



Artist: Juli, age 6

New Approaches to Optimizing Child Development And Breaking the Cycle of Poverty

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The Touchpoints approach to family support in pediatric care, childcare, parent groups, home visiting, and other social services promotes

- infant and child brain development and learning readiness
- parental emotional availability to infants and children
- family participation in programs providing preventive services as well as social connectedness, empowerment
- professional development and provider emotional availability to families
- systems of care collaboration and realignment with family strengths and needs
- culturally informed programs providing social connectedness, empowerment.
1,2,3,4,5,6,7

The Intergenerational Cycle of Poverty and the Educational Achievement

Gap: Poverty is transmitted from one generation to the next, perpetuated in wealthy industrialized democracies such as the United States by the educational achievement gap that opens before kindergarten. Skills and capacities necessary for school readiness – including self-regulation, self-agency, and self-esteem - nurtured in early adult caregiver-child interactions are critical to closing this gap and breaking the cycle of poverty^{3,34,46,51,57}

Reconceptualizing Child Justice to Include Justice for Caregivers and Their

Communities: Conceptualizations of child justice informed by widely accepted theories^{4,5,20,50,54} of child survival and development must include children's right to caregivers with access to the basic resources and contexts necessary to provide such early nurturing. In order to survive, grow, and thrive, children need caregivers whose own survival, development, and ability to nurture their young are not endangered. Children need clean air, water, food, shelter, and access to healthcare and education. Equally essential are early and uninterrupted relationships with primary caregivers. To protect against the undermining effects of threats to survival on these development-promoting early interactions, they must be nested within the broader social relationships of communities.

Brain Development, Learning Readiness Depend on Parental Emotional

Availability: Brain development critical to learning readiness unfolds most extensively in the fetus and earliest years^{35,40,41,46}. Human interactions are the most complex source of brain stimulation. They are also the locus for the regulation of arousal, attention, affect, and sensory processing necessary for

external stimulation to positively influence brain structure and function^{15,16,17,21,22,23,36,48}. Emotional availability, on which these processes depend, in turn depends in part on the ability to put aside distractions and shift attention to the interaction. This allows the adult to sensitively register and respond to the infant or young child's subtle behavioral cues. Adult caregivers' emotional availability is essential to the arousal and attention of the infant or young child, to the modulation of stimulation so that it can be taken in and processed meaningfully, and to effective responses to signs of readiness for stimulation and overload^{15,26,52,53}. It also supports the infant's emerging emotional availability necessary for participation in these earliest relationships and for eliciting nurturance from adult caregivers.

Parental Emotional Availability Depends on Relationships to Community

Supports: Emotional availability of adult caregivers is impeded by numerous factors that may be associated with poverty -e.g, social isolation, political disenfranchisement, hopelessness about one's family's future, mental illness, and overwhelming stress. Normal, predictable developmental crises of a child may add to such stress.^{18,19,26,34,38,49,52,53,55} Emotional availability is promoted by a host of other factors -e.g. parental sense of competence and efficacy, hope for the child's future, as well as social connectedness and sense of empowerment-that can be derived from community-based supports. (Social isolation and disempowerment are also risk factors for child abuse and neglect – extreme forms of parental emotional unavailability)^{25,32}.

Characteristics of Programs That Promote Caregiver Emotional

Availability: Programs that increase caregiver emotional ability to infants and young children by addressing these factors improve brain development and learning readiness^{45,46}. However, many programs targeting improved child development outcomes do not promote emotional availability (caregiver sensitivity, contingent responsiveness, attunement) and the factors such as social connectedness and empowerment that affect it. Instead they focus on providing information and 'teaching' parenting skills – also necessary, but insufficient for optimal child development.

In recent years, a number of parent support programs have incorporated developmental, relational and strengths-based strategies derived from the Touchpoints Approach, based on the work of T.B. Brazelton^{18,19}. When parents and care providers share observation and discovery of child behaviors and parent-child interactions, emotional availability is experienced and reinforced. This approach connects parents and professional providers through the co-construction of the meanings of a child's behavior, decreasing social isolation, increasing parents' understanding of their child, and promoting parental sense of competence. It also stabilizes mounting parental stress^{24,27} and increases emotional availability by offering anticipatory guidance on predictable developmental crises. When temporary regressions in a child's behavior are understood as normative, parents are empowered to see them as positive signs

of a child's healthy development that they can take credit for and continue to nurture.

Parent Engagement in Programs Offering Social Connectedness, Empowerment: Many parents feel threatened by and avoid basic educational, social and preventive healthcare services for their children, and themselves. Many do not engage in parent education programs that offer information and skills without also offering respectful, trusting, and inspiring relationships^{1,2,24,28,29,31,42,47,56}. When parents do attend, they may 'just go through the motions,' even providing the desired responses on 'fact'-based questionnaires, without increased emotional availability to their children.

Why? In part, because the unstated message of these programs may be that parents lack information and skills, and as a result, the competence and efficacy to influence their children's lives. The unintended consequence is to further undermine parental self-confidence and reinforce disenfranchisement. In turn, this interferes with parental emotional availability, as well as with their readiness to engage in systems of care.

Strengths-based, collaborative, rather than didactic approaches to engaging families such as Touchpoints can be inherently empowering because the locus of expertise is understood to reside in parents and their communities. Relationship-building strategies can be used to help parents connect to each other and other social supports, and also to create safety, trust, and hope in their relationships with providers. When parents perceive their relationships with professional caregivers (e.g., their children's child care providers) as positive and supportive, they experience less stress than their peers without such supports, and emotional availability increases as a result^{24,27}.

Professional Caregiver Emotional Availability to Children and Families: Within the child-focused professions, formal preparation for work with parents is often limited. Rarely is specific training offered on parent behavior and development. Most professionals working with families of young children are unprepared to engage parents in systems of care, to help them dare to hope and discover their motivation to participate, and to promote the qualities of parent-child interactions critical to brain development and early learning.

The emotional availability of professional caregivers^{24,46} allows them to model, understand, and sensitively interact with families in which emotional availability and the developmental processes that depend on it are threatened by overwhelming stress. Yet service providers to children and parents in pain or poverty are "at risk" for compassion fatigue, vicarious trauma, demoralization, and the loss of their own emotional availability^{28,42}. Professionals are rarely taught to protect themselves from these endemic outcomes, and the institutions that employ them rarely address these predictable challenges⁶. Ineffective service delivery is the widespread result - insensitive interactions with children,

judgmental and punitive interactions with parents. Strategies such as those employed by the Touchpoints Approach, based on established principles of adult education, group process, and reflective practice, can be incorporated into professional training as well as ongoing institutional operations^{1,2,7,30} to protect the emotional availability of “at risk” professional caregivers.

Collaboration among Systems of Care: Systems of care and service providers are generally not coordinated to address the full range of challenges that families confront⁴⁵. Most families with limited material resources face not one but multiple challenges. Parents must navigate several different systems of care in order to meet their children’s needs, and are likely to encounter a confusing range of approaches and underlying perspectives in the professionals and agencies that intend to serve them.

The obstacles to effective cross-sector coordination and collaboration are substantial, including client confidentiality and eligibility requirements, increasing specialization, and separate funding streams, but also conflicting institutional and professional cultures. Service providers are rarely trained, nor have they had significant experience in effective cross-sector collaboration and coordination. Approaches such as Touchpoints that provide a set of over-arching principles, and a common language across healthcare, early care and education, early intervention, and social services sectors can help multi-disciplinary providers to build relationships, identify common ground and shared goals, while mobilizing them to resolve conflicts. In communities where a common language among agencies is adopted that reflects the strengths and hopes of families, a coherent and seamless array of services can result. Participating parents are more likely to arrive at a sense of mastery and inclusion, rather than isolation.

Realigning Professional Caregivers and Their Institutions with the Strengths and Needs of the Families They Serve: Most systems of care arise from professional cultures rather than the cultures of those they serve, and often devolve into policies, procedures, and practices that are out-of-sync with family needs and strengths⁴⁵. The Touchpoints Approach builds on the inherent strengths that the vast majority of adults discover in themselves through the process of becoming parents – regardless of culture or circumstance, as well as on the parallel processes within professionals who devote their work to children. It rekindles providers’ dedication to their mission, realigning theirs with parents’. A focus on providers’ strengths and positive intent prepares them to re-examine their own deficit-focused practices and the negative assumptions that they are based on, as well as the biases that may prevent them from understanding and integrating the perspectives of the families they serve.

Culturally Adapted Programs: Many families facing poverty in the U.S. are nonwhite. Many are immigrants. Most were not raised in the same culture as those who design, implement, evaluate and fund programs intended to help them overcome poverty. Despite the best of intentions, programs initiated, designed,

and implemented without full and continuous input from the families that they are intended to serve are destined to be ineffective at best, and at worst, can cause further harm. The Touchpoints Approach is readily transformed by the cultures of the families and communities it serves since it is collaborative rather than prescriptive, emphasizes strengths rather than deficits, and relies on strategies explicitly designed to re-equilibrate the traditional power imbalance between service providers and program participants. Family engagement in systems of care depends on culturally informed professional practices⁸⁵. Service providers require ongoing training and professional development in order to become culturally informed and to confront their reluctance to give up power in order to empower those who live with poverty.

Child-rearing practices are largely cultural, and no one culture can claim superiority in its approach, or impose its beliefs on another without risking undermining essential effective practices^{38,47}. Parent 'education' can be a culturally presumptuous undertaking. The cultural origins of what is being 'taught' must be carefully examined, as should the consequences of positioning parents as 'students.' While useful information may be provided in parent education programs, the process of becoming a parent depends more critically on a larger set of experiences, conditions, and contexts that some parent support programs now also strive to promote and reinforce. The Touchpoints Approach, for example, builds on parents' experiential learning through observation of their children's behavior. The human infant brain has evolved to be attuned to parent behaviors that stimulate its elaboration^{43,46}. In turn, infants generate behaviors that elicit parental responses that further stimulate infant brain development. Interventions that incorporate careful observation of individual infant behavior and its contribution to parenting responses are more meaningful and compelling to parents, and more supportive of parental mastery than didactic, one-size-fits all informational ones.

Bolstering the Power of Attachment to Optimize Parent-Child Interactions:

The Touchpoints Approach aims at mobilizing parents' motivation and hope, arising from the pervasive biological processes of attachment, to support their children's health and development when adversity risks disempowering them. Evolved for the survival of the human species, attachment may be diminished or absent in settings where parent or child survival is threatened^{4,5,44}. Obstacles to parental emotional availability such as isolation, hopelessness, and disempowerment can be reduced by parent support programs that address urgent survival concerns. They can offer experiences providing the hope for the future and responsiveness to attachment processes that are necessary for emotional availability.

Integrating Developmental, Relational, Strengths-based, Collaborative, Culturally-Adapted Approaches: In some settings, parent 'education' programs are offered in lieu of other services addressing families' basic survival needs, without recognizing the critical role of the conditions and contexts in which

childrearing occurs. Approaches such as Touchpoints that promote parental engagement, empowerment, social connectedness and emotional availability are additive to but not a replacement for services that address the wide range of health, educational, nutritional, housing, legal, and other material needs of materially impoverished families. Yet such approaches are particularly effective for programs serving families living with poverty from minority cultures that have traditionally been considered 'hard-to-reach,' unlikely to engage, and have good reason to be skeptical and even suspicious of healthcare, educational, and social services.

Used in urban and rural settings, with peoples from a wide range of cultural and ethnic backgrounds, the Touchpoints Approach is appropriate for programs serving families of young children in early care and education, early intervention, healthcare, child welfare and social services sectors. Respectful, strengths-based, collaborative approaches such as Touchpoints reposition service providers on the same playing field as families. Providers find new self-understanding, humility, courage, and commitment needed to learn from the families they serve, and to align their goals, strengths, and needs with them.

Programs that have been most successful in incorporating Touchpoints principles and strategies into their systems of care and provider practice typically have many of the following features⁵⁸:

- (1) Buy-in from leadership and other critical stakeholders who serve as internal champions and early adopters;
- (2) Understanding that practice change and professional development require the support and reinforcement of systems changes in policies and procedures;
- (3) Understanding that professional practice is not changed or improved by one-shot trainings since adult learners require ongoing experiential opportunities to apply learning to practice, repeatedly examining their practice in order to continually improve it;
- (4) Adequate resources to support and coordinate professional development and systems change activities, as well as providers' educational activities and replacement coverage during these times for their professional services;
- (5) Programs seeking to build internal professional development and training capacity, existing staffing should include individuals with related skills to which the Touchpoints approach can be added;
- (6) Stand-alone or single-focus programs must recognize the need to prepare for coordination and collaboration with other service systems to attain the long term goal of a strong safety net of seamlessly articulated services synchronized with the strengths and needs of the communities and cultures they serve.

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REFERENCES

- ¹Easterbrooks, A., Copeman, A., Goldberg, J., Miranda-Julian, C., & Swartz, M. (2007). Supporting parent-child relationships in early care and education. Paper presented at the Society for Research in Child Development Biennial Conference, Boston, MA.
- ²Brandt, K. Napa public health study shows Touchpoints approach to healthcare is associated with better outcomes for infants and their parents. (Manuscript under review). *Clinical Pediatrics*.
- ³GRG (2003). Touchpoints training program: Compendium of evaluation activities.
- ⁴Nelson, E. (2004). Research supporting the Touchpoints principles.
- ⁵Percy, M., & McIntyre, L. (2001). Using Touchpoints to promote parental self-competence in low-income minority pregnant and parenting teen mothers. *Journal of Pediatric Nursing*, 16(3), 180-186.
- ⁶PRA (2002). Key findings of recent Touchpoints trainings: Training outcomes in the past year. Poster presentation.
- ⁷PRA (2003). Results from the Touchpoints Boston February 2003 community level training: Executive summary.
- ⁸Adelman, H. (1996). *Restructuring education support services: Toward the concept of the enabling component*. Ken, OH: American School Health Association.
- ⁹Arnett, J. (1989). Caregivers in day care centers: Does training matter? *Journal of Applied Developmental Psychology*, 10, 541-552.
- ¹⁰Bardige, B. (2005). *At a loss for words: How America's failing our children and what we can do about it*. Temple University Press.
- ¹¹Bowlby, J. (1988). *A secure base*. New York, NY: Basic Books.
- ¹²Bowlby, J. (1988). *Attachment & loss. Vol. III. Loss, sadness and depression*. London: The Hogarth Press and the Institute of Psychoanalysis.
- ¹³Beardslee, W., & Gladstone, T. (n.d.). Health prevention and promotion. Boston: Children's Hospital Boston.
- ¹⁴Bernstein, V., Percansky, C., & Wechsler, N. (1994). Strengthening families through strengthening relationships: The ounce of prevention fund developmental training and support program. In M. Roberts (Ed.), *Model programs in service delivery in child and family mental health*. Hillsdale, NJ: Erlbaum.
- ¹⁵Bigelow, A.E. (1999). Infants' sensitivity to imperfect contingency in social interaction. In P. Rochat (Ed.), *Early social cognition: Understanding others in the first months of life* (pp. 137-154). Mahwah, NJ: Lawrence Erlbaum Associates.
- ¹⁶Bornstein, M., & Bornstein, H. (1995). Caregivers responsiveness and cognitive development in infants and toddlers: Theory and Research. In P.L. Mangione (Ed.), *Infant-toddler caregiving: A guide to cognitive development and learning*. Sacramento: CDE Press.
- ¹⁷Bornstein, M.H., & Tamis-LeMonda, C.S. (1997). Maternal responsiveness and infant mental abilities: Specific predictive relations. *Infant Behavior and Development*, 20, 283-296.

- ¹⁸Brazelton, T.B. (1999). How to help parents of young children: The Touchpoints model. *Journal of Perinatology Supplement*, 19, 6-8.
- ¹⁹Brazelton, T.B. (2006). *Touchpoints: Your child's emotional and behavioral development*. 2nd Edition. Cambridge, MA: Da Capo.
- ²⁰Bronfenbrenner, Uri (2004). *Making human beings human: bioecological perspectives on human development*. Thousand Oaks, CA. Sage
- ²¹Bush, G., Luu, P. & Posner, M.I. (2000). Cognitive and emotional influences in the anterior cingulate cortex. *Trends in Cognitive Science*, 4, 215-222.
- ²²Campos, J.J., Frankel, C.B., & Camras, L. (2004). On the nature of emotion regulation. *Child Development*, 75, 377-394.
- ²³Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. In N.A. Fox (Ed.), *The development of emotion regulation and dysregulation: Biological and behavioral aspects. Monographs of the Society for Research in Child Development*, 59(2-3), 228-249 Serial no. 240).
- ²⁴Copeman, A., Julian, M., Goldberg, J., et al. (2007). Associations among childcare provider characteristics, parent-provider relationships, and parent anxiety. Poster presented at Society for Research in Child Development, Boston, MA.
- ²⁵Daro, D., Jones, E., & McCurdy, K. (1993). *Preventing child abuse: An evaluation of services to high-risk families*. Philadelphia:William Penn Foundation.
- ²⁶Dawson, G., Ashman, S.B., Panagiotides, H., et al. (2003). Preschool outcomes of children of depressed mothers: Role of maternal behavior, contextual risk, and children's brain activity. *Child Development*, 74, 1158-1175.
- ²⁷Easterbrooks, A., Copeman, A., Goldberg, J., Miranda-Julian, C., & Swartz, M. (2007). Supporting parent-child relationships in early care and education. Paper presented at the Society for Research in Child Development Biennial Conference, Boston, MA.
- ²⁸Edelwich, J., & Brodsky, A. (1980). *Burn-out: Stages of disillusionment in the helping professions*. New York: Human Sciences Press.
- ²⁹Fagan, J. (1995b). Correlates of maternal involvement in on-site and off-site day care centers. *Child & Youth Care Forum*, 23, 275-290.
- ³⁰Fenichel, E. (1992). *Learning through supervision and mentorship to support the development of infants, toddlers and their families: A source book*. Arlington, VA: Zero to Three/National Center for Clinical Infant Programs.
- ³¹Galinsky, E. (1990). Why are some parent-teacher partnerships clouded with difficulties? *Young Children*, 45, 2-39.
- ³²Guterman, N. (2000). *Stopping child maltreatment before it starts*. Thousand Oaks, CA: Sage Press.
- ³³Hans, S.L. (1989). Parenting and parent-child relationships in families affected by substance abuse. In H.E. Fitzgerald, B.M. Lester, & R. Zucker (Eds.), *Children of addiction*, (pp. 45-68). New York: Routledge Palmer.
- ³⁴Henderson, A., & Berla, N. (1994). *A new generation of evidence: The family is critical to student achievement*. Washington, DC: Center for Law & Education.

- ³⁵Huttenlocher, P.R., & Dabholkar, A.S. (1997). Regional differences in synaptogenesis in human cerebral cortex. *Journal of Comparative Neurology*, 387, 167-178.
- ³⁶Kirsch, S.J., Crnic, K.A., & Greenberg, M.T. (1995). Relations between parent-child affect and synchrony and cognitive outcome at 5 years of age. *Personal Relationships*, 2, 187-198.
- ³⁷Levine, R. (1994). *Childcare & culture: Lessons from Africa*. Cambridge, MA: Cambridge University Press.
- ³⁸Murray, L., Cooper, P., Hipwell, A. (2003). Mental health of parents caring for infants. *Archives of Women's Mental Health*, 6, 71-77.
- ³⁹Osofsky, J.D. (2004) *Young children and trauma: Intervention and treatment*. New York: Guilford Press.
- ⁴⁰Nelson, C.A. (2000). Neural plasticity and human development: The role of early experience in sculpting memory systems. *Developmental Science*, 3, 115-136.
- ⁴¹Nelson, C.A. & Bloom, F.E. (1997). Child development and neuroscience. *Child Development*, 68(5), 983.
- ⁴²Platt, J.M., & Olsen, J. (1990). Why teachers are leaving special education. *Teacher Education and Special Education*, 13, 192-196.
- ⁴³Posner, M.I., & Rothbart, M.K. (2000). Developing mechanisms of self-regulation. *Development and Psychopathology*, 12, 427-441.
- ⁴⁴Scheper-Hughes, N. (1992). *Death without weeping: The violence of everyday violence in Brazil*. CA: University of California Press.
- ⁴⁵Schorr, L. & Schorr, D. (1985). *Within our reach*. New York: Anchor Press/Doubleday.
- ⁴⁶Shonkoff, J., & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academies Press.
- ⁴⁷Shpancer, N. (1999). Caregiver-parent relations in daycare: Testing the buffer hypothesis. *Early Child Development and Care*, 156, 1-14.
- ⁴⁸Spangler, G., Schieche, M., Ilg, U., Maier, U., & Ackermann, C. (1994). Maternal sensitivity as an external organizer for biobehavioral regulation in infancy. *Developmental Psychobiology*, 27, 425-437.
- ⁴⁹Sparrow, J.D.(2007). Understanding stress in children. *Pediatric Annals*, 36(4), 187-194.
- ⁵⁰Spitz, René (2002). *De la naissance à la parole : la première année de la vie*. Paris : Presses Universitaires de France.
- ⁵¹Sroufe, L.A. (1983). Infant-caregiver attachment and patterns of adaptation in preschool: The roots of maladaptation and competence. In M. Perlmutter (Ed.), *Minnesota Symposium on Child Psychology*, 16 (pp. 41-81). Hillsdale, NJ: Erlbaum.
- ⁵²Tronick, E.Z., Cohn, J., & Shea, E. (1986). The transfer of affect between mothers and infants: In T.B. Brazelton & M.W. Yogman (Eds.), *Affective Development in Infancy*. Norwood, NJ: Ablex.

⁵³Tronick, E.Z. & Weinberg, M.K. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. In L Murray, & P. Cooper (Eds.), *Post partum depression and child development*. New York: Guilford Press.

⁵⁴Winnicott, D.W. (1992) *The child, the family, and the outside world*. Cambridge, (MA): Perseus Publishing.

⁵⁵Yellow Horse Brave Heart, M. & DeBruyn, L.M. (1998). The American Indian holocaust: Healing historical unresolved grief. *Indian & Alaska Native Mental Health Research*, 8(2), 60-82.

⁵⁶Zigler, E.F. & Turner, P. (1982). Parents and day care workers: A failed partnership? In E.F. Zigler & E.W. Gordon (Eds.), *Day care: Scientific and social policy issues* (pp 174-182). Boston: Auburn House.

⁵⁷Zigler, E.F., Finn-Stevenson, M., & Hall, N.W. (2002). *The first three years and beyond: Brain and development and social policy*. New Haven, CT: Yale University Press.

⁵⁸Schore, A.N. (2005). Attachment, affect regulation and the developing right brain: Linking developmental neuroscience to pediatrics. *Pediatrics in Review*, 26(6), 204-217.