

PROMISING PRACTICES

REFERENCE

ABSTRACT

Bagnato, S. J., Suen, H. K., Brickley, D., Smith-Jones, J., & Dettore, E. (2002). Child developmental impact of Pittsburgh's early childhood initiative (ECI) in high-risk communities: First-phase authentic evaluation research. *Early Childhood Research Quarterly, 17*(4), 559-580. Retrieved March 11, 2005.

Reports on the first-phase results of Pittsburgh's early childhood initiative (ECI). ECI is a privately-funded effort by a consortium composed of the business, corporate, foundation, and community sectors to implement high-quality early care and education options for children in high-risk neighborhoods. The overarching objective of ECI is to ensure early school success for high-risk children. The Scaling Progress in Early Childhood Settings (SPECS) Evaluation Team implemented an authentic assessment and program evaluation strategy and an enhanced "constructed comparison group" statistical model to conduct longitudinal research on the child developmental impact of the ECI model. First-phase results on 155 high-risk children (aged 7.4-22.6 mo) indicate that those who participated in high-quality ECI programs for the longest periods of time demonstrated patterns of progress that exceeded maturational expectations. Weekly collaborative consultation to teachers and caregivers by consultants about program quality using the National Association for the Education of Young Children standards as "best practice" benchmarks seemed to be associated with initial enhanced child outcomes and the particular impact of the ECI model.

Bailey, D. B. J., Aytch, L. S., Odom, S. L., Symons, F., & Wolery, M. (1999). Early intervention as we know it. *Mental Retardation & Developmental Disabilities Research Reviews, 5*(1), 11-20. Retrieved March 17, 2005.

Describes the current status of early intervention for infants and toddlers with disabilities and 5 issues that maybe critical in the coming decade: (1) determining the outcomes expected of early intervention; (2) determining appropriate models and intensity of treatments; (3) factoring quality into the efficacy equation; (4) accounting for child, family, and community variables in determining efficacy, and (5) integrating emerging perspectives and knowledge from neuroscience and genetics. Early intervention for infants and toddlers with disabilities was established as a national commitment in the form of federal legislation in 1986. The author argues that there has been steady growth in the number of children and families served, although the most recent report to Congress indicates that only about 1.7% of the population of infants and toddlers is served in early intervention programs. All states and territories currently are participating in this optional program. Federal regulations stipulate the components of an early intervention system that must be in place if states are to receive federal funding. However, a great deal of flexibility is allowed in how these broad regulations are implemented, resulting in considerable cross-state variability in who is served and the amount and type of services received.

Blair, K.A., et al. (2004). Playing it cool: Temperament, emotion regulation and social behavior in preschoolers. *Journal of School Psychology, 42*(6), 419-443.

The contributions of temperamental styles and emotional coping strategies to the development of preschoolers' social competence and behavior problems were investigated. The ability to cope with emotion was found to be more important than temperament alone in the development of prosocial behavior. Our results indicate that the use of passive coping strategies may play a significant role in the development of maladaptive behaviors in young children. Specifically, the use of passive coping strategies was found to moderate the relationship between temperament dimensions in predicting externalizing and internalizing maladaptive behaviors. When combined with extremely negative temperamental dispositions, just facing the problems was discovered to be beneficial for preschoolers, which encourages the use of preventative or interventional strategies in the classroom to develop constructive emotion regulation skills in young children.

Carter, A. S., Briggs-Gowan, M. J., & Davis, N. O. (2004). Assessment of young children's social-emotional development and psychopathology: Recent advances and recommendations for practice. *Journal of Child Psychology & Psychiatry, 45*(1), 109-134. Retrieved March 11, 2005.

In this paper, factors that have contributed to the neglect of young children's social-emotional and behavior problems and psychopathology, such as an emphasis on cognitive and linguistic development and concern regarding stigmatizing young children and their families, are reviewed briefly. Next, some of the inherent challenges of young child assessment are discussed, including the rapid developmental changes that characterize the early childhood period, more limited opportunities that may present for evaluating behavior across settings, and the importance of understanding young children's behavior within relevant developmental, relational and cultural contexts. Finally, some of the most promising measures developed over the past decade are reviewed to highlight advances in a range of assessment methods, including parent-report questionnaires, diagnostic interviews and observational assessments that are designed to elicit disorder-specific behavior. In concluding, recommendations for enhancing identification and intervention services are offered.

Celia, S. (2004). Interventions with infants and families at risk: Context and culture. *Infant Mental Health Journal*. Special Amsterdam World Congress: Plenary Papers, 25(5), 502-507. Retrieved March 11, 2005.

The article focuses on infant and family based intervention in Brazil. Recent official data show a certain amount of improvement for the child population in Brazil. It also is interesting to note that most of the children in the middle and high socioeconomic classes in large cities are already literate, a situation that is the opposite of that found in areas inhabited by very low-income populations. Poor, migrant, often one-parent families living in inadequate housing with a low level of cleanliness, in communities surrounded by violence become very vulnerable, and many of their babies are premature, malnourished, unstimulated, depressive, and retarded. Indeed, both parents and children could benefit from supportive networks. Family competencies, like those of the babies, are small, and it is necessary to perform individual interventions, but without neglecting the "community" system. The article reaffirms the value of early interventions, both at an individual and at the community level, requiring that one seek to make professionals increasingly aware of the various humanistic areas without stopping emphasis on home visits made by professionals or health volunteers, just as we should not neglect attention to child education, especially to their environment and their educators.

Conroy, M. A., & Brown, W. H. (2004). Early identification, prevention, and early intervention with young children at risk for emotional or behavioral disorders: Issues, trends, and a call for action. *Behavioral Disorders*, 29(3), 224-236. Retrieved March 11, 2005.

Educators have frequently expressed concern about young children who are exposed to known environmental risk factors associated with the development of chronic behavior problems (e.g., poverty, domestic violence, child maltreatment). Nevertheless, a societal commitment to address these environmental risk factors by identifying young children who are at risk for or are demonstrating chronic problem behaviors and to provide effective prevention and early intervention services has not been forthcoming. Although researchers have developed a number of effective early identification, prevention, and early intervention strategies, several significant barriers to the widespread implementation of those practices remain. The authors discuss these issues as they affect children who have emotional or behavioral disorders. They argue for societal action to change current policies and practices for young children.

Denham, S.A. & Burton, R. (1996). A social-emotional intervention for at-risk 4-year-olds. *Journal of School Psychology*. 34(3), 225-245.

Implemented a social-emotional intervention for at-risk day care students. Over a 32-wk period, teachers of 63 3.5-5 yr old students were trained to perform activities associated with relationship building, emotional understanding, and social problem solving. The children's social-emotional status was assessed via observation and teacher questionnaire at the beginning and end of the period, and compared with that of a group of 42 students who did not experience the intervention. Children who had received the intervention showed decreases in negative emotion, greater involvement, more social improvement, and more initiative in positive peer activity than did controls. Qualitative reports from both teachers and students also support the utility of the intervention.

Dieterich, S. E., Hebert, H. M., Landry, S. H., Swank, P. R., & Smith, K. E. (2004). Maternal and child characteristics that influence the growth of daily living skills from infancy to school age in preterm and term children. *Early Education & Development*, 15(3), 283-303.

Research findings. Growth across 6 months to 8 years of age, assessed at seven time points, for daily living and cognitive skills was compared for term (n = 122), very low birth weight (VLBW) children of low (n = 114) and high (n = 73) medical risk and lower socioeconomic status (SES). Dramatic declines in daily living skills were found for all children, while cognitive skills were stable across this age range. By 8 years, daily living skills were in deficient ranges for all groups with both VLBW groups showing lower levels in both skill areas across all ages compared to term children. Relations between child and parenting factors and daily living skill growth were examined in order to better understand this decline. Early maternal general stimulation and directiveness predicted slower declines in daily living skills while higher parental developmental expectations predicted higher levels in daily living skills. Practice. These results demonstrated the negative impact of lower SES and biological risk on children's growth in daily living skill. The findings highlighting several parenting factors that are important in understanding individual differences in children's daily living skill development have implications for early intervention.

Epps, S., & Jackson, B. J. (2000). Emerging ethical perspectives in early childhood. In S. Epps, & B. J. Jackson (Eds.), *Empowered families, successful children: Early intervention programs that work; empowered families, successful children: Early intervention programs that work* (pp. 163-172). Washington, DC, US: American Psychological Association;

This chapter illustrates the importance of gaining a broad perspective of ethical decision making by addressing how ethics is applied in early intervention and in the public policy arena. Theories and principles provide a conceptual basis for ethical deliberation and a solid foundation for considering ethical issues across the full range of early childhood populations and contexts. These theories and principles are complex, requiring diligent study. Without an understanding of them, however, providers are not likely to be capable of the sophistication and sometimes tenacity necessary for ethical decision making in early childhood contexts. Examples are provided to illustrate ethical principles, which underpin family-centered care. This chapter addresses the need for reflection in ethical problem solving and professional codes of ethics. Most importance, guidelines are proposed to enhance better informed and broadly acceptable ethical decision making.

Fenske, M. A. (2004). *Serving early head start children with multiple risks*. Dissertation Abstracts International: Section B: The Sciences & Engineering, 64(7-B), 3233.

Children served by Early Head Start (EHS) face multiple, complex risks that affect their development of self-regulation and communicative competence. The number and complexity of risks present unique challenges to EHS staff as they provide education and support for families. The primary purpose of this study was to investigate how adults read and respond to children's engagement and disengagement cues and how the culture of families from high-risk environments and the culture of EHS influence provision of education and intervention services. Qualitative research methodology was employed to investigate organizational and family culture frameworks as well as interaction patterns of adult communication with adults and adult communication with children. Ethnographic methods included interviews with staff and families, observation of caregiver play with children, and review of program artifacts. Interviews were analyzed to determine cultural themes and patterns of values, beliefs, and behaviors. Videotapes of adult-child play sessions were coded to describe types of play engaged in, language use, reading behaviors, and emotional expression. Data were then analyzed further to uncover how staff and family members' unique frames of reference influenced interactions with one another and with the children. Results of this study indicate that EHS caregivers struggled with providing age-appropriate stimulation and experiences for children and that family educators (FEs) often found it difficult to address caregivers' needs and simultaneously model responsiveness to children's cues. Although administrators (ADs) and FEs advocate a family-centered, strengths-based approach and see a need to develop self-regulation in families, situations requiring crisis management often reduced the amount of time available for modeling skills and enhancing child development. In addition, differences in frameworks of interaction resulted in misunderstanding or miscommunication about goals and objectives for EHS staff, families, and partner agencies.

Field, Tiffany. (1992). *Interventions in early infancy*. *Infant Mental Health Journal*, 13(4), 329-336.

Describes 3 interventions to help infants of high-risk pregnancies and deliveries facilitate attachment both to and from their caregivers. Prenatal intervention includes giving high-risk pregnant women video feedback during prenatal ultrasound, which reduced maternal anxiety, obstetric complications, and fetal activity and improved neonatal outcome (increased weight gain, better performance on the Brazelton Neonatal Behavioral Assessment Scale, and decreased irritability). Intervention aimed at reducing stress in the neonatal intensive care unit includes providing preterm neonates nonnutritive sucking opportunities to reduce stress during heelsticks and gavage feedings and providing preterm neonates and preterm cocaine-exposed neonates massage therapy, which facilitated weight gain and better performance on the Brazelton scale. Following improved neonatal behavior, infants would be expected to have better interactions with their caregivers.

Fox, L., Dunlap, G., & Powell, D. (2002). Young children with challenging behavior: Issues and considerations for behavior support. *Journal of Positive Behavior Interventions. Special Section on Urban Issues*, 4(4), 208-217.

The critical importance of intervening early to promote the social and emotional development of young children is a recurring theme in several reports commissioned by national organizations and leaders. There is an increasing awareness that social-emotional difficulties and problem behaviors in young children are highly likely to continue in school. In addition, young children who show the most chronicity and stability of problem behavior are more likely to be members of families who experience marital distress, parental depression, and poverty. Young children in urban environments who have problem behavior are likely to also face challenges in health, poverty, and access to quality childcare and other services. In this article, the complexity of the urban context is described with a focus on the lives of young children and their families. The authors present a discussion of appropriate practices and research that provides a foundation for the development of effective early intervention programs for young children affected by environmental and developmental challenges. The emphasis of program recommendations is on comprehensiveness in the design of family-centered behavioral support options.

Gilkerson, L., & Ritzler, T. T. (2005). The role of reflective process in infusing relationship-based practice into an early intervention system. In K.M. Finello (Ed.), *The handbook of training and practice in infant and preschool mental health* (pp. 427-452). San Francisco, CA: Jossey-Bass.

It has become accepted in the field that working with infants and their families from a relationship perspective requires ongoing, regular opportunities for reflection. Here we explore how providing the time for reflective process might be accomplished in a large system of services and the benefits that can result. Since 2002, the Illinois Department of Human Services Early Intervention Bureau, with the endorsement of the Illinois Interagency Council on Early Intervention (IICEI), has been involved in a Social-Emotional (SE) Pilot. The Illinois SE Pilot planning committee designed a multilayered process for supporting the introduction and continuation of reflective, relationship-based practice into the early intervention system. The process included ten elements: (1) addition of a SE specialist, (2) training in relationship-based early intervention, (3) reflective consultation for leadership, (4) reflective supervision for staff, (5) addition of the Ages and Stages Questionnaire: Social Emotional, leading to (6) more integrated assessment and intervention planning, (7) case consultation and (8) integrated provider work groups, (9) parent-to-parent mini-grants, and (10) specialist network. The elements of the approach support the vision of the IICEI and the state's commitment to meaningful, timely early intervention for infants, toddlers, and families. These elements are designed to provide the training, program structures, and ongoing processes needed to bring relationship-based early intervention into daily practice. We focus on three elements of the approach that offer regular opportunities to support and sustain relationship-based work through reflective process: (1) reflective consultation for managers, (2) reflective supervision for service coordinators, and (3) case consultation for service coordinators and providers. We describe the role that reflective process played in supporting relationship-based practice in each of these forums, the issues that were considered, and the relative benefits from the participants' perspectives.

Gimpel, G. A., & Holland, M. L. (2003). *Emotional and behavioral problems of young children: Effective interventions in the preschool and kindergarten years*. New York, NY: Guilford Press.

Provides hands-on tools and resources for addressing common emotional and behavioral problems in preschool- and kindergarten-age children. The focus is on evidence-based interventions that are practical and effective, and that help prevent the development of more serious later difficulties. The clinician is taken step by step through managing everything from toileting, eating, and sleep problems to externalizing disorders, internalizing disorders, and the effects of physical or sexual abuse. A variety of assessment methods are demonstrated and guidelines provided for planning and implementing a range of home- and school-based interventions. The volume contains over 30 reproducible parent handouts and other clinical tools.

Glascoc, F. P. (1999). Using parents' concerns to detect and address developmental and behavioral problems. *Journal of the Society of Pediatric Nurses*, 4(1), 24-35. Retrieved March 17, 2005.

Half of all children with disabilities are not identified before school entrance, precluding their participation in early intervention program with known value in reducing high school dropout rates, increasing employment, delaying child-bearing, and reducing criminal behavior. Screening tests that can greatly improve detection rates have not been popular in primary care. This article describes an alternative approach in an evidence-based technique relying on professional elicitation and interpretation of parents' concerns. Ss were 971 children from pediatric practices, day-care centers, public schools, and their siblings. Research shows that parents' concerns are as accurate as quality screening tests and that parents are equally able to raise important concerns regardless of differences in education and child-rearing experience. Parents' concerns can be elicited quickly, and 92% of parents can answer questions in writing while in exam or waiting rooms. Parents' concerns can help make a range of other important decisions about children's developmental and behavioral needs.

Gorey, K. M. (2001). Early childhood education: A meta-analytic affirmation of the short- and long-term benefits of educational opportunity. *School Psychology Quarterly*, 16(1), 9-30. Retrieved March 17, 2005.

Reviewed the scientific evidence on the effectiveness of early childhood educational programs. Drawing upon the theory that intelligence and related complex human behaviors are probably always determined by myriad complex interactions of genes and environments, this meta-analytic study is based on the assumption that such behaviors can be both highly heritable and highly malleable. Integrating results across 35 preschool experiments and quasi-experiments, the primary findings were: (a) preschool effects on standardized measures of intelligence and academic achievement were statistically significant, positive, and large; (b) cognitive effects of relatively intense educational interventions were significant and very large, even after 5-10 years, and 7-8 of every 10 preschool children did better than the average child in a control or comparison group; and (c) cumulative incidences of an array of personal and social problems were statistically, significantly, and substantially lower over a 10- to 25- year period for those who had attended preschool (e.g., school drop out, welfare dependence, unemployment, poverty, criminal behavior). The need for a very large, well-controlled, national experiment to either confirm or refute these provocative, review-generated findings is discussed.

Greenspan, S. I. (1990). Comprehensive clinical approaches to infants and their families: Psychodynamic and developmental perspectives. In S. J. Meisels, & J. P. Shonkoff (Eds.), *Handbook of early childhood intervention* (pp. 150-172). New York: Cambridge University Press.

Psychodynamic perspectives emphasize that the infant and child in the family should be studied in the context of their cultural and social patterns / this chapter will elaborate on this perspective through a review of some important developments in the field of infant and early childhood intervention / it will also present a theoretical and clinical discussion of work with multirisk families and their infants, as well as with infants with unique developmental challenges in families that are coping relatively well / the developmental structuralist approach (Greenspan, 1979, 1981) will be presented as a model that integrates psychodynamic, developmental, and emerging empirical perspectives in infants, children, and families who are at risk for environmental and/or biological factors.

Grolnick, W. S., McMenamy, J. M., & Kurowski, C. O. (1999). Emotional self-regulation in infancy and toddlerhood. In L. (. Balter, & C. S. (.Tamis-LeMonda (Eds.), *Child psychology: A handbook of contemporary issues*; child psychology: A handbook of contemporary issues (pp. 3-22). New York, NY, US: Psychology Press. Retrieved March 11, 2005.

In this chapter, we present a theory of the development of emotional self-regulation, focusing in particular on the toddler and early preschool years. We open our discussion by reviewing recent definitions of emotion that are grounded in a functionalist approach and tying this view to more specific definitions of emotion regulation. Next, we describe our motivational theory through which we view the development of emotional self-regulation. Given the varied use of terminology in the literature, we include a section on key distinctions such as those between emotion control and emotion regulation and emotion management vs emotional integration. Following this, we provide an in-depth discussion of our framework for understanding the development of emotional self-regulation that includes a review of empirical support for our theory. Drawing on our own work and that of others, we also present a model of factors that contribute to emotional self-regulation, including those within the child. We conclude by considering some of the conceptual and methodological issues facing emotion regulation researchers as well as the implications of emotion regulation for later adaptation.

Gullickson, T. (2004). Coping in young children: Early intervention practices to enhance adaptive behavior and resilience. *PsycCRITIQUES*, Retrieved March 11, 2005.

This article briefly reviews "Coping in Young Children: Early Intervention Practices to Enhance Adaptive Behavior and Resilience," by Shirley Zeitlin and G. Gordon Williamson (see record 1994-98199-000). In this book, Zeitlin and Williamson describe intervention strategies that help children who are at risk or have a disability cope. They focus on family-centered, personalized intervention strategies for children from birth through age three; however, this is a life-span approach that may be used with older children and adults as well. The authors present guidelines for assessing coping competence in young children and devising individualized family service plans that foster adaptive behavior and resilience.

Hester, P. P., Baltodano, H. M., Gable, R. A., Tonelson, S. W., & Hendrickson, J. M. (2003). Early intervention with children at risk of emotional/behavioral disorders: A critical examination of research methodology and practices. *Education & Treatment of Children*, 26(4), 362-381.

Children's behavior problems pose challenges to families, schools, and society. The research literature argues that early detection/intervention is the most powerful course of action in ameliorating these problems in children at risk of emotional/behavioral disorders. However, specifying precisely what constitutes a quality program of early intervention is not a simple task. Current conceptualizations suggest that successful early intervention cannot be unidimensional in nature, but must consist of a complex series of interactions and transactions that synergistically serve to nurture and enhance both the development of the child and family. We reviewed the accumulated research to learn more about the critical elements of early intervention. Specifically, we examined three major areas addressed in the literature. First, we describe literature search procedures and criteria for study inclusion, along with methods for analyzing these early intervention studies. Second, we examine the conduct of the intervention, including characteristics of study participants, types of interventions, types of measures, age of onset and length of intervention, treatment fidelity, and social validity measures. Finally, we draw upon that review to offer recommendations for future research.

Hyson, M. C. (1994). *The emotional development of young children: Building an emotion-centered curriculum*. New York, NY, US: Teachers College Press. Retrieved March 11, 2005.

[This book] provides readers with an innovative resource that brings together current theory and research into children's early emotional development, and applies this knowledge to practice. Proposing specific teaching strategies that advance children's understanding and appropriate expression of their emotions, Hyson focuses her suggestions for practice through the lens of classroom anecdotes drawn from direct observation. "The Emotional Development of Young Children" will serve as a text in graduate and undergraduate early education courses in curriculum and child development, and as important reading for early childhood teacher educators, teachers, and school and child care administrators.

Jakab, I., (2004). Emotional and behavioral problems of young children: Effective interventions in the preschool and kindergarten years. *Bulletin of the Menninger Clinic*, 68(4), 359.

"Emotional and behavioral problems of young children: Effective interventions in the preschool and kindergarten years," by Gretchen A. Gimpel and Melissa L. Holland. The up-to-date knowledge about the emotional and behavioral problems of young children is presented here in a clear and systematic way. Managing and preventing everyday problems such as toileting, feeding, and sleep problems is an important and well-written chapter. The problems and treatment of abused children are presented in a very sensitive and evidence-based manner. Long-lasting damage such as Posttraumatic Stress Disorder can be prevented and successfully treated by early recognition and treatment of abused children.

Jones, C. W., & Unger, D. G. (2000). Diverse adaptations of single parent, low-income families with young children; Implications for community-based prevention and intervention. *Journal of Prevention & Intervention in the Community*, 20(1-2), 5-23.

Identified distinct family caregiving structures among low-income single parent families. The relationships between these structures and family needs, social resources and family functioning were described. 218 unmarried low-income, primarily African-American mothers (aged 15-63 yrs) whose children (aged 1-5 yrs) were enrolled in community-based early childhood programs were interviewed. While global measures of functioning or distress were unrelated to type of family caregiving structure, there were significant differences with respect to specific sources of stress or conflict, stability of the caregiving structure across time, and perceived sources of primary support. Implications of these findings are discussed with respect to planning community-based services that build upon and strengthen family competencies.

Kamps, D.M. & Tankersley, M. (1996). Prevention of behavioral and conduct disorders: Trends and research issues. *Behavioral Disorders*, 22 (1), 41-48.

This paper discusses prevention of behavioral disorders through early intervention efforts. Recurrent themes in the area of prevention include (a) early intervention and family-focused prevention services, including assistance in parenting skills and accessing community-based services; (b) school-based prevention programs, including effective teaching practices, peer mediation, social skills intervention, self-management, and classroom management; and (c) within- and across-setting collaboration. Key areas for prevention research include universal prevention programs for at-risk groups, continued investigations of teacher and parent support systems, evaluation of prevention programs, and commitments for funding.

Kasari, C., Sigman, M., Yirmiya, N., & Mundy, P. (1993). Affective development and communication in young children with autism. In A. Kaiser & D.B.Gray (Eds.), *Enhancing children's communication: Research foundations for intervention. Communication and language intervention series, Vol. 2* (pp. 201-222). Baltimore, MD, England: Paul H. Brookes Publishing.

Focuses on the affective and communication development of young children with autism / in providing a theoretical framework for considering these abilities in children, we [the authors] rely primarily on the concept of intersubjectivity from the Vygotskian school of psychology begin by examining the normal process of intersubjectivity in infancy and then focus on the child with autism / examine the skill of the child with autism in achieving intersubjectivity by a focus on the child's abilities to share emotions and to achieve mutual engagement with others in several different contexts / consider the effect that an inability to engage in intersubjectivity--whether sharing affective states or attending to a partner vis-à-vis other events--has on other developing skills, including cognitive, language, and emotional abilities.

Kent, P. (2003). Pathways to competence: Encouraging healthy social and emotional development in young children. *Behaviour Change*, 20(4), 234-235. Retrieved March 11, 2005.

"Pathways to Competence: Encouraging Healthy Social and Emotional Development in Young Children," by Sarah Landy. There is growing recognition that a secure attachment, healthy self-esteem, the ability to regulate intense emotions, and the capacity for empathy and prosocial behaviours are important to healthy child development. With this in mind, the book was written by a developmental and clinical psychologist as a reference for child care providers, mental health workers, parents and others working with young children. The book emphasises the importance of both intervention and prevention to support the development of competence in children and there is a strong focus on the importance of attachment relationships between children and parents as the basis for healthy development. The book was developed from the experience of the author in running parenting groups and aims to provide ways to foster children's optimal development, particularly among high risk families. There are 10 chapters in this book. The first examines early childhood development and the effects of temperament. The following chapters look at what are considered to be the nine critical aspects of social and emotional development in children from birth to 6 years.

Kubicek, Lorraine F., Emde, Robert N., Schmitz, Stephanie. (2001). Temperament, mental development, and language in the transition from infancy to early childhood. In R. N. Emde & J. K. Hewitt (Eds.), *Genetic and environmental influences on developmental change* (pp. 307-328). London: Oxford University Press.

Explored relations between temperament and cognitive functioning in general, and language development in particular, during toddlerhood. Through behavioral genetics methods, the authors examined common genetic and environmental influences in these relations at each of 4 stages--14, 20, 24, and 36 months. Results show a consistent pattern of correlations between observational measures of temperament and cognitive functioning as well as language.

Lieberman, A. F. (2004). *Child-Parent Psychotherapy: A Relationship-Based Approach to the Treatment of Mental Health Disorders in Infancy*. In Arnold J. Sameroff et al. (Eds.), *Treating parent-infant relationship problems: Strategies for intervention* (pp. 97-122). New York: Guilford Press.

The treatment of mental health disorders in the first years of life has focused primarily on enhancing the quality of the emotional relationship between the young child and the parents. Approaches to treatment give primacy to a variety of factors that contribute to the child's clinical condition. These include the parent's unresolved psychological conflicts as these are reenacted in the relationship with the child, the mutually reinforcing impact of reality-based stresses and psychological conflicts as obstacles to effective parenting, the transactional nature of the parent-child contributions to the child's mental health problems and parental strengths as a scaffold for building new parental competencies and alleviating maladaptive parenting practices. The present chapter describes child-parent psychotherapy as a relationship-based treatment approach for infants, toddlers, and preschoolers who are experiencing mental health problems or whose relationship with the parent is negatively affected as a result of parental factors.

Loh, E., Wragg, J. (2004). *Developmental Perspective*. In K. N. Dwivedi & P. B. Harper (Eds.), *Promoting the Emotional well-being of children and adolescents and preventing their mental ill health: A handbook* (pp. 29-48). Philadelphia: Jessica Kingsley Publishers, Ltd.

In order to complete a book which would focus upon the promotion of emotional well-being for children and adolescents, it is vital to build a secure foundation using the theoretical underpinnings which have already been established. This would provide a solid basis upon which interventions could be built. It seems that there are critical stages in a young person's development where such interventions could be targeted. During these transitional times children and young people may be more vulnerable to environmental adversity, which accentuates the need to target these children for health promotion to prevent mental ill health. However, it is very important to understand these developmental aspects before further interventions can be developed. Dwivedi further elaborates the theme of emotional regulation in Chapter 4 in this volume. The chapter will begin with a discussion around the theoretical aspects and the issues affecting emotional development according to the following stages: infancy (birth until 2 years); early childhood (2-5 years of age); middle childhood (6-11 years of age); and adolescence (12-18 years of age). Though constrained by physical and cognitive abilities, primary psychosocial processes like reinforcement, modelling and labelling of emotions by others (e.g. parents) are also of crucial importance at each stage. Current concepts derived from contemporary research will also be reviewed and finally the future directions will be explored.

Mahoney, G., & Perales, F. (2003). *Using relationship-focused intervention to enhance the social-emotional functioning of young children with autism spectrum disorders*. *Topics in Early Childhood Special Education*, 23(2), 77-89.

This study investigates the effectiveness of relationship-focused intervention on the social and emotional well-being of children with autism spectrum disorders. Relationship-focused intervention is a general approach to developmental intervention that encourages and supports parents to enhance their use of responsive interactive strategies during routine interactions with their children. The sample for this study consisted of 20 young children diagnosed with autism or pervasive developmental disorder and their parents. Parents and children received weekly intervention sessions for 8 to 14 months. These sessions focused on encouraging parents to use a Responsive Teaching curriculum to promote children's socioemotional development. Comparisons of pre- and postassessments indicated that the intervention was successful at encouraging mothers to engage in more responsive interactions with their children. Increases in mothers' responsiveness were associated with significant improvements in children's social interaction, as well as in standardized measures of their socialemotional functioning. These results indicate that relationship-focused intervention holds much promise for enhancing the social-emotional functioning of children with autism spectrum disorders.

Merrell, K. W. (1996). *Social-emotional problems in early childhood: New directions in conceptualization, assessment, and treatment*. *Education & Treatment of Children*, 19(4), 458-473. Retrieved March 11, 2005.

Discusses new directions in psychological and education service delivery with the early childhood/preschool population: internalizing and externalizing social-emotional problems, as well as social competence. Conceptualization and development, assessment, and intervention are addressed. In terms of conceptualization and understanding, future efforts that help to better explain developmental pathways (and the paradox of multiple pathways) to specific disorders is needed. In terms of assessment, the great challenge is to develop empirically sound methods of assessment that not only describe with precision but have clear implications for intervention. Future efforts in the area of intervention will need to focus on multi-faceted intervention programs that are effective at changing several aspects of psychopathology in early childhood.

Moore, D. G., Oates, J. M., Hobson, P. R., & Goodwin, J. (2002). Cognitive and social factors in the development of infants with Down Syndrome. *Down Syndrome: Research & Practice*, 8(2), 43-52.

Infants and young children with Down syndrome can be engaging and affectionate. It seems that in the early months of life their personal relations may be relatively “spared” the effects of limitations in their capacities for information-processing. Yet how far is this the case as development proceeds? In this paper we discuss some ways in which social and cognitive development interact and mutually influence one another over the first year or so of life, and present preliminary findings from a longitudinal study of infants with and without Down syndrome. The evidence suggests that the development of “triadic” (person-person-world) social interactions may be affected by limited information-processing capacities in infants with Down syndrome, through a complex socially-mediated developmental trajectory.

Murray, K.T., Kochanska, G. (2002). Effortful control: Factor structure and relation to externalizing and internalizing behaviors. *Journal of Abnormal Child Psychology*, 30(5), 503-514.

Effortful control, a temperamentally based ability to inhibit a dominant response and activate a subdominant response, was assessed on 3 occasions using a comprehensive, age-appropriate behavioral battery in this 4-yr longitudinal study of children (N=103) from toddlerhood to early school age. The focus was twofold: to explore the structure of effortful control in a normally developing sample and to examine the relations between effortful control and adaptive functioning. Exploratory factor analyses supported the contention that effortful control is a complex, multidimensional construct with longitudinally stable factors. Effortful control was also significantly associated with mother-reported total behavior problems in a nonlinear fashion, with lower and higher levels of effortful control contributing to higher total problem scores. These findings have implications for the assessment of temperament in children and, most importantly, for the study of nonlinear contributions of temperament to early childhood behaviors.

Nemeroff, C. B. (2004). Neurobiological consequences of childhood trauma. *Journal of Clinical Psychiatry. Special Update on posttraumatic stress disorder*, 65(Suppl1), 18-28. Retrieved March 11, 2005.

There is considerable evidence to suggest that adverse early-life experiences have a profound effect on the developing brain. Neurobiological changes that occur in response to untoward early-life stress can lead to lifelong psychiatric sequelae. Children who are exposed to sexual or physical abuse or the death of a parent are at higher risk for development of depressive and anxiety disorders later in life. Preclinical and clinical studies have shown that repeated early-life stress leads to alterations in central neurobiological systems, particularly in the corticotropin-releasing factor system, leading to increased responsiveness to stress. Clearly, exposure to early-life stressors leads to neurobiological changes that increase the risk of psychopathology in both children and adults. Identification of the neurobiological substrates that are affected by adverse experiences in early life should lead to the development of more effective treatments for these disorders. The preclinical and clinical studies evaluating the consequences of early-life stress are reviewed.

O'Connor, T. G. (2003). Early experiences and psychological development: Conceptual questions, empirical illustrations, and implications for intervention. *Development & Psychopathology. Special Conceptual, methodological, and statistical issues in developmental psychopathology: A special issue in honor of Paul E.Meehl*, 15(3), 671-690. Retrieved March 11, 2005.

Reviews alternative conceptual and descriptive models of how early exposure to risk may predict later development. Particular attention is paid to the methodological and data analytic strategies for differentiating among the models. Example empirical illustrations of human studies are then provided that highlight the potential significance of early experiences for behavioral/emotional development. Finally, implications of these models of early experiences for intervention and prevention are examined and identified as an important methodological tool for further research.

Park, N. & Peterson, C. (2003). Early Intervention from the perspective of positive psychology. *Prevention & Treatment*, 6, pp. [np].

Nelson, Westhues, and MacLeod's (2003) meta-analysis of early interventions for children is an important addition to the prevention literature. We comment on this article from the perspective of positive psychology and compare and contrast its conclusions with those from positive youth development. We conclude that social-emotional interventions are as important as cognitive interventions and that future program evaluations should explicitly measure positive outcomes.

Powell, D. R. (1988). Parent education as early childhood intervention: Emerging directions in theory, research and practice. In D. R. Powell (Ed.), *Annual advances in applied developmental psychology (Volume 3)*, (pp. 248). Westport: Ablex Publishing.

The writers in this volume, all experienced investigators, have directed considerable thought and energy to the questions regarding influencing parents by creating programs which would be of benefit to them. Evaluations of these programs tell us much about program effectiveness: what works and what does not work. Intervention programs also teach us much about the way parents and children think, relate and develop. Evaluation of intervention programs can be useful in two ways, one to test effectiveness of a program and the other to generate new knowledge about human functioning, social contexts in particular.

Ramey, C. T., & Ramey, S. L. (1992). Effective early intervention. *Mental retardation*, 30(6), 337-345. Retrieved March 11, 2005.

Argues that a model of intellectual development that assumes direct, causal linkages between early experiences and subsequent intellectual functioning constitutes a basic but inadequate paradigm for developmental psychology. The predicted success of compensatory education was such a central tenet of the early experience paradigm that a failure to demonstrate permanent increases in intelligence with early intervention has constituted a basic challenge to the validity of the paradigm. It is further argued that future evaluations of the efficacy of early educational intervention must go beyond the conceptual constraints imposed by the early experience paradigm. A reconceptualization of the effects of early experience, emphasizing the cumulative and dialectical nature of development, is advocated.

Ramey, C. T., & Ramey, S. L. (1998). Early intervention and early experience. *American Psychologist*, 53(2), 109-120. Retrieved March 17, 2005.

For 4 decades, vigorous efforts have been based on the premise that early intervention for children of poverty and, more recently, for children with developmental disabilities can yield significant improvements in cognitive, academic, and social outcomes. The history of these efforts is briefly summarized and a conceptual framework presented to understand the design, research, and policy relevance of these early interventions. This framework, biosocial developmental contextualism, derives from social ecology, developmental systems theory, developmental epidemiology, and developmental neurobiology. This integrative perspective predicts that fragmented, weak efforts in early intervention are not likely to succeed, whereas intensive, high-quality, ecologically pervasive interventions can and do. Relevant evidence is summarized in 6 principles about efficacy of early intervention. The public policy challenge in early intervention is to contain costs by more precisely targeting early interventions to those who most need and benefit from these interventions. The empirical evidence on biobehavioral effects of early experience and early intervention has direct relevance to federal and state policy development and resource allocation.

Ramey, C. T., & Suarez, T. M. (1984). Early intervention and the early experience paradigm: Toward a better framework for social policy. *Journal of Children in Contemporary Society. Special Infant intervention programs: Truths and untruths*, 17(1), 3-13. Retrieved March 11, 2005.

For 4 decades, vigorous efforts have been based on the premise that early intervention for children of poverty and, more recently, for children with developmental disabilities can yield significant improvements in cognitive, academic, and social outcomes. The history of these efforts is briefly summarized and a conceptual framework presented to understand the design, research, and policy relevance of these early interventions. This framework, biosocial developmental contextualism, derives from social ecology, developmental systems theory, developmental epidemiology, and developmental neurobiology. This integrative perspective predicts that fragmented, weak efforts in early intervention are not likely to succeed, whereas intensive, high-quality, ecologically pervasive interventions can and do. Relevant evidence is summarized in 6 principles about efficacy of early intervention. The public policy challenge in early intervention is to contain costs by more precisely targeting early interventions to those who most need and benefit from these interventions. The empirical evidence on biobehavioral effects of early experience and early intervention has direct relevance to federal and state policy development and resource allocation.

Reynolds, A. J. (1998). Developing early childhood programs for children and families at risk: Research-based principles to promote long-term effectiveness. *Children & Youth Services Review*, 20(6), 503-523. Retrieved March 11, 2005.

Early childhood programs for economically disadvantaged children are comprehensive interventions designed to help prevent school failure and social difficulties by promoting healthy child and family development. Eight principles of early childhood interventions are reviewed to highlight the research-based characteristics of programs that promote long-term effects on children's development. Effective programs not only enhance children's scholastic development but also can reduce the need for later remedial education and human welfare services. The effects of the Chicago Child-Parent Center, a large-scale early intervention program, are described to illustrate the importance of designing and implementing programs that have all the features of programs demonstrating long-term success for children and families.

Rothbart, M.K., Ellis, L.K. & Posner, M.I. (2004). Temperament and self-regulation. In R.F. Baumeister & K.D. Vohs (Eds.), *Handbook of self-regulation: Research, theory, and applications*. (pp. 357-370). New York: Guilford Press.

Temperament has been defined as constitutionally based individual differences in reactivity and self regulation. These individual differences, and the relation between reactivity and self regulation, play a central role in development. This chapter describes various theoretical approaches to the construct of self regulation, as well as the relation of self regulation to underlying physiology. In addition, we describe the early development of a fear-based regulation system and the later development of a more effortful system dependent upon functioning of the executive attentional system. We discuss strategies of measurement, stability of effortful control, and implications of effortful control in socio-emotional outcomes.

Sajaniemi, Nina et al. (2001). Cognitive development, temperament and behavior at 2 years as indicative of language development at 4 years in pre-term infants. *Child Psychiatry & Human Development*, 31(4), 329-346.

This study focuses on the early temperamental (toddler temperament questionnaire), behavioral (infant behavior record), and cognitive precursors of impaired language functioning in preschool-age pre-term infants. The study group consisted of 63 pre-term infants with a mean birth weight of 1,246 g born in 1989-1991 in the University Central Hospital of Helsinki. Children with major disabilities (e.g., mental retardation) were excluded. At the age of 4 years, 22% showed impaired language function. Logistic regression analysis showed that the Bayley Mental Development Index score was the best predictor in identifying an increased risk for language impairment. Behavioral characteristics were more strongly associated with subsequent language impairment than temperament.

Scaramella, L. V., & Leve, L. D. (2004). Clarifying parent-child reciprocities during early childhood: The early childhood coercion model. *Clinical Child & Family Psychology Review*, 7(2), 89-107. Retrieved March 11, 2005.

Consistent with existing theory, the quality of parent-child interactions during early childhood affects children's social relationships and behavioral adjustment during middle childhood and adolescence. Harsh parenting and a propensity toward emotional overarousal interact very early in life to affect risk for later conduct problems. Less empirical work has evaluated the emergence of early childhood coercive parent-child reciprocities. The proposed early childhood coercion model describes the processes by which coercive parent-child reciprocities emerge. Specifically, the interaction between parenting and infants' propensities toward reactivity influences the development of emotion regulation in children and disciplinary styles in parents. Highly reactive children are expected to experience more difficulty learning to regulate emotions and to evoke harsher parenting. Through a process of mutual reinforcement, harsh parenting, negative emotional reactivity, and poor emotion regulation become coercive parent-child reciprocities during early childhood. The emergence of coercive parent-child interactions further diminishes children's emotional regulatory capacities and affects the formation of peer relationships during kindergarten.

Schellenbach, Cynthia J. (1987). Emotional development in infancy. In Martin E. Ford & Donald H. Ford (Eds.), *Humans as self-constructing living systems: Putting the framework to work* (pp.81-120). Hillsdale: Lawrence Erlbaum Associates, Inc.

Provides new perspectives on infant emotional development and illustrates how the LSF [living systems framework] concept of a behavior episode used in the context of a replicated single-subject design enables one to study the dynamic sequencing of behavior patterns in specific individuals.

Schmitz, Stephanie et al. (1999). Temperament and problem behavior during early childhood. *International Journal of Behavioral Development*, 23(2), 333-355.

Some evidence exists for the phenotypic association of problem behavior in early childhood with temperament in infancy, but little is known about the genetic and environmental mechanisms mediating this association. At the ages of 14, 20, 24, and 36 months, mothers of twins completed the Colorado Childhood Temperament Inventory (e.g., A. H. Buss & Plomin, 1984). At age 4, problem behavior was assessed using maternal reports on the Child Behavior Checklist (CBCL/4-18; T. M. Achenbach, 1991). The temperamental trait of Emotionality at all four prior age points correlated significantly with the CBCL Total Problem Score at 4 years as well as with the broad-band groupings of Internalizing and Externalizing. In addition, Shyness at all four ages correlated significantly with the broad-band grouping of Internalizing. Longitudinal behavioral genetic analyses indicated that these phenotypic predictions from early temperament to later behavior problems are largely due to genetic factors.

Settlage, Calvin F; Silver, Daniel H; Afterman, Joseph; Hart, Kent; Nelson, Kristin. (1993) *Developmental Process: Mother-child and father-child interaction during the second year of life*. In Philip A. Cowan & Dorothy Fields (Eds.), *Family, self, and society: Toward a new agenda for family research* (pp.363-384). Hillsdale: Lawrence Erlbaum Associates, Inc.

Our research is focused on how the child-parent interaction serves the development of mental functions and regulatory structures in the child / an overview of theoretical considerations and our research approach and methodology will be followed by the case study of Walt and his parents in illustration of our methods and findings our research approach is motivated by the aim of retaining the complexity and potential insights of psychoanalytic theory and method while working toward the formulation of empirically testable hypotheses / our choice of a clinically oriented methodology has the purpose of providing clinically relevant findings / found that a clinically focused research approach promotes thinking about the observational material of parent-child interaction in ways that could be useful to parents, caregivers, and clinicians working with young children / a long-range objective of our research is a reduction in the incidence, prevalence, and severity of mental and emotional disorders, through parent-education and preventive-intervention our studies of child-parent interaction all employ a semistructured observational situation / the initial study in this evolving series explored the relationship between mother-child interaction during the second year of life and the child's concurrent independent functioning in a play group / the second study addressed the phenomenon of the appeal cycle in early mother-child interaction / the third study examines the regulation of aggression in the child-parent interaction and its role in developmental process and in pathogenic process.

Spiker, Donna. (1982). Parent involvement in early intervention activities with their children with Down's Syndrome. *Education & Training of the Mentally Retarded*. 17(1), 24-29.

25 mothers of preschoolers with Down's syndrome completed a questionnaire about their experiences in early intervention programs. Comparisons were made between high- and low-functioning children (Bayley Scales of Infant Development and the Stanford-Binet Intelligence Scale). Results show that mothers were actively involved, with notable variation in reactions to various program activities. Responses about experiences with infant stimulation activities indicated that mothers of males and, to a lesser extent, mothers of lower-functioning Ss had greater difficulty engaging Ss in such activities. Mothers reported beneficial emotional support from parent group meetings during infancy, which had reduced relevance by the preschool period. Discussion focuses on the need to examine and evaluate individual differences in parents' program participation.

Squires, J. K. (2000). Identifying social/emotional and behavioral problems in infants and toddlers. *Infant-Toddler Intervention*, 10(2), 107-119. Retrieved March 11, 2005.

Early identification of social and emotional problems in young children is critical for improving developmental outcomes. Once established, social/emotional difficulties remain stable over time and are highly resistant to change. Definitions of terms and issues involved in early identification of social/emotional competence in young children are presented in this article. Screening tools for identifying social/emotional difficulties in the birth to 3-yr-old population such as the Ages and Stages Questionnaires: Social-Emotional, Devereux Early Childhood Assessment Program, Infant/Toddler Symptom Checklist, and Temperament and Atypical Behavior Scale: Early Childhood Indicators of Developmental Dysfunction are reviewed. Finally, recommendations are made for effective early identification and intervention systems.

Stein, M.T., Carey, W.B. & Snyder, D.M. (2001). Is This a Behavior Problem or Normal Temperament? *Journal of Developmental & Behavioral Pediatrics*, 22(2), 123-129.

The challenge for pediatricians has been the development of practice models that effectively make use of the current understanding of temperament. How can it be assessed readily in clinical practice? When is it most useful as a diagnostic or therapeutic tool? When is a problematic behavior a reflection of temperament, and when it is a behavior problem? The authors present 3 brief case scenarios (a 21/2-yr-old boy, a 7-mo-old boy and a 14-yr-old girl) that describe common behavioral presentations at different stages of development. In each situation, either a behavioral diagnosis or a specific temperament pattern may be applied by different clinicians.

Svanberg, P. O. G. (1998). Attachment, resilience and prevention. *Journal of Mental Health (UK)*, 7(6), 543-578. Retrieved March 17, 2005.

Reviews research on attachment and developmental psychopathology and proposes a framework for primary mental health prevention and early intervention based on the attachment paradigm. Secure and insecure infant attachment patterns, and the effects of very early attachment and parenting on later secure attachment are discussed. The attachment paradigm is applied to primary prevention, based on follow-up studies of the predictive validity of attachment assessments at different ages. Insecure attachment, while not equated with psychopathology, is regarded as an important vulnerability factor. Evidence from effective interventions suggests that early secure attachment can support development of social competence and facilitate resilience for coping with adverse life events without developing psychological or psychiatric symptoms. Obstacles to secure attachment include parent or child vulnerabilities, child abuse, and restricted access to services. Action points (program components) are outlined for a comprehensive primary prevention strategy across the life cycle.

Upshur, C. C. (1990). Early intervention as preventive intervention. In S. J. Meisels, & J. P. Shonkoff (Eds.), *Handbook of early childhood intervention: handbook of early childhood intervention* (pp. 633-650). New York: Cambridge University Press.

Discusses the prevention roles currently played by early intervention programs and the potential for expanding the range of prevention services in order to reach a larger number of infants and families / begin by presenting traditional definitions of prevention and move to a discussion of the problems in defining the concept of risk / the current evidence for the preventive impact of early intervention programs will then be reviewed, followed by a discussion of the need to develop a broader national policy oriented toward prevention of child and family dysfunction.

Weiss, H. (2004). Growing up in poverty as a developmental risk: Challenges for early intervention. *Educational & Child Psychology. Special At-Risk Children From Birth to Elementary School Age: Research Findings and Reflections on Intervention from an International Perspective*, 21(1), 8-19. Retrieved March 11, 2005.

In the context of poverty problems in 'First World' countries induced at socio-economic and political levels, data are presented about child poverty in Germany. Important connections within the complex relationship of child poverty and developmental risks become apparent. Following brief comments about the value of early intervention within the multidimensional strategy to combat (child) poverty, particularly on the political level (fair compensation for family-related burdens for families with children and additional care structures as dictated by need), the conditions for effective early intervention are listed. The article concludes with references to proven plans for actions in this field and to the meaning of a low level entry system for the early discovery of developmental risks for children who grow up in poverty.

Weist, M. D. (2003). Early childhood mental health research in a larger context of paradigmatic change. *International Journal of Mental Health Promotion*, 5(3), 17-19. Retrieved March 11, 2005.

They provide a powerful review that will help to advance emerging efforts to reform, improve and integrate research, practice and policy in child and adolescent mental health. The two major themes of this article include: the significant problems that characterize current approaches to children's mental health, and the fact that these problems underscore the need for broad paradigmatic change. It is probably safe to conclude that in all countries there are problems in children's mental health systems. In Australia, children's mental health is under-resourced, less than 20 percent of the mental health budget is going to children and families. This inequity is even more worrying when one considers that mental health systems in nations are usually significantly under-funded compared with other health systems. Limited resources limit attention, especially to less observable problems in very young children. These factors points to significant advocacy needs in almost every community to enhance attention to children's mental health and to move toward efforts that involve a full continuum of coordinated mental health promotion and intervention for youth of all ages, and for the full spectrum of risk and protective factors and internalizing and externalizing disorders.

Wolf, A. W. M. (1941). *The parents' manual; A guide to the emotional development of young children*. Oxford, England: Simon & Schuster.

Common-sense answers to everyday questions offer a guide to an approach parents should take to their children's problems. In so far as the author offers any formula for meeting children's problems it is that parents should look at themselves as well as at their children to understand the emotional problems that arise.

Yoshikawa, H., Rosman, E. A., & Hsueh, J. (2002). Resolving paradoxical criteria for the expansion and replication of early childhood care and education programs. *Early Childhood Research Quarterly*, 17(1), 3-27. Retrieved March 17, 2005.

Conceptual bases of intervention and policy are often subject to paradoxical dilemmas, such as the need for a coherent program model versus recognition of the diversity of a target population. This article aims to identify underlying paradoxical bases for expansion and replication of early childhood care and education programs, and to suggest potential resolutions of these paradoxes. Clarification of such paradoxes may provide guidance for the many decision points which arise in processes of identifying, expanding, and replicating early childhood programs based on evidence of quality or success. First, a brief history of early childhood care and education in the U.S. from the viewpoint of expansion and replication is presented. A five-fold typology of expansion and replication processes is proposed: staged replication, franchised replication, multi-site demonstrations, mandated replication, and government-supported private sector expansion. Second, paradoxes associated with the process of replication are considered, such as: (1) the "can it work" versus "does it work" paradox; (2) the fidelity versus local cultural relevance paradox; (3) the replication versus addition paradox; (4) the replication versus program improvement paradox; and (5) the representative ness versus.

Zigler, E., & Styfco, S. J. (2001). Can early childhood intervention prevent delinquency? A real possibility. In A. C. (Bohart, & D. J. (Stipek (Eds.), *Constructive & destructive behavior: Implications for family, school, & society.; constructive & destructive behavior: Implications for family, school, & society* (pp. 231-248). Washington, DC, US: American Psychological Association; [www.apa.org/books]. Retrieved March 17, 2005.

Presents a review of the risks that propel a child toward delinquency and discusses some interventions that appear to strengthen protective shields. The authors highlight Head Start, which is noted as the US's largest and most enduring early intervention program. It is concluded that quality early childhood intervention programs exemplify primary prevention. Although most programs were designed to prevent school failure, they have shown that broad, 2-generation efforts that build on the strength of families as well as children can prevent more than poor report cards. The authors state that the impact of early intervention programs on delinquency reduction must be supported by additional research, but that the evidence so far is promising.