Growing Great Kids™

Understanding the

Research Base:

Theoretical & Empirical Foundations

gki
great kids, inc.

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INTRODUCTION

The *Growing Great Kids*™ *& Growing Great Families*™ (**GGK/GGF**™) curricula support the development of the child through the growth of the parent-child relationship. Relationship building is critical for effective home visiting. The GKI approach is based on the concept of mutual competence. The mutual competence approach uses as a foundation the idea that, "parents recognize and support their children's emerging strengths and skills, and practitioners recognize and support parents' strengths and values." (Roggman, Boyce, & Innocenti, 2008) Victor Bernstein further explains the concept of mutual competence: "The premise of mutual competence is that any interchange that contributes to the parent and child feeling secure, valued, successful, happy, or enjoying learning together is good for the development of the child as well as for the parents' sense of self-confidence in being a parent." (Bernstein V. , 2002)

The **GGK/GGF**™ curricula, along with any derivative products, are grounded in a comprehensive body of research about child development, family strengthening, and professional development. Within the GKI product line, these three components of human development are woven together into an organized, multiple generation approach designed to maximize children's developmental outcomes across all domains.

The early years of life are critical to developing architecture of brain. During this time the brain is both open and vulnerable to all experiences and relationships, both good and bad. Significant challenges in the lives of young children and their families can significantly impact the future, not only of the individual child, but that of society as a whole.

All young children learn in the context of nurturing, responsive, and stimulating relationships as they work to understand their world. Recent advances in behavioral and social sciences have greatly added to the existing knowledge regarding brain development. It is now clearer than ever that these early relationships have lifelong impacts on a child's ability to learn, their behavior, and their health.

GKI has incorporated decades of theoretical and empirical foundations regarding the kinds of interventions that have been shown to make a difference for children into the **GGK/GGF**™ curricula. This document is designed to be used as a guide to support the understanding of how scientific research and theory correlates to the best practice recommendations found within the GKI curricula and professional development offerings. In order to optimize outcomes through early interventions with families, the research base has and continues to inform solutions to the complex challenges faced by today's families.

The body of research that supports this work is complex due to its extensiveness and its multi-disciplinary nature. This paper serves as a starting point in looking at some of the basics of the research evidence behind many of the parenting skills encouraged in the **GGK**™ curriculum. You will find these concepts embedded in the specific **GGK**™ tools. For purposes of clarity, this document is broken down into six core principles that reflect the prevailing views of those who study the development of young children. These principles were derived from the National Research Council Institute of Medicine's work. (Shonkoff & Phillips, 2008) The tables are then organized by more specific topics. Within each topic the left-hand column will list a foundational concept and the right-hand column will provide information that references further reading on the topic. Finally, all citations are listed by author, in alphabetical order, in the references pages at the end of the document.

OVERVIEW OF THE CORE PRINCIPLES:

Core Principle 1: *Human relationships establish the foundation of healthy development.* Early relationships are formative in that they provide the cornerstones upon which all meaningful development stands.
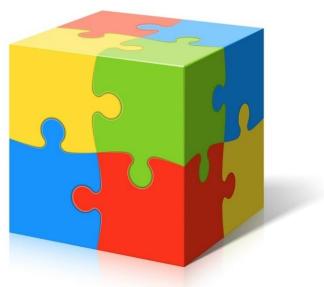
Core Principle 2: *Self-regulation is critical for positive childhood development in all domains of behavior.* As children grow and mature, their ability to exert control over their own regulatory functions is essential. GGK supports parenting that helps children progress through this maturational journey.

Core Principle 3: *Children develop due to the basic human drive to explore and master one's environment.* This basic feature of human development, the ability to create their own knowledge from early experience, is inborn and further facilitated by opportunities for growth.

Core Principle 4: *Human development is shaped by sources of vulnerability and sources of resilience to which the developing child remains susceptible throughout the early years of life and into adulthood.* Throughout the life cycle, interactions between risk factors and protective factors determine whether outcomes are positive or negative.

Core Principle 5: *Family interventions during early childhood that change the balance between risk and protection can shift the odds in the favor of more adaptive developmental outcomes.* When the environment supports the child's belief that he/she can influence the events in their life, his or her motivation to act on the world grows stronger.

Core Principle 6: *Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development.* Culture provides information to families on how to parent their children, and encompasses values, desires, expectations, and routine practices.

Core Principle 1: Human relationships establish the foundation of healthy development.

ATTACHMENT

Theoretical or Empirical Foundation	References
When caregivers can read a child's cues and respond appropriately, the relationship is likely to support healthy development across multiple domains, including communication, cognition, social-emotional competence, and moral understanding.	(Brazelton, Koslowski, & Main, 1974)
Children develop different styles of coping with stressful situations involving those they love.	(Ainsworth, Blehar, Waters, & Wall, 1978/2015)
Meeting children's needs in a sensitive, nurturing manner is the most critical indicator for children developing secure attachment.	(Ainsworth, Blehar, Waters, & Wall, 1978/2015)
While secure attachment is normative, insecure attachments are not rare and, that alone, should not lead to a conclusion of deviance. 65% of children develop secure attachment, 21% develop insecure-avoidant attachment, and 14% are scored as insecure-resistant.	(van IJzendoorn & Kroonenberg, Cross-cultural patterns of attachment: A meta-analysis of the strange situation., 1988)
Mothers of children who showed secure attachment behaviors scored highest in (1) sensitivity to their baby's signals (2) acceptance of the baby (3) cooperation with the desires of the child (4) emotional accessibility to the baby.	(Ainsworth, Blehar, Waters, & Wall, 1978/2015)
There is a confirmed link between sensitive, responsive parenting and children's attachment security that remains true over most cultures.	(Pederson, Baily, Tarabulsy, Sandi, & Moran, 2014)
Children with disorganized attachments may have the most serious problems as they grow up.	(van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999)
Children who had been rated as insecurely attached at 18 months of age, were found highly more likely to report physical illness particularly inflammation related illnesses such as heart disease, asthma, diabetes, high blood pressure, or stroke, at age 32.	(Puig, Englund, Simpson, & Collins, 2013)
Children who grow up to be secure have mothers who are more attentive, responsive, affectionate, tender, and comfortable with physical cuddling.	(Isabella & Belsky, 1991)
The quality of early caregiving is critically important in preventing mental health problems, independent of other traumas.	(Lyons-Ruth & Jocobvitz, 2008)
There is a very high correlation between parental states of mind regarding attachment and their children's attachment security.	(van IJzendoorn, Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis of the predictive validity of the adult attachment interview., 1995)
Children who are deprived of vital human contact have key areas of their social brains that are underactive, leaving them unclear about the emotions that others feel.	(Chugani, et al., 2001)
When infants and caregivers are in sync on an emotional level, they are also in sync physically.	(Tronick, 1989)

ATTACHMENT (Continued)

Theoretical or Empirical Foundation	References
A child's ability to regulate their emotions (affect regulation) is closely linked to attachment security.	(Schore A. N., 2005)
Children come to the world biologically programmed to attach with others because they must to survive. The determinant of attachment was care and responsiveness to the child's needs, specifically during the critical period of development between 0-5 years of age.	(Bowlby, 1958)
Attachment relationships are critical to the developing brain.	(Goleman, 2006)
The research base is clear about the fact that the most important part of brain development is the child's relationship with their primary caregiver.	(Masten A. , 2014)
A close relationship with a primary caregiver who regularly interacts and communicates with the child, protects the child, and exposes the child to positive developmental stimuli is critical to healthy social, emotional, and cognitive development.	(National Scientific Council on the Developing Child, 2004)
Insecure attachment can impact healthy functioning of the stress response systems.	(Schuder & Lyons-Ruth, 2004)
Developmental or behavioral disturbances in infants and toddlers are embedded in disturbances of the parent-child relationship.	(Bowlby, 1973)

PARENT-CHILD INTERACTION

Theoretical or Empirical Foundation	References
Parenting programs that support child development through parent-child interactions have a much larger impact on positive parenting behavior and child outcomes than did programs focused more on modeling and homework with less parent involvement.	(Kaminski, Valle, Filene, & Boyce, 2008)
It is primarily the parent-child interactions during their daily routines that facilitate child development.	(Dunst, Bruder, Trivette, & Hamby, 2006)
An intervention that increases parent-child interaction could decrease maternal depression and improve parenting self-efficacy by promoting developmental parenting and parents' confidence in their ability to provide that kind of parenting.	(Chazen-Cohen, et al., 2007)
Poor maternal sensitivity leads to insecure infant attachment, which has been associated with negative consequences in cognitive and mental health in school-aged children that continue into adulthood.	(Hammad, 2017)
Maternal sensitivity is enhanced for women with high levels of oxytocin, which is naturally increased during the early postpartum period as a result of breastfeeding.	(Hammad, 2017)
Parents and children in highly mutually responsive relationships experience frequent bouts of joy, show mutual affection and humor, and effectively reduce negative affect once it arises.	(Aksan, Kochanska, & Ortmann, 2006)

PARENT-CHILD INTERACTION (Continued)

Theoretical or Empirical Foundation	References
To understand the process of socialization, we must focus on the parent-child dyad.	(Sears, 1951)
Sensitive maternal interactions positively affect children's later expressive language in the second and third years of life.	(Leigh, Nievar, & Nathans, 2011)
The presence of caregivers who are warm and responsive begins to buffer or prevent elevations in stress hormones, even in situations that elicit behavioral indicators of distress in the infant.	(Gunner, Brodersen, Nachmias, Buss, & Rigatuso, 1996)

FAMILY RELATIONSHIP DYNAMICS

Theoretical or Empirical Foundation	References
Good family skills in problem solving, communication, emotional responsiveness, emotional involvement, and behavior control lead to a greater likelihood of secure parent-child attachment relationships.	(Dickstein, Seifer, & Albus, 2009)
When social support is low, there is an increased likelihood of insecure attachment relationships.	(Crockenberg, 1981)
Parents who reported lower self-esteem, correlate to children who remain high in negative emotionality over the first year.	(Belsky, Fish, & Isabella, 1991)
It takes a socially intelligent family to help build a happy child.	(Emde, 1983)
There is a link between how we are parented and our lifelong happiness.	(Davidson & Irwin, 1999)
Parents who can explore their own minds (reflective functioning) are better able to transmit to children comfort with a wide range of emotions and strategies for regulating them.	(Steele & Steele, 2005)
Parenting is passed down through generations and people reflexively parent the way they were parented.	(Hazen, Jacobvitz, & McFarland, 2005)
Parents tend to repeat similar behaviors over time, rather than ending at one harmful parenting behavior.	(Jacobvitz, Morgan, Kretchmar, & Morgan, 1991)
When maternal depression occurs in a family experiencing marital harmony, mothers are better able to sustain healthy interactions with their children, and their children are less likely to display adverse consequences.	(Cummings & Davies, 1999)
Brain imaging data showed that children who had been abused had smaller brain volumes, larger cavities in the brain, and smaller corpus callosum between the left and right sides of their brain.	(De Bellis, et al., 1999)

Core Principle 2: Self-regulation is critical for positive childhood development in all domains of behavior.

SELF-REGULATION AND CO-REGULATION

Theoretical or Empirical Foundation	References
Development can be viewed as an increasing capacity for self-regulation; the child's ability to function more independently in personal and social contexts.	(Bronson, 2000)
Instilling the ability of self-regulation in the child is critical to the child's ability to pay attention, follow directions, problem solve, resist impulses, and control emotions. All of these abilities are crucial for academic achievement.	(Suskind, Suskind, & LeWinter-Suskind, 2015)
Babies whose caregivers have been responsive to their distress and sensitive in reading the meaning of their cry communications shift more smoothly into patterns of non-crying communication and spend more time in happier, less distressed states as the first years progress.	(Crockenberg, 1981)
Babies use social referencing, taking their cues for the emotions of those around them.	(Thompson R. , Empathy and its origins in early development., 1998)
A child's emotional life is shaped by relational influences such as security of attachment, parent-child conversations about emotional events, and parental coaching of appropriate expressions in social situations.	(Miller & Sperry, 1987)
Children are faced with a variety of emotional demands that require caregivers to help them understand and manage. When the emotional climate of the home is undermined, children are often without the parent as a resource for understanding and regulation of these overwhelming emotions.	(Thompson & Calkins, The double-edged sword: Emotional regulation for children at risk., 1996)
Harsh or threatening environments for young children can lead to altered autonomic nervous system functioning, ultimately resulting in emotional reactivity when faced with challenges.	(Thompson R. A., 2014)
Children who don't feel safe in infancy have trouble regulating their moods and emotional responses as they grow older.	(Van der Kolk, 2014)
Infants with seriously disrupted emotional communication patterns with their mothers at 18 months grew up to be young adults with an unstable sense of self, self-damaging impulsivity, inappropriate and intense anger, and recurrent suicidal behavior.	(Lyons-Ruth, 1996)
By employing sensitive caregiving, a parent is providing the "external regulatory capacity for the developing child until the child is mature enough to regulate his or her own biological functions, emotion, arousal, stress, and behavior." This is believed to play a key role in the development of self-regulation.	(Masten A. , 2014)

SELF-REGULATION AND CO-REGULATION – (Continued)

Theoretical or Empirical Foundation	References
Children are particularly vulnerable to emotion-linked disorders when parent-child relationships are not healthy because of their limited capacity for emotional and behavioral self-regulation.	(Cole, Michel, & Teti, 1994)
Parents who discuss emotions more frequently and elaborately have children with more elaborate and accurate understanding of emotion.	(Brown & Dunn, 1996)
Self-regulatory skills have important implications for how well children negotiate many other tasks of early childhood.	(Shonkoff & Phillips, 2008)
Regulation in early development is deeply embedded in the child's relations with others. Providing the experiences, supports, and encouragement that enable children to take over and self-regulate in one area of functioning after another is one of the most critical elements of good caregiving.	(Shonkoff & Phillips, 2008)
Children of clinically depressed parents are several times more likely to develop major depression than children of parents without depression symptoms.	(Downey & Coyne, 1990)

Core Principle 3: Children develop due to the basic human drive to explore and master one's environment.

CHILD DEVELOPMENT IN THE EARLY YEARS

Theoretical or Empirical Foundation	References
Children with secure attachment patterns at 1 year of age were found to have richer language skills during the early years.	(van IJzendoorn, Dijkstra, & Bus, Attachment, intelligence, and language: A meta-analysis., 1995)
Within a few years after birth a brain circuitry that is remarkably strong or dangerously weak or somewhere in between will be created, affecting a lifetime of attainment.	(Suskind, Suskind, & LeWinter-Suskind, 2015)
Early child development "occurs within the context of relationships children have with their parents and other caregivers and that these relationships interact with the larger contexts of neighborhood, community, and society."	(Roggman, Boyce, & Innocenti, 2008)
Cortical development in the brain begins with maturation of the primary sensorimotor regions, followed by the areas involved in spatial orientation and attention and pattern processing. The last areas to develop are those involved in complex planning and integration.	(Gogtay, et al., 2004)
The early postnatal period is a time of experience expectant learning. The neurobehavioral system depends on certain kinds of input from the world to develop normally.	(Greenough & Chang, 1988)
Plasticity is the capacity of the developing brain to respond adaptively and to adjust organization and connectivity to meet the demands of experiences.	(Stiles, 2008)
"Critical periods" have been revised to be termed "sensitive periods" to indicate that experience has a greater effect on brain development during specific developmental windows, but this is not thought to be as limiting as the original theories regarding critical periods.	(Michel & Tyler, 2005)
Learning appears to become an important factor in postnatal commitment of neural systems to specific patterns of organization.	(Stiles, 2008)
Brain development is impacted by both inherited and environmental factors, but the actual process of development itself also introduces its own constraints.	(Stiles, 2008)
The first years of life are a critically vulnerable period for the development of brain architecture.	(Knudson, 2004)
Experience modifies and shapes the brain circuitry to adapt the brain to the environment.	(Weaver, et al., 2004)
The early brain develops more connections than it needs and then prunes those that appear unnecessary. It this process takes place without negative interference, it leads to efficient brain functioning.	(National Scientific Council on the Developing Child, 2007)

CHILD DEVELOPMENT IN THE EARLY YEARS (Continued)

Theoretical or Empirical Foundation	References
Neglect of children's emotional needs can lead to stunted physical growth, gross motor delays, mental delays, inappropriate social interactions, and inability to form permanent attachments.	(Carlson & Earls, 1997)
Emotional neglect is found to directly correlate to lower cognitive ability.	(De Bellis, Hooper, Spratt, & Woolley, 2009)
Experience encodes the genes in brain cells.	(Sweatt, 2009)
Parental care causes changes in the cells of the brain and body through epigenetic modification.	(McGowan, et al., 2009)
The development of children unfolds along individual pathways whose trajectories are characterized by continuities and discontinuities, as well as by a series of significant transitions.	(Shonkoff & Phillips, 2008)
The broad range of individual differences among young children often makes it difficult to distinguish normal variations and maturational delays from transient disorders and persistent impairments.	(Shonkoff & Phillips, 2008)
"Parent talk is probably the most valuable resource in our world. No matter the language, the culture, the nuances of vocabulary, or the socio-economic status, language is the element that helps develop the brain to its optimum potential."	(Suskind, Suskind, & LeWinter-Suskind, 2015)
A child's ultimate ability to learn is related to the language they hear during their first years of life.	(Hart & Risley, 1995)
Optimum brain development is language dependent.	(Suskind, Suskind, & LeWinter-Suskind, 2015)
The preliminary factor in the achievement gap is the difference in language exposure.	(Hart & Risley, 1995)
There are 3 foundational characteristics of mother-child shared verbal interactions: (1) symbol infused joint attention, (2) communication fluency and connectedness, and (3) routines and rituals.	(Hirsh-Pasek, et al., 2015)
Sympathetic, appropriate responses to a child are essential to behavioral and brain development.	(Suskind, Suskind, & LeWinter-Suskind, 2015)
Mastery motivation is the inborn tendency toward mastery that emphasizes the experience of pleasure in performing newly acquired behaviors and skills.	(MacTurk & Morgan, 1995)
Children at risk for social-emotional delay were 5.8 times more likely to have ≥5 routines occurring with the use of an electronic screen (TV, computer, etc.) as compared to children not at risk for delay.	(Raman, et al., 2017)
The degree to which the parent provides contextual support and information in their child-directed speech has a positive effect on the child's vocabulary size 3 years later.	(Cartmill, et al., 2013)

CHILD DEVELOPMENT IN THE EARLY YEARS (Continued)

Theoretical or Empirical Foundation	References
The amount of talk mothers direct to their children is strongly associated with the children's vocabulary growth and their performance on measures of emergent literacy and print-related skills.	(Hart & Risley, 1995)
Children whose mothers talked more during mundane activities had larger vocabularies, indicating the importance of integrating conversations throughout the day.	(Hoff-Ginsberg, 1991)
Early learning environments should be set up to provide ample opportunities for young children to be active agents in their own learning and to receive predictable responses from their surroundings.	(Shonkoff & Phillips, 2008)
The majority of young children see themselves as capable of doing almost anything.	(Stipek, 1992)
Early learning is not benefited by expensive toys and explicit early instruction, but instead by how adults interact with young children and set up relatively ordinary environments to support and foster learning.	(Shonkoff & Phillips, 2008)
Children's motivation suffers when parental behavior is intrusive, highly directive, and critical.	(Shonkoff & Phillips, 2008)
Child development is optimized when parents spend more time using elaborate talk to talk to children, take advantage of everyday interactions to introduce number concepts, spend more time reading, and exploring the words and pictures in books.	(Shonkoff & Phillips, 2008)
Infants whose parents can interpret, adjust their own behavior, and respond appropriately to their bids for attention, moods and states, expressions of interest, and efforts to communicate their needs are more advanced on virtually all assessments of development and cognitive status.	(Shonkoff & Phillips, 2008)
All young children seem to require the following from their early relationships: 1. Reliable support that establishes confident security in the adult 2. Responsiveness that strengthens their sense of agency and self-efficacy 3. Protection from harms 4. Affection by which they develop self-esteem 5. Opportunities to experience and resolve human conflict cooperatively 6. Support for the growth of new skills and abilities 7. Reciprocal interaction by which they learn positive sociability 8. The experience of being respected by others and respecting them as human beings	(Shonkoff & Phillips, 2008)

CHILD GUIDANCE

Theoretical or Empirical Foundation	References
Spanking at age one predicted child aggressive behavior problems at age two.	(Berlin, et al., 2009)
Once parents reduced their use of physical punishment, difficult behaviors in their children declined.	(Durrant & Ensom, 2012)
The IQs of children aged 2 to 4 who were not spanked were higher four years later than the IQs of children who were spanked.	(Straus & Paschall, 2009)
The more a child was spanked, the slower was the development of the child's mental ability.	(Straus & Paschall, 2009)
Children who were spanked as one-year-olds did not perform as well as other children on a test measuring thinking skills at age 3.	(Berlin, et al., 2009)
Parents who do not spank are forced to use more reasoning while disciplining the child. These parent-child interactions enhance the child's cognitive ability.	(Straus & Paschall, 2009)
When parent-child guidance interactions are characterized by clear and consistently enforced limits, low levels of emotional arousal, ample affection, and a de-emphasis on the use of power, threats, and criticism, children learn to observe and ultimately internalize their parents' standards of conduct.	(Eisenberg & Murphy, 1995)
Hitting, by its nature, causes physical pain, and it can be confusing and frightening for children to be hit by someone they love and respect, and on whom they are dependent. Children report fear, anger, and sadness when they are spanked.	(Dobbs, Smith, & Taylor, 2006)
Spanking is associated with increases in mental health problems in childhood and adulthood, delinquent behavior in childhood and criminal behavior in adulthood, negative parent-child relationships, and increased risk that children will be physically abused.	(Gershoff, 2002)

Core Principle 4: Human development is shaped by sources of vulnerability and sources of resilience to which the developing child remains susceptible throughout the early years of life and into adulthood.

STRESS AND EARLY BRAIN DEVELOPMENT

Theoretical or Empirical Foundation	References
Cortisol shuts down the hippocampus and stimulates the growth of connections in the fear center of the amygdala while at the same time blunting the ability of the key areas of the prefrontal cortex to regulate emotion.	(Goleman, 2006)
In addition to short-term changes in observable behavior, toxic stress in young children can lead to less outwardly visible yet permanent changes in brain structure and function.	(McEwen, 2005)
The developing brain is particularly sensitive to chemical influences, and imbalances in the chemistry during the early years can change the architecture of the brain.	(National Scientific Council on the Developing Child, 2011)
The brain is particularly sensitive to stress in the environment, which can negatively impact the development of neural circuits.	(Teicher, Andersen, Pocari, Anderson, & Navalta, 2002)
The limbic system, which controls emotional response and aggression, is impacted negatively by excessive stress during childhood.	(Woon & Hedges, 2008)
Childhood trauma can lead to poor hemispheric integration due to a deficient corpus callosum.	(Teicher, Andersen, Pocari, Anderson, & Navalta, 2002)
Individuals who are mistreated as children may have limitations in areas involving logical reasoning.	(Teicher, Anderson, & Polcari, Childhood maltreatment is associated with reduced volume in the hippocampal subfields CA3, dentate gyrus, and subiculum, 2011)
Intense stress during the pre-natal and post-natal period becomes wired into a child's developing brain circuitry, potentially causing lifelong cognitive and learning disorders, and dysfunctional stress systems.	(National Scientific Council on the Developing Child, 2011)

ADVERSE CHILDHOOD EXPERIENCES

Theoretical or Empirical Foundation	References
Childhood exposure to adverse experiences "should be recognized as the basic cause of morbidity and mortality in adult life."	(Felitti V. , et al., 1998)
Interventions that reduce adversity are also likely to strengthen the foundations of physical and mental health, which would generate even larger returns to all of society.	(Knudsen, Heckman, Cameron, & Shonkoff, 2006)
Adverse childhood experiences are the most important determinant of the health and well-being of our nation.	(Felitti, The relationship between adverse childhood experiences and adult health: Turning gold into lead., 2002)
Child abuse and neglect impact both the body and mind of the developing child, leading to multiple health risks throughout the lifespan.	(Felitti V. , et al., 1998)
Students who have experienced trauma and toxic stress often have challenging disciplinary problems, decreased academic performance, and poor executive functioning.	(Hirst, Lawler, & Olson, 2017)
High-quality, structured mindfulness instruction may mitigate the negative effects of stress and trauma related to adverse childhood exposures, improving short- and long-term outcomes, and potentially reducing poor health outcomes in adulthood.	(Ortiz & Sibinga, 2017)

PROTECTIVE FACTORS AND RESILIENCY

Theoretical or Empirical Foundation	References
Developmental pathways throughout the life cycle are influenced by interactions among risk factors that increase the probability of poor outcomes and protective factors that increase the probability of a positive outcome.	(Werner, 2000)
Effective parenting and high-quality parent-child relationships are implicated in virtually every study of resilience in children.	(Masten A. , 2007)
Resilience is common across diverse situations and cultures.	(Masten A. , 2014)
The capacity for adaptation in adversity is distributed across many interconnected systems, within individuals, in relationships, families, and many others.	(Masten A. , 2014)
Toxic stress experiences threaten the development of many of the adaptive systems in children; preventing and mitigating risk is critical.	(Masten A. , 2014)
Resilience can be promoted by bolstering the specific systems that will be taxed by adversity.	(Masten A. , 2014)
Perhaps the most fundamental role of families in resilience is their diverse roles in supporting the development of competence and adaptive capacities.	(Guerra, Graham, & Tolan, 2011)
For a family to fulfill their crucial roles in protecting and promoting resilience in children, the family itself must have the capacity for resilience.	(Masten A. , 2014)

Core Principle 5: Family interventions during early childhood that change the balance between risk and protection, can shift the odds in the favor of more adaptive developmental outcomes.

EFFECTIVENESS OF SUPPORTING PARENTS

Theoretical or Empirical Foundation	References
Programs that offer both a parent and a child component appear to be the most successful in promoting long-term developmental gains for children from low-income families.	(Yoshikawa, 1995)
Mothers who are coached to adjust their responses to their child's personality are more responsive, stimulating, and visually attentive to their child, leading to children with a greater likelihood of secure attachment.	(Van den Boom, 1994)
Interventions aimed at improving maternal sensitivity, alone or in combination with maternal reflection, implemented in the first year of children's lives are effective in promoting secure maternal-child attachments.	(Latourneau, et al., 2015)
Nurturing relationships later in life can to some extent re-write the neural scripts that were encrypted in the brain during childhood.	(Schore A. , 1994)
"Parents recognize and support their children's emerging strengths and skills, and practitioners recognize and support parents' strengths and values."	(Roggman, Boyce, & Innocenti, 2008)
"The premise of mutual competence is that any interchange that contributes to the parent and child feeling secure, valued, successful, happy, or enjoying learning together is good for the development of the child as well as for the parents' sense of self-confidence in being a parent."	(Bernstein V. , 2008)
Most successful interventions are based on facilitating the parent-child relationship and helping both to adapt successfully to each other's individuality.	(Shonkoff & Phillips, 2008)
When parenting changes significantly, the behavior of children adjusts accordingly.	(Van den Boom, 1994)
High parental self-efficacy and perceived control positively influence home learning environments of young children.	(Peacock-Chambers, Martin, Necastro, Cabral, & Bair-Merrit, 2017)
Increased maternal responsiveness facilitated greater growth in target infants' social, emotional, communication, and cognitive competence, supporting a causal role for responsiveness on infant development.	(Landry, Smith, & Swank, 2006)
The ability of families to attend to the individualized needs of their children is influenced by both their internal resources and the external resources in their lives.	(Shonkoff & Phillips, 2008)
Positive impacts on cognitive development of young children living in high-risk environments are greater when the intervention is goal-directed and child-focused as opposed to generic family support programs.	(Farran, 2000)

EFFECTIVENESS OF SUPPORTING PARENTS (Continued)

Theoretical or Empirical Foundation	References
Strengthened parent-child relationships and enhanced home environments promote positive outcomes for all young children across a broad range of functional domains.	(Sameroff & Fiese, 2000)
The impacts of prenatal home visits have been correlated with enhanced health and safety outcomes and decreased parental interaction difficulties.	(Olds & Kitzman, 1993)
Programs that combine child-focused educational activities with attention to parent-child interaction patterns and relationship building appear to have the greatest impact.	(Shonkoff & Phillips, 2008)
The most effective parenting interventions strive to improve the caregiver's sensitivity through sustained, individualized sessions that take into account the mother's broader life circumstances and needs.	(Quint & Egeland, 1995)
Parenting practices and the parent-child relationship qualities are malleable through intervention, and improvements in the parenting system predict better child outcomes.	(Belsky & de Haan, 2011)
Parents who have positive connections to friends and families and their local community are more able to meet their basic needs, achieve their goals, and successfully raise their children.	(Cochran & Niego, 2002)
Mothers with more supportive and extensive social networks were warmer, more responsive caregivers. They were more likely to provide more stimulating environments for their babies than mothers with smaller, less supportive networks.	(Burchinal, Follmer, & Bryant, 1996)
When parents feel able to manage their environment, they feel they can better cope with the stresses of raising children in poverty, and better handle difficult situations in their lives. They exhibit more effective parent-child communication, greater confidence as parents, and more involvement with their children.	(Lee Y. , 2009)
When adults have opportunities to build the core skills that are needed to be productive participants in the workforce and to provide stable, responsive environments for the children in their care, our economy will be stronger, and the next generation of citizens, workers, and parents will thrive.	(Center on the Developing Child - Harvard University, 2017)
Interventions for socioeconomically disadvantaged families work best when the parents perceive that they or their children need help.	(Olds, et al., 1999)

EFFECTIVENESS OF SUPPORTING PARENTS (Continued)

Theoretical or Empirical Foundation	References
To help adults who have faced adverse conditions throughout their lives build their self-regulation and executive function skills the following will be helpful: 1. Provide training in specific self-regulatory and executive function skills aligned to the environment and context in which they will be used. 2. Teach strategies for reassessing a stressful situation and considering alternatives. 3. Teach strategies for recognizing and interrupting automatic responses, such as intense anger or frustration, to give more time to activate intentional self-regulation in stressful situations. 4. Strengthen intentional self-regulation through specific training techniques that target the skills that can override automatic responses, such as helping adults identify their own motivating goals and support their pursuit. 5. Create a "multiplier effect," in which helping adults see how small actions and successes will make a difference leads to a reinforcing cycle of positive emotional responses.	(Center on the Developing Child - Harvard University, 2017)

STRENGTHS-BASED PRACTICE

Theoretical or Empirical Foundation	References
Operating from a strengths-based approach means that "everything you do as a helper will be based on facilitating the discovery and embellishment, exploration, and use of the clients' strengths and resources in the service of helping them achieve their goals and realize their dreams.	(Saleebey, 2008)
Clients are most successful at achieving their goals when they identify and utilize their strengths, abilities, and assets.	(Rapp R. , 2006)
SBP assists clients in recognizing and utilizing the strengths and resources they may not recognize within themselves, thus aiding clients in regaining power over their lives.	(Green, Lee, & Hoffpauir, 2005)
Strengths-based practice is goal-oriented and goal setting is the foundation for which strengths are mobilized.	(Saleebey, 2008)
Attention is given to what is already working, searching for when there are exceptions to problems, and identifying coping strategies that an individual has already attained.	(Manthey, Knowles, Asher, & Wahab, 2011)
A strengths-based relationship is hope-inducing.	(Rapp, Saleeby, & Sullivan, The future of strengths-based social work., 2005)

STRENGTHS BASED PRACTICE (Continued)

Theoretical or Empirical Foundation	References
Goal attainment occurs by matching family desires and strengths with naturally occurring resources in the environment.	(Rapp & Goscha, 2006)
The provision of meaningful choices is central and individuals should have the authority to choose.	(Rapp, Saleeby, & Sullivan, The future of strengths-based social work., 2005)
The individual's voice should be heard and valued throughout all levels and aspects of intervention and practice.	(Rapp & Goscha, 2006)
Despite adversity, individuals are often resilient and resourceful.	(Saleeby, 2000)

MOTIVATIONAL INTERVIEWING

Theoretical or Empirical Foundation	References
Motivational Interviewing is "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence."	(Miller & Rollnick, 2002)
There are 3 components of Motivational Interviewing that are critical to its spirit: collaboration, evocation, and autonomy.	(Miller & Rollnick, 2002)
Collaboration describes a partnership that honors the family's expertise and perspectives, providing a climate that is conducive rather than coercive to change.	(Miller & Rollnick, 2002)
The component of evocation includes the idea that intrinsic motivation for change is enhance by drawing on the client's own perceptions, goals, and values.	(Miller & Rollnick, 2002)
Autonomy affirms the family's right and capacity for self-direction and facilitates informed choice.	(Miller & Rollnick, 2002)
The goals and values are elicited from the individual, not imposed from the outside.	(Miller & Rollnick, 2002)
Discussion is facilitated which enables individuals to identify past successes.	(Miller & Rollnick, 2002)
Affirmation skills of workers specifically identify and affirm strengths, encourage autonomy, and provide support.	(Rollnich, Miller, & Butler, 2008)
The Motivational Interviewing relationship facilitates hope, confidence, and motivation for change.	(Miller & Rollnick, 2002)
Clients are experts in their own lives and need to be empowered to make choices and provide direction within interactions.	(Rollnich, Miller, & Butler, 2008)
MI has a very large evidence-base including over 200 empirical studies and over five meta-analyses showing positive outcomes.	(Manthey, Knowles, Asher, & Wahab, 2011)
MI has an additive effect when combined with other interventions.	(Hettema, Steele, & Miller, 2005)

SOLUTION-FOCUSED COACHING

Theoretical or Empirical Foundation	References
The solution-focused approach is now an established psychotherapy and coaching approach for which there is a good evidence base.	(Franklin, Trepper, Gingerich, & McCollum, 2011)
Solution-focused therapy is a strengths-based approach, emphasizing the resources people invariably possess and how these can be applied to the change process.	(Corcoran & Pillai, 2009)
The outcome supports the basic theoretical assumptions on the effectiveness of Solution-Focused therapy in parenting groups.	(Zimmerman, Jacobsen, MacIntyre, & Watson, 1996)
Solution-focused approaches are directed at finding solutions and giving minimal attention to defining or understanding the presenting problems.	(Lee M.-Y. , 1997)

Core Principle 6: Culture impacts all areas of human growth and is reflected in parenting beliefs and practices that work toward healthy development.

<u>**CULTURALLY SENSITIVE PRACTICES**</u>

Theoretical or Empirical Foundation	References
Language output benefits the development of expressive language skills. This is important for monolingual and bilingual development, and potentially, for understanding consequences of cultural differences in how much children are expected to talk in conversation with adults.	(Ribot, Hoff, & Burridge, 2017)
All human development unfolds within a wide variety of cultural contexts.	(Vygotski, 1978)
The idea that human development is a socially embedded phenomenon, emphasizes the importance of culture in parenting.	(Roggoff & Chavajay, 1995)
Although all cultures must create a balance between individual autonomy and shared interests, there is great variation in where each society lands along this continuum.	(Shonkoff & Phillips, 2008)
Cultural belief systems translate into parenting practices.	(Goodnow & Collins, 1990)
Cultural practices related to early childrearing are highly variable and lead to different developmental outcomes, but there is very little evidence to support the conclusion that one is better than another.	(Shonkoff & Phillips, 2008)
All parenting practices are not equivalent in the extent that they promote health and development of young children, therefore it is essential that the full range of possible effects of contrasting childrearing practices be evaluated objectively.	(Shonkoff & Phillips, 2008)
Significant cultural distance between providers and recipients of services can make it difficult to sustain the kinds of relationships that often determine the ultimate success of an early childhood intervention.	(Shonkoff & Phillips, 2008)
A culturally competent professional is one who can facilitate mutually rewarding interactions and meaningful relationships in the effective delivery of services for children and families whose cultural heritage differs from his or her own.	(American Medical Association, 1994)
A culturally competent system does the following: 1. Assures that assessment and evaluation instruments are appropriate and valid for the children and families served 2. Identifies groups that are underserved and removes cultural barriers that interfere with service provision 3. Facilitates policy planning, staff training, and community participation to ensure culturally competent services 4. Defines the location, size characteristics, resources, needs, and ethnography of culturally diverse populations in its service area 5. Builds cross-cultural communication skills 6. Helps a broad diversity of communities organize themselves to enhance the availability and utilization of needed services	(Shonkoff & Phillips, 2008)

CULTURALLY SENSITIVE PRACTICES (Continued)

Theoretical or Empirical Foundation	References
It's important that programs serving diverse cultures have the following traits: 1. The ability to express appreciation for diversity 2. The capacity for cultural self-assessment 3. Awareness of the dynamics that occur when cultures interact 4. The availability of institutionalized cultural knowledge 5. Availability of adaptive practices like interpreters and culturally sensitive celebrations	(Isaacs & Benjamin, 1991)
Cultural values have a profound impact on how children learn to interpret and express their emotions.	(Shonkoff & Phillips, 2008)
Children becoming bilingual from birth are not dramatically slowed in their development and appear to develop each language as they would if they were learning only one language.	(de Houwer, 1995)
Culture is not static or neutral. It draws much of its influence from the conviction that its values and practices are inherently right and preferable to those of others.	(Shonkoff & Phillips, 2008)

References

Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. N. (1978/2015). *Patterns of Attachment: A Psychological Study of the Strange Situation.* New York and London: Psychology Press.

Aksan, N., Kochanska, G., & Ortmann, M. (2006). Mutually responsive orientation between parents and their children: Toward methodological advances in the science of relationships. *Developmental Psychology*, 833-848.

American Medical Association. (1994). *AMA Guidelines for Adolescent Preventive Services (GAPS): Recommendations and Rationale.* Baltimore, MD: Williams & Wilkins.

Belsky, J., & de Haan, M. (2011). Annual research review: Parenting and children's brain development: The end of the beginning. *Journal of Child Psychology and Psychiatry*, 409-428.

Belsky, J., Fish, M., & Isabella, R. A. (1991). Continuity and discontinuity in infant negative and positive emotionality: Family antecedents and attachment consequences. *Developmental Psychology*, 421-431.

Berlin, L., Ispa, J., Fine, M., Malone, P., Brooks-Gunn, J., Brady-Smith, C., . . . Bai, Y. (2009). Correlates and consequences of spanking and verbal punishment for low-income white, African American, and Mexican American toddlers. *Child Development*, 1403-1420.

Bernstein, V. (2002). Newsletter of the Infant Mental Health Promotion Project: Strengthening Families Through Strengthening Relationships.

Bernstein, V. (2008). Newsletter of the Infant Mental Health Promotion Project: Strengthening Families Through Strengthening Relationships. In L. Roggman, L. Boyce, & M. Innocenti, *Developmental Parenting: A Guide for Early Childhood Practitioners.* Baltimore, MD: Brookes Publishing.

Bowlby, J. (1958). The nature of the childs ties to his mother. *International Journal of Psychoanalysis*, 350-371.

Brazelton, T., Koslowski, B., & Main, M. (1974). The origins of reciprocity: The early mother-infant interaction. In M. Lewis, & L. Rosenblum, *The Effect of the Infant on its Caregiver* (pp. 49-76). New York: John Wiley & Sons.

Bronson, M. (2000). *Self-Regulation in Early Childhood: Nature and Nurture.* New York: Guilford Press.

Brown, J., & Dunn, J. (1996). Continuities in emotional understanding from 3-6 years. *Child Development*, 789-802.

Burchinal, M., Follmer, A., & Bryant, D. (1996). The relations of maternal support and family structure with maternal responsiveness and child outcomes among African American families. *Developmental Psychology*, 1073-1083.

Carlson, M., & Earls, F. (1997). Psychological and neuroendocrinological sequelae of early social deprivation in institutionalized children in Romania. *Annals of the New York Academy of Sciences*, 419-428.

Cartmill, E., Armstrong III, B., Gleitman, L., Goldin-Meadow, S., Medina, T., & Trueswell, J. (2013). Quality of early parent input predicts vocabulary three years later. *Proceedings of the National Academy of Sciences of the United States of America*, 11278-11283.

Center on the Developing Child - Harvard University. (2017, March 8). *Adult Capabilities*. Retrieved from Center on the Developing Child: http://developingchild.harvard.edu/innovation-application/key-concepts/adult-capabilities/

Chazen-Cohen, R., Ayoub, C., Pan, B., Roggman, L., Raikes, H., McKelvey, L., & Hart, A. (2007). It takes time: Impacts of Early Head Start that lead to reductions in maternal depression two years later. *Infant Mental Health Journal*, 151-170.

Chugani, H., Behen, M., Muzik, O., Juhasz, C., Nagy, F., & Chugani, D. (2001). Local brain functional activity following early depreviation: A study of post-institutionalized Romanian orphans. *Neuroimage*, 1290-1301.

Cochran, M., & Niego, S. (2002). Parenting and social networks. In M. Bornstein, *Handbook of Parenting, 2nd Edition, Volume 4* (pp. 123-148). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Cole, P., Michel, M., & Teti, L. (1994). The devolopment of emotion regulation and dysregulation: A clinical perspective. *Monographs of the Society for Research in Child Development*, 73-102.

Corcoran, J., & Pillai, V. (2009). A review of the research on solution-focused therapy. *British Journal of Social Work*, 234-242.

Crockenberg, S. (1981). Infant irritablity, mother responsiveness, and social support influences on the security of infant-mother attachment. *Child Development*, 857-865.

Cummings, E., & Davies, P. (1999). Depressed parents and family functioning: Interpersonal effects and children's functioning and development. In T. Joiner, & J. Coyne, *Advances in Interpersonal Approaches: The Interactional Nature of Depression* (pp. 299-327). Washington, DC: American Psychological Association.

Davidson, R., & Irwin, W. (1999). The functional neuroanatomy of emotion and affective style. *Trends in Cognitive Neuroscience*, 11-21.

De Bellis, M., Hooper, S., Spratt, E., & Woolley, D. (2009). Neuropsychological findings in childhood neglect and their relationships to pediatric PTSD. *Journal of International Neuropsychological Society*, 868-878.

De Bellis, M., Keshavan, M., Clark, D., Caseey, B., Giedd, J., Boring, A., . . . Ryan, N. (1999). Developmental traumatology, Part 2: Brain development. *Biological Psychiatry*, 1271-1284.

de Houwer, A. (1995). Bilingual language acquisition. In P. Fletcher, & B. MacWhinney, *The Handbook of Child Language* (pp. 219-250). Oxford, UK: Blackwell Publishers.

Dickstein, S., Seifer, R., & Albus, K. E. (2009). Maternal adult attachment representations across relationship domains and infant outcomes: The importance of family and couple functioning. *Attachment and Human Development*, 5-27.

Dobbs, T., Smith, A., & Taylor, N. (2006). No, we don't get a say, children just suffer the consequences: Children talk about family discipline. *International Journal of Children's Rights*, 137-156.

Downey, G., & Coyne, J. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin*, 50-76.

Dunst, C., Bruder, M., Trivette, C., & Hamby, D. (2006). Everyday activity settings, natural learning environments, and early intervention practices. *Journal of Policy and Practice in Intellectual Disabilities*, 3-10.

Durrant, J., & Ensom, R. (2012). Physical punishment of children: Lessons from 20 years of research. *Canadian Medical Association Journal*.

Eisenberg, N., & Murphy, B. (1995). Parenting and children's moral development. In M. Bornstein, *Handbook of Parenting, Volume 4: Applied and Practical Parenting* (pp. 227-257). Mahwah, NJ: Erlbaum.

Emde, R. (1983). The pre-presentational self and its affective core. *Psychoanalytic Study of the Child*, 165-192.

Farran, D. (2000). Another decade of intervention for children who are low income or disabled: What do we do now? In J. Shonkoff, & S. Meisels, *Handbook of Early Childhood Intervention, 2nd Edition* (pp. 510-548). New York: Cambridge University Press.

Felitti, V. (2002). The relationship between adverse childhood experiences and adult health: Turning gold into lead. *The Permanente Journal*, 44-47.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., & Edwards, V. (1998). Relationship of child abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experience (ACE) study. *The American Journal of Preventive Medicine*, 245-258.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., . . . Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventative Medicine*, 245-258.

Franklin, C., Trepper, T., Gingerich, W., & McCollum, E. (2011). *Solution-focused brief therapy. A handbook of evidence-based practice.* New York: Oxford University Press.

Gershoff, E. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 539-579.

Gogtay, N., Giedd, J., Lusk, L., Hayashi, K., Greenstein, D., Vaituzis, A., . . . Thompson, P. (2004). Dynamic mapping of human cortical development during childhood through early adulthood. *Proceedings of the National Academy of Sciences of the United States of America*, 8174-8179.

Goleman, D. (2006). *Social Intelligence: The Revolutionary New Science of Human Relationships.* New York: Bantam Dell.

Goodnow, J., & Collins, W. (1990). *Development According to Parents: The Nature, Sources, and Consequences of Parents' Ideas.* Hillsdale, NJ: Erlbaum.

Green, G., Lee, M., & Hoffpauir, S. (2005). The languages of empowerment and strengths in clinical social work: A constructivist perspective. *Families in Society*, 267-277.

Greenough, W., & Chang, F. (1988). Plasticity of synapse structure and pattern in the cerebral cortex. In A. Peters, & E. Jone, *Cerebral Cortex* (pp. 391-440). New York: Plenum Press.

Guerra, N., Graham, S., & Tolan, P. (2011). Raising healthy children: Translating child development research into practice. *Child Development*, 7-16.

Gunner, M., Brodersen, L., Nachmias, M., Buss, K., & Rigatuso, J. (1996). Stress reactivity and attachment security. *Developmental Psychobiology*, 191-204.

Hammad, S. H. (2017, February 8). *The potential effect of breastfeeding on maternal sensitivty during the first year of life.* Retrieved from University of Wisconsin, Milwaukee, Theses and Dissertations: http://dc.uwm.edu/etd/1372

Hart, B., & Risley, T. (1995). *Meaningful Differences.* Baltimore: Paul H. Brooks.

Hazen, N., Jacobvitz, D., & McFarland, L. (2005). Antecedents of boundary distubances in families with young children: Intergenerational transmission and parent-infant caregiving patterns. *Journal of Emotional Abuse*.

Hettema, J., Steele, J., & Miller, W. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, 91-111.

Hirsh-Pasek, K., Adamson, L. B., Bakeman, R., Tresh-Owen, M., Michnick-Golinkoff, R., Pace, A., . . . Suma, K. (2015). The contribution of early communication quality to low-income children's language success. *Association for Psychological Science*.

Hirst, E., Lawler, T. B., & Olson, K. (2017). Developing a Framework to Create a Trauma Informed School Community. *National Youth-At-Risk Conference.* Savanah: Georgia Southern University.

Hoff-Ginsberg, E. (1991). Mother-child conversation in different social classes and communicative settings. *Child Development*, 782-796.

Isaacs, M., & Benjamin, M. (1991). *Towards a Culturally Competent System of Care: Programs Which Utilize Culturally Competent Principles.* Washington D.C.: Georgetown University Child Development Center.

Isabella, R., & Belsky, J. (1991). Interactional synchrony and the origins of infant-mother attachments: A replication study. *Child Development*, 373-394.

Jacobvitz, D., Morgan, E., Kretchmar, M., & Morgan, Y. (1991). The transmission of mother-child boundary disturbances across three generations. *Development and Psychopathology*, 513-527.

Kaminski, J. W., Valle, L., Filene, J., & Boyce, C. (2008). A meta-analytical review of components associated with parent training program effectiveness. *Journal of Abnormal Psychology*, 567-589.

Knudsen, E., Heckman, J., Cameron, J., & Shonkoff, J. (2006). Economic, neurobiological, and behavioral perspectives on building America's future workforce. *Proceedings of the National Academy of Sciences*, 10155-10162.

Knudson, E. (2004). Sensitive periods in the development of the brain and behavior. *Journal of Cognitive Neuroscience*, 1412-1425.

Landry, S., Smith, K., & Swank, P. (2006). Responsive parenting: Establishing early foundations for social, communication, and independent problem solving. *Developmental Psychology*, 627-642.

Latourneau, N., Tryphonopoulos, P., Giesbrecht, G., Dennis, C.-L., Bhogal, S., & Watson, B. (2015). Narrative and met analytic review of interventions aiming to improve maternal-child attachment security. *Infant Mental Health Journal*, 366-387.

Lee, M.-Y. (1997). A study of solution-focused brief family therapy: outcomes and issues. *The American Journal of Family Therapy*, 3-17.

Lee, Y. (2009). Early motherhood and harsh parenting: The role of human, social, and cultural capital. *Child Abuse & Neglect*, 625-637.

Leigh, P., Nievar, M., & Nathans, L. (2011). Maternal sensitivity and language in early childhood: A test of the transactional model. *Perceptual and Motor Skills*, 281-299.

Lyons-Ruth, K. (1996). The disturbed caregiving system: Relations among childhood trauma, maternal caregiving, and infant affect and attachment. *Infant Mental Health Journal*, 257-275.

Lyons-Ruth, K., & Jocobvitz, D. (2008). Attachment disorganization: Genetic factors, parenting contexts, and developmental transformation from infancy to adulthood. In J. Cassidy, & R. Shaver, *Handbook of Attachment: Theory, Research, and Clinical Applications, 2nd Ed.* (pp. 666-697). New York: Guilford Press.

MacTurk, R., & Morgan, G. (1995). *Mastery Motivation: Origins, Conceptualizations, and Applications: Advances in Applied Developmental Psychology.* Norwood, NJ: Ablex Publishing Corporation.

Manthey, T., Knowles, B., Asher, D., & Wahab, S. (2011). Strengths-based practice and motivational interviewing. *Advances in Social Work*, 126-151.

Masten, A. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology*, 921-930.

Masten, A. (2014). *Ordinary Magic: Resilience in Development.* New York: Guilford Press.

McEwen, B. (2005). Stressed or stressed out: What is the difference? *Journal of Psychiatry & Neuroscience*, 315-318.

McGowan, P., Sasaki, A., D'Alessio, A., Dymov, S., Labonte, B., Szyf, M., & Meaney, M. J. (2009). Epigenetic regulation of the glucocorticoid receptor in human brain assocated with childhood abuse. *Nature Neuroscience*, 342-348.

Michel, G., & Tyler, A. (2005). Critical period: A history of the tranisition from questions of when, to what, to how. *Developmental Psychology*, 156-162.

Miller, P., & Sperry, L. (1987). The socialization of anger and aggression. *Merrill-Palmer Quarterly*, 1-31.

Miller, W., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change - 2nd Ed.* New York: Guilford Press.

National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships, working paper No.1. *Center on the Developing Child at Harvard University*.

National Scientific Council on the Developing Child. (2007). The timing and quality of early experiences combine to shape brain architechture: Working paper no. 5. *Center on the Developing Child at Harvard University*.

National Scientific Council on the Developing Child. (2011, March 8). *Excessive stress disrupts the architecture of the developing brain: Working paper #3.* Retrieved from developingchild.harvard.edu: developingchild.harvard.edu/resources/reports_and_working_papers/.: http://developingchild.harvard.edu/resourcecategory/reports-and-working-papers/

Norman, E. (2000). Introduction: The strengths perspective and resiliency enhancement, a natural partnership. In E. Norman, *Resiliency Enhancement: Putting the Strengths Perspective into Social Work Practice* (pp. 1-16). New York: Columbia University Press.

Olds, D., & Kitzman, H. (1993). Review of research on home visiting for pregnant women and parents of young children. *The Future of Children*, 53-92.

Olds, D., Henderson, C., Kitzman, H., Eckenrode, J., Cole, R., & Tatelbaum, R. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children: Home Visiting: Recent Program Evaluations*, 44-65.

Ortiz, R., & Sibinga, E. M. (2017). The role of mindfulness in reducing the adverse effects of childhood stress and trauma. *Children*, In press.

Peacock-Chambers, E., Martin, J., Necastro, K., Cabral, H., & Bair-Merrit, M. (2017). The influence of parental self-efficacy and perceived control on the home learning environment. *Academic Pediatrics*, 176-183.

Pederson, D. R., Baily, H. N., Tarabulsy, G. M., Sandi, B., & Moran, G. (2014). Understanding sensitivity: Lessons learned from the legacy of Mary Ainsworth. *Attachment and Human Development*, 261-270.

Puig, J., Englund, M. M., Simpson, J. A., & Collins, W. A. (2013). Predicting adult physical illness fom infant attachment: A prospective longitudinal study. *Health Psychology*, 409-417.

Quint, J., & Egeland, B. (1995). New Chance: Comprehensive services for disadvantaged young families. In S. Smith, *Two Generation Programs for Families in Poverty: A New Intervention Strategy* (pp. 91-133). Norwood, NJ: Ablex Publishing Corp.

Raman, S., Guerrero-Duby, S., McCullough, J., Brown, M., Ostrowski-Delahanty, S., Langkamp, D., & Duby, J. (2017). Screen exposure during daily routines and a young child's risk for having social-emotional delay. *Clinical Pediatrics*.

Rapp, C., & Goscha, R. (2006). *The Strengths Model: Case Management with people with psychiatric disabilities, 2nd Edition.* New York: Oxford.

Rapp, C., Saleeby, D., & Sullivan, W. (2005). The future of strengths-based social work. *Advances in Social Work*, 79-90.

Rapp, R. (2006). Strengths-based case management: Enhancing treatment for persons with substance abuse problems. In D. Saleeby, *The Strengths Perspective in Social Work Practice, 4th Edition.* (pp. 128-147). Boston: Pearson Education, Inc.

Ribot, K. M., Hoff, E., & Burridge, A. (2017). Language use contributes to expressive language growth: Evidence from bilingual children. *Child Development*, 1467-8624.

Roggman, L. A., Boyce, L. K., & Innocenti, M. S. (2008). *Developmental Parenting: A Guide for Early Childhood Practitioners.* Baltimore, MD: Brookes Publishing.

Roggman, L., Boyce, L., & Innocenti, M. (2008). *Developmental Parenting: A Guide for Early Childhood Practitioners.* Baltimore, MD: Brookes Publishing.

Roggoff, B., & Chavajay, P. (1995). What's become of research on the cultural bias of cognitive development. *American Psychologist*, 859-877.

Rollnich, S., Miller, W., & Butler, C. (2008). *Motivational interviewing in health care: Helping patients change behavior.* New York: Guilford Press.

Saleebey, D. (2008). The strengths perspective and potential applications in school counseling. *Professional School Counseling*, 68-75.

Saleeby, D. (2000). Power in the people: Strength and hope. *Advances in Social Work*, 127-136.

Sameroff, A., & Fiese, B. (2000). Transactional regulation and early interventions. In J. Shonkoff, & S. Meisels, *Handbook of Early Childhood Interventions, 2nd Edition* (pp. 135-159). New York: Cambridge University Press.

Schore, A. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development.* Hillsdale, NJ: Erlbaum.

Schore, A. N. (2005). Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics. *Pediatrics in Review*, 2004-2017.

Schuder, M., & Lyons-Ruth, K. (2004). Hidden Trauma in infancy: Attachment, fearful arousal, and early dysfunction of the stress response system. In J. Osofsky, *Trauma in Infncy and Early Childhood* (pp. 69-104). New York: Guildford Press.

Sears, R. R. (1951). A theoretical framework for personality and social behavior. *American Psychologist*, 476-483.

Shonkoff, J., & Phillips, D. (2008). *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Washington, DC: National Academy Press.

Steele, H., & Steele, M. (2005). Understanding and resolving emotional conflict: The London parent-child project. In K. E. Grossman, K. Grossmann, & E. Waters, *Attachment from Infancy to Adulthood: The Major Longitudinal Studies* (pp. 137-164). New York: The Guilford Press.

Stiles, J. (2008). *The Fundamentals of Brain Development: Integrating Nature and Nurture.* Cambridge, MA and London, England: Harvard University Press.

Stipek, D. (1992). The Child at School. In M. Bornstein, & M. Lamb, *Developmental Psychology: An Advanced Textbook* (pp. 579-625). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Straus, M., & Paschall, M. (2009). Corporal punishment by mothers and development of children's cognitive ability: A longitudinal study of two nationally representative age cohorts. *Journal of Aggression, Maltreatment, and Trauma*.

Suskind, D. (2015). *Thirty Million Words: Building a Child's Brain.* New York: Dutton.

Suskind, D., Suskind, B., & LeWinter-Suskind, L. (2015). *Thirty Million Words: Building a Child's Brain.* New York: Dutton.

Sweatt, J. (2009). Experience-dependent epigenetic modifications in the central nervous system. *Biological Psychiatry*, 191-197.

Teicher, M., Andersen, S., Pocari, A., Anderson, C., & Navalta, C. (2002). Developmental neurobiology of childhood stress and trauma. *Psychiatric Clinics of North America*, 397-426.

Teicher, M., Anderson, C., & Polcari, A. (2011). Childhood maltreatment is associated with reduced volume in the hippocampal subfields CA3, dentate gyrus, and subiculum. *Proceedings of the National Academy of Sciences of the United States of America*.

Thompson, R. (1998). Empathy and its origins in early development. In S. Braden, *Intersubjective Communicatin and Emotion in Early Ontogeny* (pp. 144-157). Cambridge, UK: Cambridge University Press.

Thompson, R. A. (2014). Socialization of Emotion and Emotional Regulation in the Family. In J. J. Gross, *Handbook of Emotional Regulation* (pp. 173-186). New York: Guildford Press.

Thompson, R., & Calkins, S. (1996). The double-edged sword: Emotional regulation for children at risk. *Psychopathology*, 163-182.

Tronick, E. (1989). Emotions and emotional communication in infants. *American Psychologist*, 112.

Van den Boom, D. C. (1994). The influence of temperament and mothering on attachment and exploration: An experimental manipulation of sensitive responsiveness among lower class mothers with irritable infants. *Child Development*, 1457-1477.

Van der Kolk, B. (2014). *The Body Keeps the Score.* New York: Viking.

van IJzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis of the predictive validity of the adult attachment interview. *Psychological Bulletin*, 387-403.

van IJzendoorn, M. H., & Kroonenberg, P. M. (1988). Cross-cultural patterns of attachment: A meta-analysis of the strange situation. *Child Development*, 147-156.

van IJzendoorn, M. H., Dijkstra, J., & Bus, A. G. (1995). Attachment, intelligence, and language: A meta-analysis. *Social Development*, 115-128.

van IJzendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and Sequelae. *Development and Psychopathology*, 225-250.

Vygotski, L. (1978). *Mind in Society: The Development of Higher Psychological Processes.* Cambridge, MA: Harvard University Press.

Weaver, I., Cervoni, N., Champagne, F., D'Alessio, A., Sharma, S., & Seckl, J. (2004). Epigenetic programming by maternal behavior. *Nature Neuroscience*, 847-854.

Werner, E. (2000). Protective factors and resilience. In J. Shonkoff, & S. Meisels, *Handbook of Early Childhood Intervention* (pp. 115-132). New York: Cambridge University Press.

Woon, F., & Hedges, D. (2008). Hippocampal and amygdala volumes in children and adults with childhood maltreatment-related posttraumatic stress disorder: A meta-anlaysis. *Hippocampus*, 729-736.

Yoshikawa, H. (1995). Long-term effects of early childhood programs on social outcomes and delinquency. *The Future of Children*, 28-54.

Zimmerman, T. S., Jacobsen, R. B., MacIntyre, M., & Watson, C. (1996). Solution-focused parenting groups: An empirical study. *Journal of Systemic Therapies*, 12-25.