

The Parent-Child Dyad in the Context of Child Development and Child Health

The Illinois
ACEs Response
Collaborative

Health & Medicine
POLICY RESEARCH GROUP

Introduction

From the commitment to ensure all children have the support they need to grow up healthy, researchers, public health, and public policy advocates have deepened our search for the factors that affect child health. This search has revealed that old definitions of adversity from child welfare systems were too narrow, previously focusing mostly on overt child abuse and trauma. As we have learned about the huge negative impact on children from factors such as poverty, food and housing insecurity, and community violence, we have realized that the scope of childhood adversity is much deeper and more challenging to address than previously thought.

As child health experts turn more toward child development, and away from specific incidents of trauma, the focus turns toward the family.² Increasingly we recognize the impact of the critical early relationship between the child and their primary caregiver (often called the parent-child dyad).

This BRIEF will review current research on the importance of the parent-child dyad in child development and child health, identify key experts, and point to program priorities to support the health of the whole child.

Background

Before evaluating current research, it is helpful to review historical trends. The occurrence of child abuse, neglect, and abandonment has been recognized for many centuries. Informal arrangements to take orphans and neglected children off the streets turned into the more formal

arrangements of orphanages, which evolved into formal child welfare systems, foster care, and adoptions. In some cases, there literally was no family, and the church or the state stepped in to provide care for the child. In many cases however, including today, the parent or family exists but does not have the means, the mental health, or the skills to provide for the child.

Another unhappy fact about the child welfare story is that just removing a child from a neglectful home and placing them in a safe, loving foster family does not necessarily result in a good outcome. By the time that a child is relocated, they may have endured significant developmental trauma, and the foster or adoptive parents may be unprepared for the tumult that may come with placement.

Additionally, researchers have found that the parent who is cast in the role of neglectful or abusive parent most likely has had a traumatic and disrupted childhood themselves. Repeated disruption of the family relationships, taking the child out of the family and placing them elsewhere, and placing them in foster families or centers which are unprepared to meet their many needs, only perpetuates the cycle of intergenerational trauma.

These observations have led many researchers and child health advocates to evolve to a new approach: focusing on support of the vulnerable parent and, if at all possible, helping to maintain the parent-child dyad.

Definitions

Parent-child dyad refers to the pairing of a child with their primary caregiver. Often this caregiver is the child's mother, but the caregiver could be any person

who assumes a consistent role of daily care over an extended period with a developing child.

Recognition of the importance of the parent-child dyad is based on three concepts:

- 1) Neurodevelopment, 2) Attachment, and 3) Attunement.**

Neurodevelopment refers primarily to the development of the brain and regulatory nervous system of the fetus, newborn, and young child and continues all the way to age 24. At birth, the human brain is relatively undeveloped and requires repeated, focused interaction with a consistent adult to develop emotional, behavioral, and cognitive abilities and a physiologic foundation for health and wellness.

Attachment is the emotional bond that forms between the infant and caregiver. Attachment between people can occur at any time during life and is a major source of personal fulfillment. With regard to child development, attachment applies mostly to the emotional bond within the parent-child dyad. Attachment Theory was first championed in the 1960's by British Child Psychiatrist John Bowlby, MD and American-Canadian psychologist Mary Ainsworth, PhD. Bowlby's work not only changed ideas about child development but led to a major change in medical practice, so that for example, rather than being excluded, parents are encouraged to stay with their children if hospitalized.

Attunement is the feeling of harmony between parent and child. Since the infant-child's brain and capabilities are undeveloped, responsibility for successful attunement in the parent-child dyad rests with the parent-caregiver. The caregiver must be cognitively and/or emotionally available and willing to notice and respond to the infant-child's needs, have resources to respond with comfort (food, dry clothes, physical connection, etc.), and act to meet the infant-child's needs.



Source: Harvard Center on the Developing Child

Current Research and Key Experts

Jack Shonkoff, MD and the Harvard Center on the Developing Child

www.developingchild.harvard.edu

The Center on the Developing Child at Harvard University was established in 2006 by Developmental Pediatrician and Educator Jack P. Shonkoff, MD. The Center's founding mission was to generate, translate and apply scientific knowledge that would close the gap between what is known and what can be done to improve the lives of children facing adversity.

As neuroscience research progressed, the science of early childhood development grew. This growing science highlights the critical role of stable, responsive, nurturing parent-child relationships for healthy brain development.

From 2012-2015, Shonkoff and the Harvard Center made a shift in their focus: away from a primary focus on the individual child to a broader appreciation of the role of the parent-child dyad, its dynamic relationship with the rest of human ecology, and support for vulnerable families.³

Current chair of the National Scientific Council on the Developing Child and Chair of a blue-ribbon committee within the National Academy of Sciences, Shonkoff has championed an "integrated scientific framework" for child development that focuses the child within the family.

The Harvard Center’s recommendations to support child health are as follows:

1. Build caregiver skills (particularly through home visits to vulnerable families)
2. Match interventions to sources of significant stress (poverty, violence, discrimination)
3. Support the health and nutrition of children and mothers before, during, and after pregnancy
4. Improve the quality of the broader caregiving environment
5. Establish clear goals and appropriately targeted curricula

Specific “breakthrough” practices championed by the Harvard Center are discussed below.

“At a time when the discourse around early childhood investments is dominated by debates over preschool for four year olds, the biological sciences cry out for attending to a missing niche – new strategies in the prenatal-to-three period for families facing adversity.”

From Best Practices to Breakthrough Impacts, Center on the Developing Child. 2016

Bruce Perry, MD, PhD and the Neuro-Sequential Model of Therapeutics (NMT)

www.childtrauma.org

Based in the Child Trauma Academy in Houston, Texas, neuroscientist and child psychiatrist Dr. Perry and his team have created a “developmentally-informed, biologically-respectful” approach to child assessment and treatment. Dr. Perry’s research has revealed that the brain develops sequentially “from the bottom up”—from the regulatory functions of the brainstem, to the emotional centers of the midbrain, to the cognitive functions of the cortex. Complex brain networks are built on simpler circuits, with increasingly complex skills emerging over time.

Successful neurodevelopment requires consistent nurture and positive interaction within the parent-child dyad relationship. When a child babbles or reaches out and the parent responds, neural connections are built and strengthened within the

child’s brain. This research highlights the need for consistent, stable, reliable parenting as the infant-child brain and regulatory systems develop.

The Neurosequential Model of Therapeutics (NMT) is not a specific therapeutic technique or intervention; it is a way to organize a child’s history and current functioning. The goal of NMT is to structure assessment of a child, the articulation of the primary problems, identification of key strengths, and the application of interventions (educational, enrichment, and therapeutic) in a way that will help family, educators, and therapists to best meet the needs of the child.

Over 2,500 psychologists, social workers, therapists, and physicians from the U.S., Canada, Australia, and Europe have been trained in NMT with 35,000 infant-child evaluations.

Child-Parent Psychotherapy, Attachment & Trauma Network

<https://www.attachmenttraumanetwork.org>

Founded in 1995, the Attachment & Trauma Network’s Child-Parent Psychotherapy program seeks to improve the lives of children impacted by early childhood trauma, abuse and neglect, and prenatal exposures. The Network believes that trauma-informed, attachment-focused therapy and teaching parents therapeutic parenting strategies are significant factors in helping children overcome their early traumas and build resiliency and healthy relationships.

Child-Parent Psychotherapy (CPP) is an intervention for families with children from birth through age five who have experienced traumatic events and, as a result, are experiencing behavior, attachment, and/or mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child’s sense of safety, attachment, and appropriate affect and improving the child’s cognitive, behavioral, and social functioning.

Therapeutic Parenting is the term used to describe the type of high structure/high nurture intentional parenting that fosters the feelings of safety and

connectedness so that a traumatized child can begin to heal and attach.

Edward Tronick, PhD, University of Massachusetts

In the 1970's, psychologist Dr. Tronick made a huge contribution to understanding the parent-child dyad by developing the Still-Face Paradigm. The Still-Face video protocol demonstrated the importance of parent-child interaction in infant learning.

In this protocol, a parent and infant first have normal back-and-forth interaction. In the second phase, the parent shows a blank "still" face to the infant – not interacting. Within a few seconds without parent interaction, the infant becomes distressed, crying and making repeated attempts to get the parent to respond. If there is no response from the parent, after a few minutes, the infant is observed to turn away from the parent and withdraw from interaction.

In the third phase of the protocol, the parent resumes normal interaction. The ability of the infant to re-connect with the parent as well as down-regulation of the child's distress is observed. The Still-Face Paradigm appears to model what happens during infant learning and emotional regulation if the parent is unable to interact with the infant (modeling the impact of neglect).

Dr. Tronick continues to do research on the many facets of the parent-child dyad, most recently studying the effects of maternal depression on infant and child social and emotional development.

Kristie Brandt, CNM, DNP, Parent-Infant and Child Institute (Napa, California)

Early childhood mental health expert Dr. Brandt developed the first Therapeutic Child Care Center of its kind in the country, providing full-day services for high-risk children with parents with special needs in recovery, mental health, or Child Protective Services and has collaborated with T. Berry Bracelton to develop Touchpoints, a set of values, principles, and practices that guide the work of the providers and caregivers involved in children's lives so that parents can provide the care and support children need to be healthy and ready to learn. Dr. Brandt's areas of expertise include the parent-child

interaction and lifelong implications of early care and relationships on the health of the child, the parents, and the community.

The Parent-Infant and Child Institute provides an intensive, interdisciplinary training and mentoring program for professionals who work with families with children ages zero to five. The program is based on the principle that the milieu of development is the milieu of family and relationships since: "This is where development happens moment-by-moment, day-by-day. It is also where development becomes derailed."

Best Practice Programs for the Parent-Child Dyad: Select Examples

- Parenting Education and Home Visiting Programs
- Alternative Child-Centered Courtroom Practices
- Early Intervention Foster and Adoptive Parent Education

Parenting Education and Home Visiting Programs:

Nurse Family Partnership—Perinatal Home Visiting (National)

The Partnership is the program most cited for improving maternal and child outcomes. It provides home visiting services for mothers, infants, and families from a mother's pregnancy through her child's infancy. Services help encourage supportive family environments and economic stability, provide health education to reduce prenatal smoking and alcohol use, and improve prenatal care access and utilization. Randomized controlled trials of these services showed a decrease in abuse and injury and improvement in cognitive and socioemotional outcomes in children, reduction in mothers' subsequent births during their late teens and early twenties, and reduction in prenatal smoking among mothers who smoked at the start of the evaluation.² Similar home visiting programs, like *Altgeld Gardens Doula/Home Visiting Program*, *HANDS*, and *Child First*, have been implemented locally and/or around the U.S. to provide family support as

well as to reduce abuse and neglect during early development.⁴

Baby TALK (Illinois)

www.babytalk.org

Baby Talk's mission is to positively impact child development and nurture healthy parent-child relationships during the critical early years. Baby Talk provides home visitation, case management, Early Head Start, Universal Screening at hospital obstetrics units, and coordinates alternative school for mothers who are teens.

Triple P: Positive Parenting Program (International)

<http://www.triplep.net/>

Triple P is one of the most effective evidence-based parenting programs in the world, backed by more than 35 years of ongoing research. Currently used in more than 25 countries, and shown to work across cultures, socio-economic groups, and different kinds of family structures, Triple P estimates they have reached four million children.

Triple P is based on the principle of the parent-child dyad, within the family structure, and within the community and culture. Triple P offers extensive on-line resources for parents plus brief one-day seminars, private sessions, and more extensive parent training. Triple P has a rigorous training program for credentialed staff.

A newcomer to Chicago, Triple P is currently in use at the Chicago Children's Advocacy Center (CAC) (www.chicagocac.org), which provides front-line response to reports of child sexual abuse. Through Dr. Marjorie Fujara, the CAC is also hosting Triple P training of other practitioners and agencies. The Department of Pediatrics at the Cook County Health and Hospitals System and other agencies around Chicago are beginning to implement Triple P as well.

Parent Empowerment Program – Childserv (Chicago)

www.childserv.org

The Parent Empowerment Program serves 300 families in an early childhood education home-visit program. Their Parents As Teachers (PAT) curriculum and model empowers parents to be their child's first teacher. Childserv's home visits occur

twice a month for most families and they focus on three areas of emphasis: parent-child interaction, development-based parenting, and family wellbeing.

Parenting Fundamentals - Metropolitan Family Services (Chicago)

www.metrofamily.org

Through parenting classes and home visits, Parenting Fundamentals provides parents with tools and skills to build success - including how to connect with their children, provide effective discipline, support success at school and parent self-care. Home Visits allow parent educators to address deeper issues and give parents feedback after observation of parent-child interaction in the home.

Strengthening Families Illinois

www.strengtheningfamiliesillinois.org/index.php/

Strengthening Families is a statewide movement to keep families strong through six Protective Factors: parental resilience, social connections, knowledge of parenting and child development, concrete support, social and emotional strength, and healthy parent-child relationships.

The Theraplay Institute (Illinois)

www.theraplay.org

Theraplay offers child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay interactions focus on four essential qualities found in parent-child relationships: structure, engagement, nurture, and challenge.

In treatment, the Theraplay therapist guides the parent and child through playful, fun games, developmentally challenging activities, and tender, nurturing activities. The very act of engaging each other in this way helps the parent regulate the child's behavior and communicate love, joy, and safety to the child. It helps the child feel secure, cared for, connected, and worthy.

The Theraplay Institute specializes in helping children with attachment disorder due to adoption or multiple changes in living arrangements, a history

of social deprivation due to living in an institution, and other developmental challenges.

Child-Centered Practices for the Courtroom (first implemented in Florida)

The Illinois Early Childhood Court Team “Baby Court” is a joint program of the Illinois Department of Children and Family Services (DCFS) and the Cook County Court and States Attorney systems.

Developed by a psychologist, a judge, and an expert on early intervention and education in Miami, Florida, Child-Centered Courtroom Practices focus on providing the best possible services and supports to families in the child welfare system. This justice-child welfare protocol implements a coordinated system of care and improves relationships between children and parents via Child-Parent Psychotherapy (CPP – see above). With ongoing oversight of the local Family Courts, the overall goal of Baby Court is to minimize family disruption, avoid placement of the child/children in foster care, and build the strengths within the family. This highly effective system is now implemented in several states.

Starting in the fall of 2017, the Illinois Early Childhood Court Team (Cook County) was initiated after an intensive training period for DCFS, court, and legal staff. Baby Court provides an innovative alternative to the regular judicial system.

Discussions with support providers including judges, Illinois DCFS representatives, and child development experts highlight their conviction that this model offers many benefits and opportunities for success– because “babies can’t wait.”

Early Intervention Support for Foster and Adoptive Parents

It is well-documented that by the time a child is taken from the home and placed in foster care, that child is likely to have endured severe neglect and possible abuse. The typical child placed in foster care is four times more likely than non-foster care children to have a significant developmental delay. The prior belief that merely removing the child from a dangerous home with placement in a safe foster home would remedy the problem has been shown to



be naïve and possibly harmful. Therefore, virtually all states are now developing training and support for foster and adoptive parents. Two such programs include:

Oregon Social Learning Center: Early Intervention Foster Care (Philip Fisher, PhD)

<http://www.oslc.org/projects/early-intervention-foster-care/>

Funded by the National Institute of Mental Health, the Early Intervention Foster Care program includes intensive education for potential foster care parents to train them in the fundamentals of neurodevelopment and self-regulation with goals of fewer “failed” foster care placements (moving the child repeatedly), less transition of the child to residential facilities, improved reunification of the child with biological parents, and positive changes in child behavior and cognitive function with success in school.

The Cradle's Center for Lifelong Adoption Support (Illinois)

www.cradle.org/lifelong-support/counseling-sessions

Through this program, trauma-informed adoption therapists provide counseling to children affected by traumatic experiences and coaching to their adoptive parents to help stabilize adoptive placements.



Local Efforts: Focus on Parent-Child Dyad by the Illinois ACEs Response Collaborative

The Illinois ACEs Response Collaborative has incorporated the perspective of the Parent-Child Dyad into many of its programs:

- Our Environmental Survey – Program Directory of Trauma-Informed Programs in Cook County, Illinois and Nationally.
<http://www.hmprg.org/Programs/EnviroScan>
- Collaborative Support for Illinois DCFS Deputy Director Kim Mann, PhD, LCSW in her development of Cook County Baby Court.
- Our Service as Trauma Experts for the Chicago Department of Public Health in its development of a trauma-informed curriculum for City of Chicago employees.
- Numerous outreach presentations by Collaborative members and staff to public health, hospital groups, healthcare workers, teachers, and justice advocates.

- *Community Connections: Pathways to Safety, Healing, and Wellness* held on October 27, 2017 grew out of yearlong work with four communities, and was attended by 170 people from 70+ different Chicago-Cook County organizations and included the importance of parent involvement in all decisions and programs for their children.
- Past and upcoming webinars including *Creating A Trauma-Informed Hospital-Lessons from the Children's Hospital of Wisconsin* and *Using a Mindfulness-Based Social Emotional Learning Program with K-2 Students, Teachers, and Parents in CPS*.
- Through the Healthy Chicago Hospital Collaborative, sharing experiences of hospital members who have implemented parent/child dyad informed practices in OB/Gyn Residency Clinics

The Illinois ACEs Response Collaborative looks forward to ongoing discussion of this important topic! For questions, comments, or to engage with us further, please contact info@hmprg.org.

About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters. Learn more at www.hmprg.org.

About the Illinois ACEs Response Collaborative

Established in 2011, the [Illinois ACEs Response Collaborative](#) (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and communities. The Collaborative works to develop education, policies, and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as preventing their transmission to the next generation.

This policy brief and the work of the Collaborative is made possible by the Illinois Children’s Healthcare Foundation and the Health Federation of Philadelphia. For more information, contact us at 312.372.4292 or info@hmprg.org, or visit hmprg.org.

Endnotes

1 Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, et al. The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci*. 2006 Apr; 256 (3).

2 Shonkoff J and Fisher P. Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Dev Psychopathology*, 2013. 25:1635-53.

3 Harvard Center for the Developing Child. From Best Practices to Breakthrough Impacts (2016).

<https://developingchild.harvard.edu/resources/from-best-practices-to-breakthrough-impacts/>

We recommend the 5-Page PDF Summary of Key Findings

4 Coalition for Evidence-Based Policy. Nurse-Family Partnership. Retrieved from <http://evidencebasedprograms.org/1366-2/nurse-family-partnership>