

Promising Programs/Strategies				
Program/Strategy	Description	Target Areas	Findings	Implications for Practice
Home visitation (Parents as Teachers, PAT; Parent Child Home Program, PCHP; Home Instruction Program for Preschool Youngsters, HIPPY, Nurse Family Partnership, Birth and Beyond)	Home visitors meet with pregnant women or parents with newborns in their homes to promote healthy child development	Health Social-emotional Learning	<ul style="list-style-type: none"> ➤ Increased early literacy skills in toddler participants; ➤ Higher rates of high school graduation; ➤ Stronger school performance long-term; ➤ Enhanced child development; ➤ Marked improvement in educational outcomes and adult earnings (for children exposed to high-quality intervention); ➤ Gains in parent-child attachment, positive interactions, and parental involvement in learning; ➤ Improved social competency in toddler participants; ➤ Fewer behavior problems long-term; ➤ Gains in parental capacity and functioning More efficient use of health care services and improved access to preventive care; ➤ Better birth outcomes, ➤ More positive health outcomes for infant and mother; ➤ Reduction in frequency and severity of maltreatment (reduction in reports of child abuse), ➤ Early detection of developmental delays (Daro, 2006) ➤ Decrease in family involvement with Child Protective Services; ➤ Children more likely to have current immunizations and to have been breastfed (LPC Consulting Associates Inc, n.d.) ➤ Healthier pregnancies; ➤ Increased time between births for parents; ➤ Decreased substance abuse and number of arrests for children; ➤ Reduced child abuse and neglect by teen mothers; ➤ Less time on welfare; ➤ New curriculum component reduced 	<ul style="list-style-type: none"> ➤ Connections with other services is essential; ➤ Participants enrolled during pregnancy show stronger parenting outcomes; ➤ Nurses more effective than paraprofessionals in intervention efforts (Daro, 2006) ➤ Key factors of programs likely to meet expectations (Home Visit Forum; Daro, 2006): <ul style="list-style-type: none"> ○ Internal consistency linking specific program elements to outcomes ○ Well trained staff with high quality supervision ○ Sound organization capacity ○ Links to other community support and resources ○ Consistent implementation of program components ○ Modest program expectations as quality can suffer when widely produced ○ Planning for complementary changes that need to occur in major institutions (health services, public education) ➤ Effectiveness related to multiple implementation features: (a) whether services were linked to a family resource center, (b) process of referral to multidisciplinary services, and (c) general fidelity (LPC Consulting Associates Inc, n.d.)

			<p>domestic violence by 49%</p> <ul style="list-style-type: none"> ➤ Targeting low-income families results in greatest overall benefit; families in very highest –risk categories get least benefit; ➤ Significantly higher levels of cognitive development for low SES intervention children; ➤ Higher rates of graduation and increase in school readiness; ➤ Children performing at or above age level; ➤ parents spending more time reading, talking about books, and teaching alphabet; ➤ parents have more knowledge on way children grow and learn; ➤ Better problem solving skills, persistence, and social skills for children at 36 mo.; ➤ More adaptive behavior at 24 months for low SES intervention children (Klein & Weiss, 2006) 	
<p>Healthy Beginnings (home visitation program)</p>	<p>Home visitation program for children birth to three who face challenges or require additional support; can be distributed to all families if appropriate</p>	<p>Health Social-emotional Learning</p>	<ul style="list-style-type: none"> ➤ Stand-alone parent health education resource material can improve the confidence, knowledge, attitudes and practices of parents; ➤ Only two formats shown effective: age-paced bulletins and parenting kit of comprehensive resources (videos & booklets) ➤ Parents want information regarding: <ul style="list-style-type: none"> ○ Signs of illness in infants ○ Emotional issues of mother ○ Infant and child feeding ○ Developmental stages and corresponding activities ○ Breastfeeding ○ Physical changes and self care ➤ Parents prefer information organized according to child’s age and presented in smaller information bites; they prefer info provided during pregnancy or after they return home; they prefer to receive info in smaller amounts over time 	<ul style="list-style-type: none"> ➤ Parenting resources should be provided in a variety of formats ➤ Parenting resources should be available in different languages ➤ Resources should be made available in audio and Braille formats ➤ Parents should be provided with resources that address: <ul style="list-style-type: none"> ○ Signs of illness in infant ○ Breastfeeding ○ Infant and child feeding ○ Child health and safety ○ First aid ○ Immunization ○ Emotional changes ○ Physical changes and sexual changes, intercourse ○ Reassurance about parenting ability ○ Self care ○ Supports and services available in the community

				<ul style="list-style-type: none">○ Comforting a crying child○ Bathing, diapering, etc○ Developmental milestones – physical, social, emotional○ Language and literacy dev.○ Parent-child interaction/attachment○ Behavior/discipline○ Integrating a new baby into an existing family➤ Materials for parents written at a 5th grade reading level➤ Resources organized according to child's age➤ Resources should be attractive and use illustrations to convey info➤ Written resources should be small in size and use spiral binding for hands-free reading➤ Info provided in small blocks, not wordy text➤ Resources designed for easy retrieval of info (color coding, tabs, sub-headings, etc.)➤ Resources should include checklists and other methods to encourage parents to interact w/ info➤ Resources should use friendly, non-authoritarian and non-judgmental tone➤ Resources should use inclusive lang., illustrations, and examples➤ Materials should be delivered in partnership w/ pre and postnatal agencies➤ Materials provided in hospital should be limited to info about how to access support during postpartum period➤ Parents should receive info about
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				<p>infant care, breastfeeding and postpartum emotional issues in late pregnancy, before admission to hospital</p> <ul style="list-style-type: none"> ➤ Age-paced education resources should be delivered to families periodically throughout the first three years through multiple access points
Educare	Year-round, high-quality center-based care and education, family support and other services (health screenings); works with pregnant women, esp. teen moms, before moms using specially trained doulas (children birth to five)	Health Learning	<ul style="list-style-type: none"> ➤ Evaluation of Chicago Doula Project, pregnant teenagers had better birth outcomes and more positive parent-child interactions (Atfeld, 2003; Dealy, n.d.) 	<ul style="list-style-type: none"> ➤ Each classroom has a teacher with a bachelor's degree, an assistant teacher with an associate's degree, and teacher's aide with a high school diploma; ➤ All have completed coursework in early childhood education; ➤ A Master Teacher provides on-site supervision, mentoring, and training; ➤ Family support specialists available on-site to develop individualized support plans for families with additional challenges; ➤ Special attention to continuity of care, keeping children with same peer group and caregivers for several years supporting healthy, secure relationships (Atfeld, 2003; Dealy, n.d.)
Fast Track	Seven integrated intervention programs: school-based curriculum, parent groups, child social skills training, parent-child sharing time, home visiting, child peer pairing, and academic tutoring (5-16 year olds at risk for conduct disorder)	Social-emotional Learning	<ul style="list-style-type: none"> ➤ Increased involvement in learning at home and school, reduced harsh discipline practices; ➤ Reduced aggressive behavior and increased social-emotional competence; ➤ Reduced special education referrals ➤ Increased language arts and reading skills (Caspé & Lopez, 2006) 	
Early Risers	Two complementary components, CORE and	Social-Emotional	<ul style="list-style-type: none"> ➤ Improved discipline practices and family social functioning; 	

	FLEX; CORE = child-centered programming and a biweekly family program including structured play, discussion groups, and/or collaboration with teachers. FLEX = individually tailored family support through home visits (4-7 year olds at risk for aggressive behavior)	Learning	<ul style="list-style-type: none"> ➤ Increased social competence and basic reading skills; reduced self-regulation problems (Caspé & Lopez, 2006) 	
Families and Schools Together (FAST)	8-week group family program; parent-child quality time, shared meal, structured family communication activities, and separate child play and parent discussions (5-12 year olds at risk for problem behavior)	Social-Emotional Learning	<ul style="list-style-type: none"> ➤ Increased number of self-referrals to substance abuse treatment, mental-health counseling, rate of volunteer work, improved family adaptability and social networks; ➤ Increased academic competence and social skills, reduced special education referrals and childhood anxiety and aggression (Caspé & Lopez, 2006) 	
Incredible Years	Parenting groups including basic parenting skills, parental communication and anger management, and parents promoting children's academic skills (2-6 year olds at risk for conduct disorder)	Social-Emotional Learning	<ul style="list-style-type: none"> ➤ Decreased harsh discipline practices, improved child-parent interactions, increased parent-teacher bonding, and increased parental involvement with children at home and school; ➤ Increased use of prosocial conflict management strategies and play skills; ➤ Increased school readiness (Caspé & Lopez, 2006) 	
Early Head Start	Center-based child development services, home visits, or combo of both	Social-Emotional Learning	<ul style="list-style-type: none"> ➤ Children who had year or more performed significantly better on measures of cognitive, language, and social-emotional dev.; ➤ Parents showed more emotional support and less negativity toward child; ➤ Families more likely to attend school or job training, and levels of parenting stress and family conflict declined (Love et al., 2001, 2002, 2005; U.S. Department of Health and Human Services for Children and Families Office of Planning Research and Evaluation, 2001) 	<ul style="list-style-type: none"> ➤ Effects found primarily in programs that used combo of center- and home-based services (Love et al., 2001, 2002, 2005; U.S. Department of Health and Human Services for Children and Families Office of Planning Research and Evaluation, 2001)

Starting Early Starting Smart (SESS)	Care coordination for families, caregivers, and children including (but not limited to): substance abuse treatment, mental health services, conflict and stress reduction, parenting skills, positive interaction skills, learning stimulation, and opportunities to promote social-emotional and cognitive development; families received direct services from behavioral health professionals	Social-emotional Learning	<ul style="list-style-type: none"> ➤ Increases in access to and use of mental health services, decreases in substance abuse, and decreases in verbal aggression; ➤ Caregivers reported greater reductions in perceiving their children as difficult; ➤ Number of positive and responsive interactions between caregivers and children increased over time; ➤ For children 3 and older, decrease in internalizing and externalizing problem behaviors and increase in language development (Springer et al., 2003) 	<ul style="list-style-type: none"> ➤
The Getting Ready Project (Drs. Sheridan & Edwards)	Teacher implemented intervention using triadic/collaborative strategies to promote parent engagement; Conjoint Behavioral Consultation (CBC) for targeted children with academic/developmental, behavioral, or social-emotional concerns (Early Head Start/Head Start children and families)	Social-Emotional Learning	<ul style="list-style-type: none"> ➤ Significant effects on externalizing (e.g., activity/impulsivity, aggression/defiance), internalizing (e.g., general anxiety, depression/withdrawal), and dysregulated behaviors (e.g., negative emotionality, sensory sensitivity) for infants and toddlers ➤ Significant effects on attachment, initiative, self-/social-awareness, and anxiety/withdrawal for preschoolers ➤ Significant effect sizes for children receiving CBC across cognitive, social-emotional, and behavioral domains 	<ul style="list-style-type: none"> ➤ Professional support that is family-centered, focused, and intentional is important for families at risk ➤ Professional development experiences change teachers' beliefs and behaviors toward partnering with families
California Child Care Health Linkages Project	Network of Child Care Health Consultants (CCHC) and Child Care Health Advocates (CCHA) work collaboratively to (1) coordinate health, dental, vision or developmental screenings for children in child care; (2) ensure that all families have health insurance, a medical home, and information on how	Health	<ul style="list-style-type: none"> ➤ Significant increase in percentage of infants, toddlers, and preschoolers with up-to-date immunizations in intervention centers after intervention (California Childcare Health Program UCSF School of Nursing, 2004) 	

	families can use and benefit from both, and regular reviews of children's health records; and (3) help providers to implement policies that create a health and safe child care environment.			
Infant Health and Development Program	Weekly home visits after hospital discharge through age 3; high-quality Child Development Center (CDC) from 12-36 mo.; parent group for education and support	Health	<ul style="list-style-type: none"> ➤ Mean IQ scores significantly higher; ➤ Fewer behavior probs at 36 mo. (Bagnato & Neisworth, 1991; Brooks-Gunn et al., 1992, 1994; Gross et al., 1997; Mallik & Spiker, 2004; Ramey et al., 1992; The Infant Health and Development Program, 1990) ➤ Improved child outcomes via pediatric monitoring, referral and follow-ups, home visits, participation in high-quality early education, and support group meetings for parents 	<ul style="list-style-type: none"> ➤ Appears more successful for Black and Hispanic children, heavier LBW infants, girls, and children whose mothers had more college education (Bagnato & Neisworth, 1991; Brooks-Gunn et al., 1992, 1994; Gross et al., 1997; Mallik & Spiker, 2004; Ramey et al., 1992; The Infant Health and Development Program, 1990)
WIC/Food Stamps	Provides nutritious foods to supplement diets, information on healthy eating, and referrals to health care	Health	<ul style="list-style-type: none"> ➤ For women with low-income on Medicaid: longer pregnancies, fewer preterm births, lower incidence of low and very low birth weight infants, fewer infant deaths, and a greater likelihood of receiving prenatal care; ➤ Increased nutritional density of child's diet; ➤ Improved rates of childhood immunization and of having regular source of medical care; ➤ Children more likely to be breastfed (Devaney et al., 1980, 1992; Ryan & Zhou, 2006; U.S. Department of Agriculture Food and Nutrition Service, 1987) 	
Education campaigns		Health	<ul style="list-style-type: none"> ➤ Decrease unintentional injuries 	
Well-Child Care (WCC)	Preventative pediatric care visits to discuss general healthcare issues, growth & development, behavior & discipline	Health	<ul style="list-style-type: none"> ➤ Primary means for providing developmental and preventative services to children (Bergman, Plsek, Sunders, 2006) 	<ul style="list-style-type: none"> ➤ Ideal system includes (Bergman, Plsek, & Sunders, 2006): <ul style="list-style-type: none"> ○ Access to needed services - in the home, school, or community atmosphere ○ Same day appointments ○ Team Approach- Multidisciplinary teams,

				(pediatric specialist, school counselor, community health worker, nurse) ○ Individualized developmental and behavioral
Healthy Steps for Young Children Program	Specialists (nurses, childhood educators, or social workers) with training and experience in child development meet with physicians and parents during office visits, make home visits, staff child development telephone info. line for parents, perform developmental assessments, organize parent support groups, and provide referrals to community resources	Health	<ul style="list-style-type: none"> ➤ More likely to receive the recommended immunizations through 2 years and well-child visits; ➤ Less likely to have received severe discipline from parents; ➤ Mothers at risk for depression were more likely to have discussed depressive symptoms with someone at the clinic (Minkivitz, Hughart, & Strobino, 2003; Zuckerman, et al., 2004) 	➤
Newborn Individualized Developmental Care and Assessment Program (NIDCAP)	Structured method of observing, assessing and caring for infant to ensure placed in low lighting, little noise, and infrequent interruptions	Health	<ul style="list-style-type: none"> ➤ Better health outcomes and shorter hospital stays; ➤ Less likely to have developmental delays at 12 and 24 months (Becker et al., 1991; Fleisher et al., 1995; Resnick et al., 1987) 	➤
The Carolina Abecedarian Project (Dr. Craig Ramey)	Full-time educational intervention services in day care during infancy (low-income African-American families)	Learning	<ul style="list-style-type: none"> ➤ At 18 months-5 years, higher mental & motor test scores, follow up at 12 & 15 years continue to have higher scores; ➤ Significantly higher reading and math from primary school through mid-adolescence; higher mental test scores from infancy through 21 y.o. ~ enhanced language development mediated this result; ➤ 40% of tx children were in school at age 21 compared to 20% for control group; ➤ 35% of tx group in or attended four-year college compared to 14% for control group; ➤ On average, tx children were a year older at the birth of their first child (FPG Child Development Institute, n.d.) 	<ul style="list-style-type: none"> ➤ Low adult-child ratios; ➤ Stable, professional staff with qualifications akin to teachers in public schools; ➤ Series of 200 simple games focused on language development, starting with visual stimulus for infants and leading to scavenger hunts and mazes for toddlers; ➤ Learning games are integrated into a high-stimulus day of art projects and playground visits, hardly distinguishable from good adult-child interaction (Wilgoren, 1999)
			➤ By 15, twice as many children in control	

			<p>placed in special education, only 30 % of intervention children repeated grade in school (56% control group);</p> <ul style="list-style-type: none"> ➤ Test scores below ave. for both groups and dropped over time, children in tx group approx. 5% points higher than control through age 21, gap in I.Q. fell from 17 points at 3 y.o. to 5 points by 21 y.o. (Wilgoren, 1999) 	
Chicago Parent-Child Centerd (Dr. Arthur Reynolds)		Learning	<ul style="list-style-type: none"> ➤ Children in program did better academically, less likely to drop out of high school, less likely to be arrested and less likely to repeat grades or be placed in special education services 	➤
High/Scope Perry Preschool	High quality early care and education preschool program and home visits	Learning	<ul style="list-style-type: none"> ➤ Reduced arrests (by age 27) increased earnings, property, wealth, and commitment to marriage (by age 27); ➤ Increased time spent on homework and enjoyment talking about school (Caspé & Lopez, 2006) ➤ Significantly higher on cognitive testing outcomes at ages 5, 6, and 7 y.o. (Schweinhart, 2006; Schweinhart et al., 1993; Schweinhart, Weikart, 1997) ➤ Adults at age 40 who participated in prog. had higher earnings, more likely to graduate high school, more likely to hold a job and commit fewer crimes 	➤
AVANCE Family Support and Education Program	<p>Devoted to building stronger families and communities by improving the self-esteem, confidence, and competence of parents and their children (Low-income Mexican-American or Latino families with young children)</p> <p>Weekly parent education classes on child dev. and parenting skills; Monthly home visits and case management re: social</p>	Learning	<ul style="list-style-type: none"> ➤ More organized, stimulating, and responsive home environment; developmentally appropriate toys; positive interactions with their children; and positive parenting practices (praise, teaching, verbalizing) when assessed following the intervention and again 1 year later; ➤ Parent-child interactions were characterized by enhanced mutual enjoyment and responsiveness; ➤ Parents also were more likely to pursue and attain higher education (AVANCE, 2007) 	➤

	<p>services available; parents are provided development and education services, such as GED preparation, English as second language course, citizenship classes, and community college courses</p> <p>Bilingual early childhood development program for children focused on enhanced English literacy skills</p>			
Positive Action	<p>Five main components: a K-12 curriculum; a Principal's kit; a Counselor's kit; and Family's kit including home lesson plans paralleling school program, parent and community involvement activities (4-18 year olds in school-based character development program)</p>	Learning	<ul style="list-style-type: none"> ➤ Increased parent-child communication and knowledge of child's contacts and other parents and participation in school activities; ➤ Increased academic achievement scores and reduced absenteeism (Casper & Lopez, 2006) 	➤
Project Achieve	<p>Whole school improvement with parenting component including: needs assessment of home-school collaboration, outreach to parents, training parents to work at home with kids, teaching about school programs, 'parents in the classroom component', and parent centers (3-14 year olds as part of whole-school reform process)</p>	Learning	<ul style="list-style-type: none"> ➤ Increased control of children and knowledge of classroom curriculum, improved relationships with children; ➤ Increased academic achievement scores, and grade retention (Casper & Lopez, 2006) 	
SAFE Children	<p>Community and school-based project; family component with discussions and activities to enhance parent and child understanding of involvement with school, creating supportive social</p>	Learning	<ul style="list-style-type: none"> ➤ Improved monitoring of skills and involvement in child's learning and development ➤ Increased academic achievement scores (Casper & Lopez, 2006) 	

	networks, and supporting successful parenting practices (African American and Latino 5-6 year olds living in high-risk communities)			
Authors Program	Children, parents, and educators work together to author and create books in English and Spanish, promoting early bilingual literacy	Learning	➤ Increased literacy practices in child care centers and increasing language and literacy scores of 3 and 4 year olds	➤
Raising a Reader	Parents establish a reading routine in which children bring home books and parents are taught read aloud strategies anchored to language development research and storytelling	Learning	➤ Improves kindergarten readiness skills of book knowledge, story comprehension, and print knowledge	➤
Project CARE	Educational child care program in Child Development Center (CDC) and home visiting services to provide family support and parent education	Learning	➤ Improved child cognitive development outcomes (Wasik et al., 1990)	➤
The Incredible Years Parent Training Program	Designed to promote social competence and prevent, reduce, and treat aggression and related conduct disorders; delivered in parenting classes; strengthens parenting competencies in the areas of monitoring, positive discipline, and confidence (children 2-7 y.o. with conduct probs and at risk for behavior probs)	Social-Emotional	<ul style="list-style-type: none"> ➤ Decreases in children's aggressive, oppositional, and destructive behavior and increases in social competence; ➤ Increases in positive parenting practices; ➤ Effects maintained long-term and reliably established in different age, gender, ethnic, socioeconomic groups of children and parents (Gross et al., 2003; Reid, Webster-Stratton, & Baydar, 2004; Reid, Webster-Stratton, & Beauchaine, 2001) 	
Dare to Be You	Family workshop series over 10-12 week period; school and community component with training for teachers, community members, and early childhood professionals	Social-Emotional	➤ Improved child-rearing skills, increased satisfaction in social support networks; and reduced harsh discipline; reduced oppositional behavior (Casper & Lopez, 2006)	➤

Strengthening Families Program	14-Session behavioral skills training program. (3-17 year olds at risk for behavior problem)	Social-Emotional	<ul style="list-style-type: none"> ➤ Increased parent-child bonding, reduced social isolation and depression, improved family cohesion and organization ➤ Reduced school problems and conduct disorders, improved behavior and social competencies (Caspé & Lopez, 2006) 	➤
Parent-Child Interaction Therapy (PCIT)	Therapeutic model with highly specified approach; didactic sessions for parents with therapist providing step-by-step coaching; emphasis on changing negative parent-child patterns	Social-emotional	<ul style="list-style-type: none"> ➤ Parents less likely to report physical abuse 2-3 years later; ➤ Demonstrate less negative parent-child interactions (Chaffin et al., 2004; Hood & Eyberg, 2003) 	➤
Second Step Violence Prevention Program	<p>Classroom-based social skills curriculum for students and family guide I; aims to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence; teaches children empathy, problem-solving skills, risk assessment, decision-making, and goal-setting skills; (children in preschool through middle school)</p> <p><i>Segundo Paso</i>, a Spanish translation supplement available for preschool through grade five; Spanish translation of Family Guide is also available.</p>	Social-emotional	<ul style="list-style-type: none"> ➤ Boys reduced aggressive behavior in rates ranging from 4 to 51 percent more than the control group; (Orpinas et al., 1995) ➤ Marginally significant decrease in physical negative and overall negative behaviors in the classroom; ➤ Significant decrease in observed instances of negative physical behavior in the cafeteria or playground; ➤ At posttest, the rate of observed neutral or prosocial behavior in the cafeteria or playground setting increased by 17.1 more episodes per child-observation hour in the intervention group than in the control group; ➤ At the six-month follow-up, physical aggression in the classroom setting was significantly lower (Grossman et al., 1997) ➤ Children with high baseline ratings in antisocial behavior, showed greater declines in antisocial behavior; significant but smaller differences for students with low baseline scores; ➤ Intervention students with low baseline scores showed no change, whereas 	➤

			control students increased their rates of antisocial behavior (Frey et al., 2005)	
Cognitive Behavioral Family Intervention	Cognitive therapy and parenting education delivered by a trained clinician to parent over 12 sessions in clinic and 4 in home	Social-Emotional	➤ Reduced children's disruptive behavior and maternal depression (Sanders & McFarland, 2000)	
The Getting Ready Project (Principal investigators: Drs. Sheridan & Edwards)	Provides integrated, ecological approach to school readiness that is research-based, family-centered, & collaborative in nature; integrates triadic intervention & collaborative consultation models in a unique intervention that advances school readiness of young children & their families (children birth to five)	Social-emotional	<ul style="list-style-type: none"> ➤ When implemented in the context of a comprehensive preschool program (e.g., Head Start, Early Head Start), the value added by the GR intervention is in children's social-emotional functioning ➤ Significantly greater positive effects in the area of social-emotional functioning over time, relative to a control group (Sheridan et al., 2007) ➤ Significantly greater reductions over time in activity/impulsivity and negative emotionality for infants and toddlers (age 2-36months) ➤ Significantly enhanced levels of attachment behaviors with adults, increased initiative (i.e., ability to act and think independently), reduction in anxiety/withdrawal behaviors, and a increased self/social awareness for preschool children (age 3-5 years) ➤ Parents and children in a parent engagement treatment group were observed to spend significantly more time interacting and engaging with one another ($t(69)=2.98$; $p<.01$), and parents were rated as 	

			significantly more involved in the home visit ($t(69)=3.26, p<.01$).	
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