained, so the two other websites, challengingbehavior.org, or the longer URL that you see, and pyramidmodel.org are where you will find the most up to date resources, including the material that's on the older CFO website here.

But lots and lots of free, no cost or low cost and resources that are available from these websites here. I wanted to just point to a few that I think may be relevant. We're certainly not on the other side of COVID. I know the challenges exist. Lots of resources that have been developed over the last 12 months that relate to helping children and families and staff take care of themselves, understand things like why we're wearing masks or why we're repeatedly handwashing. A ton of COVID resources of making sure we're not just thinking about how to keep our programs open through a health and safety lens, but also through the lens of social-emotional well-being here.

In addition and/or related to a ton of resources that have been developed, freely downloadable again, pretty much all available in English and Spanish for how to engage families and supporting families in the work that you're doing at the program so that families can use the same strategies, the same approaches, the same tools that you're using at school that families can use at home. Lots and lots of additional resources that have been developed both with a COVID lens in mind, but just also knowing that all of these practices are stronger if we're having families support the use of the practices at home as you work with these same approaches with children at school. If you haven't had a chance to log on particularly to the National Center on Pyramid Model Innovations website here, there are literally hundreds of free public domain materials that are yours to use.

The copyright on these things are – you have the right to copy them. They are yours to take and use with your staff, use with your families to support your efforts around the wellness and social emotional well-being here of the children and families you're working with.

Over the last few years, of course, as a nation we've been grappling with issues of equity, of diversity, of inclusion at large here. In addition, you will find many, many resources on how to make sure we are leaning into our practices being culturally responsive, addressing the implicit biases that we all bring to the work here, and really taking an important shot at conversations that need to be had around race, racial equity; certainly, addressing the issues that we are well aware of long standing problems here of harsh discipline not being equal, that in boys, and particularly boys of color, in our programs unequally being called out for behavior challenges here.

Lots of resources that are available to make sure we're not just saying, are we supporting children in general, but being able to disaggregate and look at how are we supporting boys versus girls, children of different races or ethnicities. Are we as successful across the board? Are there different patterns of inequity that are showing? How are we doing supporting children with IFSPs or IEPs or children who are dual-language learners? All of these equity tools that are there are really designed to help you as a grantee look deeply at your program here through an equity lens.

All right, I want to kind of transition and set up Mary and Christie here to say what's this really look like, to do Pyramid Model at a systems level here and hear a little bit of their story of implementation. We lean heavily into a leadership team approach.

Again, we do so because of what we know about implementation science – that it's a fairly significant lift and bigger than it being a top down on the director "Do it this way because I said so" approach, but really needing a leadership team that includes the teacher voice, that includes the family service voice, that includes disability coordination, mental health perspective to open up the can, take a look under the hood of how your program operates, and how you are fully engaging staff to get staff vested in the importance of this, how we're engaging families, how we are intentionally being consistent in the way we talk about expectations, so as children move from Early Head Start to Head Start, or they move from the three-year-old program to the four-year-old program, they're not having to navigate diverse expectations from adults from their behavior.

Certainly a big part of this is making sure we have a prevention promotion focus and are clear on how to make sure children are supported, families are supported, teachers are supported when there is persistent ongoing challenging behavior that we have systems of support in place. Lots of effort around not just the training side, but linking into practice-based coaching support around building internal capacity at each of the tiers and making sure that we have data elements that are allowing us to know are we moving the needle? Are we having better programmatic outcomes? Are we having better scores as we look at tools like CLASS or our own fidelity tools, the Teapot, the Teaching Pyramid Observation Tool for preschool, or the Tippy Toes, the Pyramid Infant/Toddler Observation Scale for infants and toddlers? Lots of different

data elements along the way here, but you could see something that is definitely bigger than "I'm going to send my staff to Pyramid Model Training" as the approach here.

With that said, I wanted to let Mary share a little bit about what implementations look like from her program in Massachusetts. Mary is going to start by giving us a little bit of a background of where they were over the last eight years.

Mary Ford-Lake: Hi, everybody. As Rob introduced me, I'm Mary Ford-Lake. I'm at a program in Lowell, Massachusetts, a small city about 40 miles north of Boston, right on the New Hampshire border. Like all of you, we serve a very diverse population of children, families, and staff.

We started our Pyramid Model journey in 2013. I'd just like to give you a little background about how we started. During the program year of 2013, we went through many, many challenges. Those of you who have been around Head Start for a long time probably remember sequestration. We had to lay off some of our health assistants staff. We had to lay off two behavioral health specialists. Those folks were really supports to the direct line staff. In the course of all of this, we closed centers, we combined centers, we moved centers. There were many, many transitions for children, staff, and the families. Then as is part of our mission at Head Start, we continued to serve children with very diverse and challenging needs.

It was a tough year. I did a lot of reflection when I was thinking about how to tell our story in about eight or nine minutes, and I literally felt like I was going back to when we first started. At the end of that program year, our outcomes, not surprisingly, showed a pretty significant percentage of turnover among our staff. We gathered data from exit interviews, and it revealed folks' frustration, their feelings of not being prepared to meet the health and behavioral needs of the children they were being asked to care for, and then among those left behind, morale was pretty low. However, I often say timing can be everything in life. But our opportunity in the midst of all of these challenges was that we were at the start of a new five-year grant cycle.

This was an incredible opportunity for us to really look at creating a program goal that would support our children, our families, and our staff. Out of that came our Pyramid Model initiative. Can we go to the next slide, please? Thank you.

When I think back to how we actually started, many things kind of came together for us, fortunately. We realized very soon that we needed to devote more time to professional development regarding behavioral health topics. We started with professional development. I was very fortunate in my research. I was able to connect with two incredibly talented, wise, wonderful women who provided a lot of our beginning foundational training. If I had any advice for you, and this was a lesson I had to learn through experience, I would say start small and be focused. This is a tough time right now for everybody. Look at what you can do, even if it's the smallest, tiniest thing.

For us, it was starting to develop a professional development plan and as part of our five-year goal work in our program, each program goal is designed around a team approach. Because we had a goal in behavioral health, we formed a behavioral health team. That was made up of

family service workers, teachers – both infant, toddler, and preschool – center directors, and later on – because we didn't have coaches then – later on, coaches. At one point, we also had a bus driver who was very devoted to behavioral health work.

The behavioral health team, which does continue to function now, they also later morphed into our Pyramid Model Leadership Team. If you're familiar either with programwide implementation or if you are curious about it, the Pyramid Model Leadership Team, as Rob mentioned, is vitally important to engage all voices. This is not a top-down model. This is a bottom up, top down, let's all work on this together kind of model.

The other thing that was really powerful for our journey was that we had the commitment of the administration, and when I say commitment, we have budgetary commitments in terms of looking at how we allocate resources for materials. We developed kind of a universal social, emotional classroom materials index, which we use to ensure that every one of our classrooms has the basic tools that teachers need.

I will give examples: sensory tools, calming tools to help support self-regulation, all kinds of manipulatives like, I don't know if you're familiar with emotionals or feeling spaces but we, the Pyramid Model Leadership Team and the Behavioral Health Team came together, and these were the things – the input they received from teachers and from research. We had that commitment from the administration. Also time is a precious allocation. There is always lots of competition for professional development time. The administration committed to supporting our professional development plan that really focused on social and emotional competencies.

The last thing I would say that really a major, major impact for us was having an external coach, have a mentor, have a champion. Somebody who can help you step out of the weeds once in a while. I know what it's like. I spent all morning today not preparing for this, but tasking, problem-solving, supporting. But we were fortunate. We were able to get hooked up with our statewide system in Massachusetts, and we have had the benefit of an external coach who we had monthly. She really, really helped me focus and helped the rest of the team focus. Find a mentor, find somebody who will support you in the work. I'm ready to go to the next slide, please.

Today, while I certainly have nothing to tell you guys all about the impact that the pandemic has had on children, families, and staff, I have nothing new to give you there except to tell you that we, like most programs, are struggling in a lot of ways. Staff turnover, I think will always be a challenge. I'm not referring to COVID. Staff turnover in terms of, well, if you're going to do programwide implementation of fidelity, you always have people coming and going.

That will always be a challenge. I think my words to you of what we have experienced is build a strong orientation and onboarding system. The more people who you get involved or more teachers and family service workers who believe in this mission and champion this mission, that rubs off to new staff. It's really important that you have Pyramid Model champions embedded at the direct care level. Then try to stay focused and keep looking forward. You know, here we are eight years into this. We have work to do. Not all of our staff feel comfortable or are

committed to completing behavior incident reports. That is something that we are working on, still helping our staff move towards more of a data- driven perspective of understanding children's behaviors.

Success. Oh my goodness, I had to squeeze this onto the slide because we have been blessed with many. Over five years, our data showed a reduction in the numbers of children identified as having behavioral concerns. We use the Devereux Early Childhood Assessment as our screener and as our assessment tool in our preschool peeps. Staff anecdotally are reporting feeling more skilled, more prepared, and ready to respond to behaviors and to analyze what these behaviors are communicating because they have a research and outcomes-based framework.

Then back to COVID-19, we have found that the Pyramid Model, keeping that a consistent constant in our daily operations is one thing we can count on when lots of other things are out of our control. Right now, we're really looking at the bottom of the Pyramid – relationships, not just among teachers and children and teachers and family, but teachers with teachers, teachers and administrators, and we're starting to really turn a lot of our attention to how can we create or how can we foster nurturing relationships among staff and create some more supportive environments for their daily work?

That is our story, or it's a little snippet of our story, tended to be more big picture. I will give it back to Rob to introduce Christie, but for those of you who are looking for really hands on specific, “But yeah, but tell me what it looks like,” I think Christie is going to take you on a great tour of that.

Rob: Perfect. Thank you, Mary. I think that is right. And you could see even eight years in, this is sort of a forever journey here. There's always another level of systems work to be done. But I do want to turn it over to Christie and let Christie share a little bit of what things look like 13 years into implementation and a little bit more classroom level view of it.

Christie Beatty: Perfect. Thank you. Hello, everyone. My name is Christie Beatty. I am the early childhood assistant director for the Community Action Agency of Siouxland in Sioux City, Iowa. Like Rob mentioned, our journey started way back in 2008, and we were fortunate enough to be invited to be part of the Cohort 2 at the state level in Iowa. They had adopted the PBIS approach, and were working on training Head Start programs.

We were part of Cohort 2. We had a leadership team formed, we went to training, and as soon as we finished, we immediately came back, and we rolled it out to our staff. We did the preschool module training. At that time, we only had preschool Head Start classrooms. We rolled it out, we created the picture schedules, we printed all the visuals from the CSEFEL website.

We started doing observations, we started collecting behavior incident reports. We really just dived right into it and our staff were on board with us. We continued, and we were implementing well for years, and we continued to implement. But as the years progressed,

since we were on such a long journey, we started to recognize that maybe we were facing some challenges and maybe things weren't all quite as in place as they had been when we originally started.

In 2015, when we were writing our five-year goals, like Mary mentioned, we also included PBIS implementation into our five-year goals. We had had staff turnover not only at the classroom level, but also at the management level. That was a bit of a challenge for us to try to keep things going when we were losing our original staff that had attended the Cohort 2 training in Iowa. We also were struggling with some parent involvement, and so we wanted to really dive into how could we address parent involvement and try to increase that within our implementation of PBIS. We wrote a goal in 2015 in our five-year plan, and we started working again diligently. We did module training again for all of our staff in 2016, and then we had a newly developed leadership team, and we all attended leadership training in 2018.

In 2019, we received an Early Head Start expansion grant, so we opened seven new Early Head Start classrooms, which was really exciting, and we made sure that PBIS was part of the planning and opening those classrooms as well. We brought in a trainer to do the infant/toddler PBIS modules with all of those new staff.

The last year with the pandemic has brought an assortment of new challenges for us. When we shut down in 2020, our main focus turned to how could we support families while they were home with their children because we knew that PBIS was good. We knew that it was important that they were getting those things when they were in the classroom and now that they weren't in the classroom, how could we still get that to them?

During our shutdown, we started sending home bi-weekly education packets, and we used an assortment of the resources available at challengingbehavior.org to include PBIS materials and visuals in all of those packets that we sent home to kids.

OK, next slide.

As Rob mentioned and placed some emphasis on earlier and Mary had talked about also, the importance of a systematic approach is super important to the success of your Pyramid Model implementation. For us, it's been one of the biggest reasons that we've had a continued focus in success. It's never been something that our education team is doing or that our family service team is doing. It's always been all components of the program on board.

We have our leadership team, and it consists of an administrator, our education management staff, our family service management staff, we have classroom staff, not only teachers but teacher assistants on our team, we have home visitors on our team, family advocates on our team. We try to get parents on our team if we can. We definitely support them and encourage them so that they keep coming.

We've really worked to intertwine PBIS into all aspects of our program. Our classrooms are implementing, and in a minute, I'll show you some pictures of what that looks like in our

classrooms, but our home visitation staff are also implementing with families when they're doing their home visits. Our family advocates are now all trained in the parent modules, and so we had some challenges with getting parents to actually come to the parent trainings, so we trained all of our family advocates to implement the parent modules and now they're using those tools and resources within their home visits.

Our teachers send home PBIS activities on all of our home visits and our conferences. Another important piece to our system is that all staff receive training. We know staff turnover is a huge issue, so how do we make sure that all of our staff are trained on the Pyramid Model? Our early childhood coaches have reworked our new staff orientation procedures, so they have all staff completing the online training modules available on the Pyramid Model Consortium when they start with us, and that includes our preschool staff and our infant/toddler staff.

Our early childhood coaches are also trained in practice-based coaching, and they're supporting staff with implementation of PBIS in the classroom. For us, one other exciting part of our system is we partner with the local school district to offer a statewide four-year-old voluntary preschool. About 2018 or 2019, we started working with the preschool administrators for the district to implement a community approach to PBIS in Sioux City, in our city. Now we have universal expectations, which you can see on the screen, our take care of yourself, take care of others, and take care of your school and your home. Those are universal throughout Sioux City if they're part of the Preschool Initiative Program. All kids are seeing those behavior expectations, which is really exciting.

OK, next slide.

To give you an idea about the effect that PBIS has had on our program, this is data that comes from the TPOT observation, which Rob had mentioned before. Like I mentioned in 2015, our program developed the renewed focus and part of that reason was because we started looking at our observation data, specifically looking at the red flags. There are 16 red flags that can be identified in any one classroom during a classroom observation, and the goal is to have zero red flags.

As you can see, in 2015, we had 50 red flags that had been identified. We certainly wanted to reduce that number of red flags knowing that would improve our implementation of the Pyramid Model. We worked really hard to develop what we refer to now as our "bottom tier expectations," and that's a list of good overall practices for all kids that should be in all of our classrooms. We developed them, we worked with our teachers, our coaches went out, they coached on them, our education staff coached on them and worked with staff, and we were able to make huge successes in eliminating a lot of those red flags. As you can see there at the end, the 2020, 2021 data, we had significantly lower number of red flags in our classrooms, which was super exciting.

On the next slide, I'm going to show you one of our classrooms. This picture was just taken a few weeks ago in one of our three-year-old classrooms. I'm going to give you just a little bit of a tour to show you the Pyramid Model resources that are available. Most of them come from the

from challengingbehavior.org and from CSEFEL. Some of them we've created on our own; some of them we've gotten also just from trainings that we've taken for and brought in for our teachers.

On the far-left side of the screen, you'll see the message board. We do use High Scope curriculum, so we have a message board every morning that tells the children what is going to be happening for the day. Part of our behavior expectations or our bottom tier expectations that we developed, we also wanted to see social-emotional teaching start happening on those message boards.

As you can see, our teachers are teaching about a solution, which was to get a timer. They have a hot cocoa cup on there, which is a calm down strategy that they're teaching the children. Then at the bottom right-hand corner, there is the tap to get attention, which is a peer mediated strategy, helping kids know how to, instead of taking the toy away, I'm going to tap my friend, and I'm going to ask if I can have a turn. We teach that, we reinforce it throughout the day, and all of our classrooms focus on that also.

Next to that on the carpet, you'll see a flip book. That's part of our routines within routines teaching. Each page of the book tells them about a part of large group time so they know what they're expected to do during that part of the time. Behind that is a stop sign. Those are pretty common in our classrooms. If it's a teacher space, the teachers put a stop sign on it so the kids know it's not for them.

To the right then, you'll see it's kind of a bulletin board, but it's really an old chalkboard they covered in nice, pretty, blue paper. Up at the top, we call that our Tucker Turtle. We created that on our own in our program and every classroom has one. It's a five-point timer, so as an activity is going, they take turtles down so that children can anticipate the end of the activity.

Our expectations are right below that, again take care of yourself, take care of others, and take care of your home and school. There's a large Solution Kit next to that with the problem-solving steps. Then below that, they have their picture schedule. This classroom utilizes a clothes pin. I think you can see the clothes pin on there that they move throughout the day as they move between activities. Some of our rooms also will take those cards down or flip those cards over so the children know that activity is over.

The next couple of slides will just give you an idea of some of the other visuals we're using. These we started creating when we really started breaking down routines within routines and when we want children to do something, breaking down exactly what it is we expect them to do. We created checklists. The Line Up Checklist is one of the examples. It shows exactly what we want children to do. Those little check marks that you see on there, the teachers have those on Velcro and so they can put them on. It's actually pretty cute watching the kids line up because they will say, "check, check," as they get in line. They get really used to utilizing those.

The middle one is oftentimes used as more of an individual checklist. If you have kiddos that are struggling with what nap time looks like or what they should be doing, we just break it down for

them as to exactly what they're expected to do for nap. The Circle Time Checklist is another one. At the beginning of Circle Time, they go through all of the expectations for group time and what kids should be doing and then they put the checks up so that they can start their group time activities.

Then my last slide just gives you another idea of how we're using visuals in our classrooms to support Pyramid Model implementation. The far left, we call those our cue cards or our lanyards. They're individual cards and they help give directions or help support our asks of children and what we need them to do. All the teachers wear those on a lanyard, and they use them to help as visual cues.

There's the tap to get attention again visual. We teach that in all of our rooms. The orange one is a routine within routine. That was created by a classroom. It tells the children what's expected of them to clean up after mealtimes. Instead of just saying, OK, time to clean up for meal time, here's how it breaks down. Your cup goes here, your plate goes here, you go back to your chair, all of the expectations that comes along with cleaning up after meal time. The teachers have those for almost every part of the day, so they have been working really hard on getting those in place.

The bottom two, the one is the hot cocoa cup. It is a calm down strategy. We teach children to use their hands as cups, and they smell their hot cocoa and then they blow on their hot cocoa because their hot cocoa is hot, and then they can take a drink of their hot cocoa and calm their bodies.

Then the last one we just implemented last year, obviously, with COVID. We had to think about children wearing masks and how were we going to support children and wearing masks, so we created a lot of visuals. We created social stories, and then we also had this visual cue card that we used in our rooms to help kids understand the importance of wearing masks.

It's been a long road. We continue to stay focused as best we can. The visual supports in the last several years that we've worked on have really been helpful for staff. They've really shown a lot more buy-in, a lot more support when we can be out there as coaches and education managers to support them in utilizing these. We're really happy with the successes we've seen in that, and we're going to continue to move forward. Being trauma-informed to support our Pyramid Model Implementation is our main focus now. We know that a lot of people are dealing with a lot of things, especially when it comes to the pandemic, so that's where our focus is now.

Rob: Terrific. Thank you, Christie, for kind of showing what it looks like on the ground, in the classroom here. We have just about three or four minutes for some questions here, so I think Erin is going to come off mute and throw a question out there.

Erin: Yeah, so we have a couple of questions for Mary and a couple of questions for Christie. I'll start with Mary since she was the furthest back, so hopefully, we can catch all of these. But for Mary, do you use the DECA to group children for tier 2 or additional supports?

Mary: OK. We don't use the DECA to group children. We do use it when a teacher identifies a concerning behavior and makes a referral to our behavioral health team. The child and parents' DECA data is part of our data collection system. The other great thing about the DECA system is that you can pull the individual child's data and then you can also develop individualized strategies to support that child, both at home and at the program.

Rob: Great and I think importantly maybe a little bit differently than schoolwide big kid PBIS or multi-tiered systems of supports where we may think about putting kids as tier 2 kids or tier 3 kids. Pyramid Model more refers to it as strategies. Tier 1 strategies for all kids, tier 3 strategies when we're individualizing. But we're not calling them as tier 3 kids or tier 2 kids. That's a little bit opposite of what we're going for. But we're just thinking about the strategies we're using at what level. Terrific. Another question, Erin?

Erin: Yes. Second question for Mary. There's been some chat about what resources you use to support the adult relationships within staff that you are kind of touching on.

Mary: Well, we are at the beginning of this work, but I can give you a couple of concrete examples of things that we are starting or planning to start soon. Individualized staff self-care plans. I just came off a training yesterday. It was six days at UCLA, the health and resilience work for supporting Head Start staff. We do use individualized learning style assessments when we're looking at professional development, and we're looking at communication to get a good idea of how our staff learn and receive information. We found that communication, that nebulous concept, is hard to define, but we all know when it doesn't happen.

Then we also utilize our mental health consultant to provide support, both for individual staff, to support relationship building between teaching teams, and we also have had quite a few Teacher Talk series, where it's a jump on Zoom, have a chance to talk with the mental health consultant about your concerns either within your program, the classroom, those kinds of things. I would say we are just starting work with self-care plans in terms of how we're going to roll that out, but the other two are ongoing that we have had in place for a little bit.

Rob: Terrific. Erin, we've got time for maybe one question for Christie ,and then we'll turn to the evaluation here.

Erin: Yes, I think multiple people have asked, but Christie, just how do you get your staff to buy into all of these strategies and practices?

Christie: That obviously takes a little bit of work. I think we've had the most success in the classrooms with coaching. If we can go in and we can coach them on using the supports and coach them on what it looks like and the successes that they can have, then they're more bought into it, and they're more likely to continue using those in the long run.

Rob: Terrific. Wish we had another hour just doing the question part here, but Steve, we'll turn it back over to you for the evaluation.

Steve: Thank you Rob, Mary, and Christie. Amazing. I'm as old as their original Pyramids, and I always learn something when I listen to you. It just was a great presentation. For folks who are looking to complete the evaluation and get their certificate, the evaluation will pop out as soon as that webinar ends. Don't close the Zoom platform yourself, otherwise you won't get that. It's also in the handout, a link to the evaluation and the certificate is in the handout and will be in the follow up email with the recording and everything else.

If you didn't get a question answered, and I know a lot of questions came in at the end, please consider writing to health@ecetta.info or post your questions on MyPeers. We also have a mailing list, and Livia's put that link into the chat. And you can always reach us at health@ecetta.info. You'll see our resources, including resources related to the Pyramid on ECLKC. We are so appreciative of all your time and your interest in this topic. Thank you especially to our speakers today, to Erin and Amy and Kate and Livia, and Nydia backstage with me.

We will see you all next time. Remember, don't close out. That evaluation will pop up. Thanks, everybody.

Rob: Thank you.