RESEARCH-TO-PRACTICE SUMMARY

Addressing Adversity to Support Family and Child Well Being

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This study documented that nearly half of a large national sample of Head Start and Early Head Start children enrolled in participating programs experienced adversity and that this adversity is related to their learning and development. However, children in the programs, including those who had experienced adversity, had better outcomes in some domains if they had longer durations in their early childhood programs. Implications of these findings include the need to a) understand the experiences of the children and families in Head Start as part of preventing and reducing adversity; b) address the effects of adversity in instructional and other interventions to promote children's learning and development; and c) work to retain high risk families through targeted programming and professional development.

Keywords: adverse childhood experiences (ACEs); early education dosage; achievement gap

This study found a link between adversity and lower scores on several assessments of children's learning and development in the context of a high quality early care and education (ECE) setting. Further, this study found positive associations between child outcomes and *dosage,* defined as the number of months children were enrolled in the ECE setting. The positive association of dosage to child outcomes did not vary by number of adversities experienced, suggesting that children experiencing differing levels of adversity may similarly benefit from longer time in high quality ECE settings.

Current Study

Adversity.   Because poverty is associated with a higher likelihood of experiencing adversities such as those examined in the current study (Evans & Kim, 2013), it is critical to understand the impact of the accumulation of these risks on Head Start children's outcomes. Adversity puts children's learning and development at risk, a situation incompatible with the goals of Head Start programs (Hamoudi, Murray, Sorensen, & Fontaine, 2015).

Adversity was conceptualized in this study as a specific type of cumulative risk experienced by the child's family – living with someone with a substance abuse problem, having a family member incarcerated, having a family member who was the victim of a violent crime, a child witnessing domestic violence, a family being homeless, a family running out of food, or a mother screening positive for depression. We intentionally elected to examine these experiential risks that were distinct from demographic risk, such as parent education and family structure, because experiential risks are amenable to prevention programs. Thus, by analyzing these experiential risks, termed adversities, while controlling for demographic risks, we were able to consider factors affecting Head Start children that may be well suited to intervention.

Dosage.   A family's connection to a high quality ECE setting may influence the family system in positive ways (Crosnoe, Augustine, & Huston, 2012; Raikes, et al., 2013; Green et al., 2014). Family resilience theory would place ECE settings in an ecosystem that influences the adaptability of the family system (Henry, Morris, & Harrist, 2015). Therefore, dosage was conceptualized as the time the family had access to the resources of the program, and was defined as the number of months a child was enrolled in the high quality ECE setting. Based on past research, we speculated that dosage could be a *protective factor* for children at risk or a *promotive factor* for all children, including those at risk. Protective factors help children who are particularly at risk, but may not be as effective for children with lower risk. Promotive factors are those that are good for all children, regardless of risk.

Child Outcomes.   Several child outcomes – social-emotional, receptive vocabulary, auditory comprehension, school readiness, and health were examined in this study. Language (receptive vocabulary and auditory comprehension) and school readiness (knowledge of concepts) were directly assessed by researchers. Social-emotional skills were observed and rated by teachers. Health outcomes were collected from parents through an overall rating of their children's health and an index of their health problems.

This study had three questions, answered through hierarchical linear regression of one year of data from a national sample (N=3,208) of children enrolled in early childhood programs serving low-income children. We explored the prevalence of adversity in the sample, adversity's associations to child outcomes, and whether associations between adversity and child outcomes differed by dosage.

STUDY FINDINGS

Almost half of all participant children experienced at least one adversity in this study; some children experienced up to six. More adversities were associated with less positive ratings on three out of four social emotional factors (initiative, self-regulation, and behavioral concerns, but

not attachment). Adversity was also associated with less knowledge of basic concepts related to school readiness and worse health outcomes, but not with language outcomes.

Dosage appeared to be a promotive factor, showing significant positive relationships to outcomes for all children in the sample. These promotive relationships related to several child outcomes, including initiative, auditory comprehension, receptive vocabulary, and school readiness. Dosage did not appear to be a protective factor, as the relationship between dosage and outcomes was not stronger for children who experienced more adversity. Instead, the positive association of dosage to these outcomes did not differ by level of adversity, suggesting that children experiencing a range of adversities may benefit from longer durations in high-quality early care and education – particularly for initiative, language, and school readiness outcomes.

Implications for Practice

Three key implications for practice stem from our work, specifically the importance of: a) understanding the experiences of the children and families in Head Start as part of preventing and reducing adversity; b) addressing the effects of adversity in instructional and other interventions to promote children's learning and development, and c) working to retain high risk families through targeted programming and professional development.

Understanding the experience of Head Start families is a first step in tailoring services to meet their needs. Thus, family support workers and other staff should be trained and supervised to obtain this information in a sensitive, respectful and empathic manner. The adversities examined in this study are unfortunately commonplace within contexts of poverty, so it is likely that ECE staff will be presented with opportunities to help families cope with these risks. Importantly, knowledge about these adversities may allow ECE programs to intervene prior to their negative impact on children's development.

A first step is asking about these experiences in non-judgmental ways. An example of a non-judgmental approach is the use of reflective listening and refraining from advising or "fixing" until the family's experience is understood. Families experiencing multiple adversities, in particular, need time and positive experiences with family support workers to overcome distrust and withdrawal (Walsh, 2006). When mothers feel that they are being negatively judged, their stress can be contagious to their infants (Waters, West, & Mendes, 2014). Thus, using reflective listening or motivational interviewing may reduce the stress of children and parents.

However, maintaining a non-judgmental stance does not equate with avoiding these difficult conversations. Family support workers can show concern for the well-being of families and children by learning about families' experiences, including what they have tried thus far to address problems, reflecting on the strengths and coping skills of families, and exploring alternatives if needed. Educating families about the negative effects of adverse experiences can be part of a showing a family that the program staff are partners in supporting the child's development and learning. Because stress can reduce cognitive function, parents may need help prioritizing and problem-solving among many needs, including prevention and reduction of adversity (Diamond, 2013; Walsh, 2006).

Classroom staff can also support children as they struggle to cope with acute or chronic stress. Providing high quality early care and education was related to better initiative, language,

and school readiness skills. Thus, high quality care is essential to supporting children's efforts to use self-help skills, become independent explorers, use and develop language, and learn concepts related to school – such as letters, colors, numbers, and shapes. However, other aspects of learning and development may be more difficult to support in the context of adversity. Self-regulation, behavior concerns, and health were negatively related to adversity, but dosage in the high quality setting was not promotive of these outcomes. Thus, self-regulation, and related aspects of behavioral problems and health, may need particular attention in ECE settings serving high-risk populations.

Self-regulation and health can be negatively impacted by repeated insults to the stress response system over time (McLaughlin et al., 2015). Hormone cortisol, an indicator of stress, has been shown to have greater decline in classrooms providing more emotionally supportive interactions (Hatfield, Hestenes, Kintner-Duffy, & O'Brien, 2013). Healthy and nurturing relationships and predictable schedules provide security to children who may be hyper-reactive to stimuli, or dysregulated in other ways. Additionally, environments can be set up to provide soft, quiet areas where teachers can provide support to children who are struggling to self-regulate. This support may be in the form of affection/nurturance, one-on-one book reading, talking about feelings and coping skills, or even the provision of quiet, alone time for children. Engaging, but not overstimulating, children whose experiences may have compromised their social and emotional competencies is a difficult, but important, responsibility of teachers working with high-risk children. While these approaches can serve to support self-regulation, recent meta-analyses suggest that social-emotional curriculums that focus on child skills and teacher stress management are more effective than general approaches in improving social-emotional competencies (Schindler et al., 2015).

Another implication of this study includes the need to keep high-risk families connected to high quality programs. Directors can take a leadership role regarding the task of retaining high-risk families. Family support workers can be trained and supported to utilize creative, individualized strategies to retain high risk families. Examples include the provision of concrete incentives (e.g., diapers, formula, toys, children's books), addressing families' concrete needs (e.g., case management), facilitating their receipt of needed psychological services (e.g., mental health treatment), and delivering culturally relevant engagement activities (e.g., family dinners, parent-child dances). Directors may also consider training family support workers to use motivational interviewing, as it has been shown to be part of effective interventions with high-risk families (e.g., Dishion, Shaw, Connell, Gardner, Weaver, & Wilson, 2008).

Finally, and perhaps most importantly, there are many services that can be incorporated into ECE programs, directly provided or as part of collaborative partnerships, which are designed to address the adversities examined in this study. Examples of programs to reduce food insecurity include mobile markets that bring produce to the school or initiatives that send packs of food home with families. Hosting support groups that address parenting needs can also improve access to supports for mental health, including the importance of self-care as part of providing care to children. Additionally, there are parenting interventions (Buffering Toxic Stress Consortium, Meyer, A., & Fortunato, C., 2013) and mental health interventions (e.g., Ammerman, Putnam, Altaye, Stevens, Teeters, & Van Ginkel, 2013) which have been integrated into ongoing ECE programs that have a specific goal of buffering children against the impact of such adversities. Planning programming and partnering with community agencies leverages broader specialties to meet the needs of families experiencing adversity to keep them connected to the ECE program.

Another way programs can keep families enrolled is through the presence of on-site mental health consultants who provide support to children, parents, and teachers. These specialists can observe in classrooms and provide tips on managing the classroom, particularly when there are an abundance of dysregulated children. Mental health specialists often help teachers and parents to appropriately support children with difficult behaviors, which may improve the child's chances of being successful in the classroom environment. If this specialist also gets input from the families on meeting the child's needs, the mental health specialist may become a resource of information or support to the family, thus solidifying family connections to the program. Mental health specialists can be another avenue through which families' resources are widened and opportunities to make changes or access needed services are increased.

In sum, the findings of this study argue for heightened attention on the part of ECE programs to the adversities families experience and their impact on children and parents. An important benefit of long-term participation in high-quality ECE programs is potentially better outcomes for children reared in contexts characterized by adversity. Further, it is critical that ECE programs provide supports to children and families experiencing adversity and thus potentially prevent and reduce further stressful life events.

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