

Raising Healthy Children: Helping Families Support Their Children's Development

A section in the January/February 2011 special issue of *Child Development* on Raising Healthy Children features articles that highlight ways parents can help their children's development through more positive patterns of everyday interactions. The research shows that everyday interactions matter to children's development, and that interventions can strengthen parents' interactions with their children, a finding that holds across families with children of different ages, families of different cultural backgrounds, and those facing specific challenges.

What Does The Research Tell Us?

Routine interactions between parents and children can support healthy development. In a recent study of children with persistent asthma (5-12yrs), when family members were more engaged with each other and demonstrated an interest in daily events during mealtime, child asthma symptoms were less likely to be severe and adherence to the medical regimen was greater. When mealtimes were characterized by more distractions (e.g., answering the phone), children's asthma symptoms were more pronounced.⁴ Interactions with parents can help children understand and respond to influences outside the family. For example, educational television addressed to very young children can miss the mark without active co-viewing and discussion with parents. Without such help, children from birth to 3yrs may not connect the on-screen images with the real world, and children from 3-6yrs may dismiss content as unreliable. TV that is on in the background, unlike co-viewing with discussion, diminishes both the quality and quantity of parent-child interaction.⁷ Another study of middle school children and their parents found that when parents more strongly supported nonviolent solutions to conflict and were more actively involved in and monitored their children's daily lives, the children engaged in less physical aggression, whereas greater parental support for fighting was associated with more physical aggression. Greater support for nonviolent methods and parental involvement also attenuated negative external influences on aggression, such as delinquent peer associations, though patterns differed for boys and girls.³

Parents' mental health matters to children's development. A study in the special issue confirmed previous research in showing that children (ages 7-17) of depressed parents had higher levels of depressive symptoms and lower functioning across multiple domains. However, in addition, *changes* in parents' depressive symptoms were found to predict *changes* in children's symptoms. Decreases in parents' depressive symptoms were associated with improvement in parental support and acceptance, and with decreases in children's symptoms.⁵

Interventions can enhance effective parenting practices among diverse families. Parenting interventions that are not culturally informed may not be as effective in engaging ethnic minority families. *ParentCorps* was designed to promote effective parenting practices among ethnically diverse families with pre-kindergarten children from disadvantaged, urban communities. Parent groups led by mental health professionals and co-facilitated by school staff focused on specific parenting issues, and concurrent groups for children had related content. A randomized control trial found that the intervention improved parenting practices and reduced teacher ratings of child behavior problems. Effects were similar for Black and Latino families.²

Interventions that also connect families to community resources may provide additional needed supports for multi-risk families. Child FIRST is a rigorously-evaluated intervention that aimed to support multi-risk families with very young children (6 months-3 years). Through weekly home visits, a clinical team worked with each family to develop a plan for integrated supports and facilitated family engagement in community services. A parent-child psychotherapeutic and psychoeducational approach helped parents reflect on their own and their children's motivations, feelings, and behaviors, with a goal of facilitating positive interactions. Child FIRST was effective at increasing family access to a range of community-based services, had positive effects on child language and behavior, and reduced parenting stress, mental health symptoms and suspected child abuse and neglect. Families in Child First were less likely to be involved with Child Protective Services 3 years after enrollment.⁶

Increased parental involvement can diminish young adolescents' antisocial behavior and substance use. The structure of middle schools poses challenges by decreasing parent-teacher communication and increasing the range of peer influences. In early adolescence, decreases in parental monitoring and increases in unsupervised time can also pose challenges. The EcoFIT

What Does The Research Tell Us? (continued)

intervention aimed to strengthen parental involvement with 11-13 year olds in economically and ethnically diverse populations through an intervention carried out in public middle schools. All families had access to a family resource center at school. Families needing additional resources received information about their families from “Family Check Up” observations and interviews, and participated in an intervention motivating parents to improve parenting practices, with further follow-up supports available. An evaluation showed that while at-risk behaviors increased for middle school youth overall, youth whose families participated in the intervention showed less growth in antisocial behavior and substance use.⁸

Helping families overcome severe stressors may be especially critical to ensuring healthy development.

Several studies in the special issue focus on families facing challenges. In one study, mothers who had been physically abused as children were 19% more likely to have children who had been victimized by 26 months. Mothers with a history of physical abuse were more likely

to report social isolation and to respond aggressively to ambiguous social situations, both of which helped to explain the greater likelihood of their child's victimization.¹ A further study focused on an intervention aimed at supporting families (with children of 2-7 years) who had been referred by child protection or were at high risk of maltreatment. The intervention, called Parent-Child Interaction Therapy (PCIT), coached parents to use more praise, provide reflections for their children's behaviors and emotions, and to diminish criticism and the use of frequent commands. A randomized control trial of PCIT showed improvements in observed parenting behavior, decreases in parents' stress and in parents' reports of child behavior problems. Parents in the treatment group were also assessed as showing less potential for abuse.⁹ A further intervention aimed to improve the quality of the relationship between mothers and their 9- to 12-year-olds following divorce. A rigorous evaluation found positive impacts on relationship quality, which in turn helped to explain improvement in the children's sense of efficacy in coping with challenging situations 6 months and 6 years after the program, and use of adaptive coping strategies after 6 years.¹⁰

Implications for Policy and Practice

Policymakers and practitioners can support parents in developing more effective parenting skills by drawing upon approaches that have been tested and shown to be effective and that are aligned with families' cultural and community contexts. Such programs aim to increase positive parent-child interactions while:

- *Focusing on different age ranges.* For very young children, programs help parents to understand and be responsive to their children's cues. As children grow older and face new challenges, programs add a focus on helping parents stay involved in their children's lives and monitor child activities. In both age ranges, what parents do at home can help children understand and respond to outside influences from the media and peers.
- *Integrating resources for families into their everyday lives* to support parents in the settings they and their children participate in regularly.
- *Providing more intensive supports for families facing specific challenges*, such as a history of abuse, parental depression or divorce.

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This special issue is introduced with an overview and synthesis by the co-editors, Nancy G. Guerra, Sandra Graham and Patrick H. Tolan. All *Child Development* papers are available online at www.wileyonlinelibrary.com/journal/cdev.

Raising Healthy Children: Strengthening Children's Development in Early Childhood and School Settings

Early childhood settings and schools play an important role in raising healthy children. The research summarized in this section of the January/February special issue of *Child Development* on Raising Healthy Children identifies a number of program approaches for early childhood and school settings that strengthen not only children's social and emotional development but also their learning. Specific programs are also effective at addressing such serious problems as bullying and conduct disorder.

What Does The Research Tell Us?

Social and Emotional Learning (SEL) programs implemented in schools show overall evidence of supporting children's social and emotional development as well as learning. Because SEL programs are now common in schools it is important to document their effects. A meta-analysis reported on in the special issue of *Child Development* focused on 213 studies of school-wide SEL programs for students in kindergarten through high school. Results indicate that, overall, SEL program participants showed more social and emotional skills, positive attitudes toward self and others, and positive social behavior. Participants in SEL programs also showed lower levels of conduct problems and emotional distress. When school staff implemented these interventions, students also showed improved achievement test scores and grades. Program effects were stronger when programs had specific features (sequenced activities, active learning, a focus on social and emotional skills, and targeting of specific skills), and did not have implementation problems.²

Preschool programs that emphasize social-emotional development can help children develop academic skills as well. For example, the Chicago School Readiness Project (CSRP) is a classroom-based intervention implemented in Head Start classrooms that aimed at supporting the development of children's self-regulation (ability to modulate their attention and impulsivity). The intervention focused on providing teachers with strategies to improve classroom management through training and classroom-based consultation by a mental health consultant, who also worked with teachers on their own stress. In a randomized controlled trial, CSRP preschoolers showed greater gains than children in the control group not only in self-regulation but also in receptive vocabulary, letter naming and early math skills, even though the intervention did not explicitly focus on pre-academic skills. The findings indicate that by supporting children's

self-regulation, CSRP also contributed to their learning.⁷

A strong emphasis on family engagement can be effectively integrated into public preschool and elementary school programs. For example, the Chicago Public Schools Child-Parent Center (CPC) Education Program provides educational and family-support services to low-income families with children ages 3-9. In early childhood, the classroom-based intervention emphasized language and math skills. The program also involved a strong family outreach component, engaging parents in classroom and school events, and providing services such as home visitation. Participation during preschool was associated in K-12 with lower rates of grade retention, special education, child maltreatment, out of home placement and juvenile arrest. Effects for young adult outcomes were found for such outcomes as higher educational attainment and lower rates of incarceration. Cost-benefit analyses with outcomes through age 26 indicate that CPC participation during preschool was associated with a return of \$10.83 per dollar invested. The economic benefits of the school-age component and extended participation was smaller than for preschool but still sizeable (a return of \$3.97 and \$8.24 per dollar invested respectively).⁸

School-based mentoring and engagement in community projects can have positive effects. Big Brothers/Big Sisters school-based mentoring program matches at-risk youth (6-18yrs) with volunteer mentors, often from local businesses or high schools. Mentors are asked to meet with the youth at least weekly. In a randomized controlled trial, at the end of one school year, teachers reported small gains in academic performance for mentored youth, who themselves reported improvements in their academic abilities and greater likelihood of having a special adult in their lives. While academic gains were not sustained into the second school year, mentored youth continued to be more likely to report having a relationship with a caring adult.⁴

What Does The Research Tell Us? (continued)

Enriching, extra-curricular experiences can help adolescents develop skills in “agency,” or the ability to work systematically towards goals. In a descriptive study, ethnically diverse youth (13-21yrs) participating in arts and leadership programs reported that they learned specific skills about working towards goals, such as mobilizing and regulating their effort, organizing the tasks in their projects, and strategic thinking. A majority of youth reported that these skills transferred to other contexts, such as completing schoolwork.⁶

Specific school-based programs can also be effective at addressing serious behavior problems.

Bullying has become a pervasive problem in schools. In a study with 5th, 8th and 11th graders, students revealed in focus groups that they viewed some amount of bullying as an expected part of peer interactions and tended to perceive the targets of bullying as having low self-esteem. Normative beliefs supporting bullying and low self-esteem emerged in surveys as the strongest predictors of reported increases in bullying and victimization respectively.³ KiVa, a national school-based anti-bullying intervention in Finland, aims to increase empathy, self-efficacy and antibullying attitudes in onlookers so they support the victim instead of

encouraging the bully. Students in grades 4-6 receive 20 hours of interactive lessons with these goals and individual cases of bullying are addressed by teams of teachers. A randomized control trial indicated that after 9 months of intervention, students in KiVa schools were less often victimized, and reported that they bullied other students less and assisted and reinforced bullies less.⁵ Fast Track is an early intervention program to prevent serious adolescent violence, based in emerging science of how violence develops across the lifespan. Screening in kindergarten (teacher ratings and parent reports of aggressive behavior) identified 891 highest-risk children, who were then randomly assigned to receive the Fast Track intervention or not. Intervention families received an integrated system of parent training, home visits, tutoring, peer coaching, and social cognitive skills training across a ten year period. Follow-up at the end of high school, two years after the intervention ended, revealed that among the highest-risk sub-group, those children who had been assigned to receive the intervention were only half as likely to be diagnosed with psychiatric conduct disorder. This study demonstrates that high-risk children are not destined to lives of serious violence and that early intervention can deflect the trajectory of their development.¹

Implications for Policy and Practice

Policymakers and practitioners can work to implement evidence-based programs that focus on children’s social and emotional learning and development. Rigorous studies indicate that:

- Social and emotional learning programs that are appropriate to diverse communities and varying age ranges can improve social and emotional development as well as academic performance.
- Programs aimed at strengthening specific social and emotional skills can reduce bullying and diminish the likelihood of serious behavior problems among high-risk students.
- There may be significant savings to society with the implementation of specific early childhood and school-based approaches, as recent cost-benefit analyses are beginning to show.

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Raising Healthy Children: Work Roles & Children's Development

A section in the January/February 2011 special issue of *Child Development* on Raising Healthy Children features articles that focus on work roles and how they can affect children's development. The evidence indicates that children respond to supportive caregiving both at home and in early care and education or school-age care, and show the most positive development when they receive supportive care in both settings. Employed mothers can bring important resources into the family and can serve as positive role models for children's own eventual employment as adults. At the same time, employed mothers may need help in supporting children's positive eating and physical activity. As they grow older, teenagers also seek employment roles, and the hours that they devote to being employed matter.

What Does The Research Tell Us?

Raising healthy children is more likely when both home and child care environments are supportive.

Positive home and child care environments are both important to children's development. A body of research shows that high quality home environments play a clear protective role in children's healthy social-emotional behavior.⁶ For example, a study involving three generations reported on in the special issue found that emotional investments in parenting (including enjoyment of parenting, monitoring, consistent discipline and observed warmth) predicted positive personality characteristics in adolescent children in a first set of parent-child relationships. When the adolescents became parents, their emotional investment in parenting, in turn, predicted the adaptive functioning of their children.⁵ A study in the special issue of *Child Development* that considered the joint influences of the quality of the home and child care environments using data from the NICHD Study of Early Care and Youth Development, found that children who experience the "double jeopardy" of poor quality home and child care environments showed the highest levels of mother-reported problem behavior and the lowest levels of prosocial behavior. However, high quality child care environments served a compensatory role for children from poor quality home environments. Mothers of children with this combination of experiences did not rate their children as showing poorer social-emotional development.⁶

Employed mothers can bring important resources to the family and model employment roles. An employment-based antipoverty program, New Hope, implemented and evaluated in Wisconsin as an

alternative to public welfare and designed to be replicable as public policy, provided income supplements that helped raise incomes above the poverty level when parents worked at least 30 hours per week, and also provided such benefits as child care assistance and health insurance. Resources provided to families for their children led to increased participation in before/after-school programs and other structured activities. A rigorous evaluation of the children and families participating in New Hope has followed the children at different points in time. The study reported on in the special issue reports on the development of the children 8 years after the three-year program enrollment (and five years after their parents concluded participation), when the children were 9-19 years old. The study found that youth in New Hope families were more involved in career and employment preparation, were less cynical about work, and worked for longer periods during the school year (though not for more hours per week). The pattern of positive effects were particularly pronounced for African American youth.¹ These findings suggest long-term, positive impact from providing families with a combination of income supports, supplemental work support resources and access to child care and structured activities for children. Parents may serve as role models in the workforce when work helps to achieve economic self-sufficiency. Alternatively (or in addition), children's participation in structured activities outside of home and school may play a positive role.

Yet at the same time, maternal employment appears to be related to weight gain in children. A study in the special issue using data from the NICHD Study of Early Child Care and Youth Development reports an

What Does The Research Tell Us? (continued)

association between the duration of time mothers are employed and their school-age children's body mass index (BMI). Mothers' entry into employment was more strongly associated with the likelihood of being overweight for 5th and 6th graders than for younger children. No significant association was found between mothers' nonstandard work hours and children's BMI. Counter to expectations, associations were not explained by the amount of time children watched TV, their physical activity, maternal depression, or time unsupervised.³ The researchers note that older children with employed mothers may make more independent, and perhaps poorer, choices relating to meals and snacks. There may be a need to help working families support their children's healthy eating and physical activity.

Employment roles for teens also affect development.

In a study reported on in the special issue, high school students in grades 10 or 11 who became employed for more than 20 hours a week showed lower school engagement and higher levels of problem behaviors, especially when they transitioned from no earlier employment to intensive hours of employment during the school year, compared to youth who were remained nonemployed.² Moderate hours of employment (20 or fewer hours per week) did not seem to affect teens negatively. While this pattern has been identified in previous research, more rigorous research methods help to confirm that this pattern is not a reflection of the characteristics of the youth who become employed more than 20 hours a week. Instead, the outcomes appear to reflect the influences of more intensive employment.

Implications for Policy and Practice

Policymakers and practitioners can support healthy development in families with employed parents and teenagers by expanding the implementation of evidence-based programs that:

- Support positive interactions of children *both* with their parents and with caregivers in early care and education.
- Use income supplements and work supports to bring family income above the poverty level and that expose children to positive after-school programs and activities when parents work full time.
- Monitor and limit the number of hours adolescents work during the school year to 20 or fewer hours per week.
- Consider ways that healthy eating and physical activity interventions for children can take into account the specific needs of families in which the mother is employed.

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