

From Epiphany to Culture Change: Reflections on the Promise of Prevention

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Abstract

The author brings to life her first hand experience teaching preschoolers in an early childhood education program in the Henry Horner Homes, and how the evidence gathered from that program 35 years ago finds support today in the latest research on brain development and the importance of capitalizing on early opportunities for growth. She reviews the major primary prevention and family support programs of the 1970s and provides evidence of their effectiveness at reducing multiple social and individual problems. Above all, she takes issue with the culture's longstanding worship of individualism, explaining how this philosophy is implicated in a generalized crisis orientation, as well as a lack of public and policy support for early childhood and family support programs. She makes an impassioned plea for widespread cultural change in the direction of taking collective responsibility for all children and families, and a comprehensive care plan that would not only prevent poor outcomes, but that would promote healthy development starting from the first moments of life.

"Americans are uniquely able to respond when a crisis arises. It is only then that tremendous energy is mobilized to respond to the situation. The same talents are not used to prevent it." - Margaret Mead

Introduction: Discovering the need for prevention

Sometimes knowledge acquired through experience can dramatically affect one's thinking, leading to a defining moment, a sudden insight, an epiphany which unalterably shifts one's most fundamental conceptual framework. Such was my awakening to the unique significance of the early years in a child's life, and the intrinsic value of prevention. It came in 1969 when I was teaching in a program for preschoolers at the Henry Horner Housing Projects. It was a research program intended to evaluate the effectiveness of preschool education. As time went on, I became increasingly aware of the particular personalities of each child: the child who seemed quite comfortable with himself and eagerly approached new activities and

learning opportunities, and the child who was consumed with anger and spent a good part of his day lashing out at others, peers and adults alike. There was the young boy whose fearfulness and anxiety were crippling, so he remained quiet and isolated, alone in a busy classroom. There was the little girl who sauntered around the classroom provocatively swinging her hips from side to side, leading me to think that sex and sexual advances were a big part of her life. I looked at these children and imagined them as adults. I extrapolated from the present and glimpsed into their futures: predicting who would handle life well; who would be unable to cope, possibly prone to becoming addicted, landing in jail; who may become a prostitute. These children were only three years old. Much had happened in their lives already to influence who they would become.

The research team at the center had divided the children into three groups. All were children living in poverty. "A" marked those whose families provided a nurturing, positive environment, who were involved with their children and meeting their physical and emotional needs. "B" marked those whose families were under stress and unable to fully meet their children's needs; "C" were children whose families were uninvolved and neglectful, perhaps due to drug abuse or mental health issues. Predictably, the results showed the "A" children were developing appropriately and, although enhanced by their preschool experience with us, would have fared satisfactorily without it. The "B" children were demonstrably improved as a result of a good preschool experience; the "C" children were little affected, requiring interventions beyond what even a good preschool could offer. This was the context for my epiphany. For children living in difficult circumstances starting preschool at 3 years of age could possibly be too late to alter the trajectory of their lives.

In recent years, research on brain development has provided scientific evidence for my observations. We now know that the vast majority of physical brain development occurs before the age of three, thus creating "windows of opportunity" for optimal learning of cognitive and social / emotional skills. This window of opportunity has also been called a "window of vulnerability"; meaning that if children are

not able to acquire the skills that the brain is primed to learn at this time, then it will be harder for them to catch-up later (Karoly, Greenwood, Everingham, et al., 1998, p. xi).

Since children are clearly influenced by their environment, their families must be reached. No matter how good we were as teachers, we would always be secondary to parents in the child's life. It became apparent that if we were to be effective in preventing problems with children it was necessary that these concepts guide our work: contact with children should start at birth, preferably prenatally; and planning should be two-generational, for the child and the family.

A similar conclusion about the importance of starting early, of investing in prevention in order to eliminate serious long-term problems, came to me when observing children in other contexts. I noticed when a healthy child senses that something is wrong, he or she will respond compassionately. Children will pick up a wounded bird and try to heal it. A child will anxiously ask his mother who has cut herself, "Are you ok?" or if she looks sad, "Mommy, what's the matter?" Caring comes naturally, is a part of what we are as human beings - that is, if we have been cared for.

If children's cries have gone unheard and they have been left on their own to grapple with a bundle of hurt feelings, then helplessness and anger take over. They no longer express tenderness as human beings. We do have some understanding of what creates bullies in the playground, brutal policemen, terrorizing prison guards. Violence has its roots in early experiences. The childhood history of prisoners is ample proof of horror breeding horror. In the words of Mary Katherine Armstrong, a clinical social worker, "If we wish to live in a peaceful world where we are able to mature emotionally and relate to each other with empathy and compassion, the need to provide a safe, nurturing environment for all children should be our highest priority" (Armstrong, 2003, p. 85).

From these basic points initial definitions of early intervention and prevention were formulated. Conceptualizing prevention as forestalling unhealthy development and individual pathology, and enabling humans to become the compassionate, caring members of society which they are capable of being, led to a view of prevention as supporting families in their caregiving of children. Moreover, it was recognized that such support optimally begins at the earliest moments of a child's life.

The foundations of prevention and early intervention programs

In an age when it is often assumed that maladaptive behavior originates in misfiring neurons, one can risk being called simplistic in emphasizing the relationship basis of healthy development. But in fact, recent research demonstrates that abuse and neglect in early life result in a host of problems in adulthood. For example, a 1992 National Institute of Justice review of the research found that childhood abuse increased the odds of future delinquency and adult criminality overall by 40%. Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38% (Widom, 1992).

In the 60's and 70's, others reached similar conclusions and began developing programs and policies geared towards prevention. There is nothing stronger than an idea whose time has come. A body of research validated the insights on the early years and on the role of the family in children's development. From different vantage points - child development, research, psychology, early childhood - people were reaching like conclusions, and evidence for the value of starting early and working with whole families to help children rapidly mounted. The practical application of the knowledge could be seen in the initiations of new programs called family support in various parts of the country. Among the early flagship programs in the 1960s and 1970s were Birth to Three in Oregon, Family Focus in Illinois, Parent Services Project in California, MELD in Minnesota, Parents as Teachers in Missouri, and Avance in Texas. These programs focused on children and their families in the child's first years of life. Whether they were community-based family centers, child-care centers, home-visiting programs, parental groups, they all were committed to assisting parents in their parenting role, offering, among a wide variety of services: child development information, parent discussion groups, opportunities for networking between parents, and social service resources for parents.

These early family support programs also shared common premises and assumptions. They were based on the belief that primary responsibility for the development and well being of children lies within the family, and all segments of society must support families as they rear their children. Doing so is the cornerstone of a healthy society and requires universal access to support programs and services. Program developers understood that children and families

exist as part of an ecological system – a network of community, state, and federal practices and policies that profoundly influence parents' choices and well-being, and thereby their children's welfare. They were committed to the concept that parents were the primary influence in their children's lives and should have opportunities to learn how children develop, what contributes to a child's sense of competence, and strengthens a child's ties to his culture and community. A particular feature of family support programs is recognition that enabling families to build on their own strengths, to feel and be competent, promotes the healthy development of children, and that families are empowered when they have access to information and other resources and take action to improve the well being of children, families, and communities (Family Resource Coalition, 1996a). Given this shared belief system, a set of principles for practice emerge that define family support work. The traditional hierarchical helper-helpee relationship shifted to emphasize relationships built on equality and respect. Rather than assume the professional is the keeper of child development knowledge to be imparted, as from a teacher to a learner, the assumption is that the professional knowledge of child development in general is matched with the parent's intimate knowledge of his/her child. It is this interchange that is of greatest benefit to the children while, at the same time, enhances the parent's sense of competence. When parents feel valued, the strength of the relationship becomes a major factor in a parent's willingness to accept new information. Language has changed to reflect this relationship, and the term "client" is replaced by the term "participant." Other practices focus on supporting parents as people, as well as parents: improving families' abilities to access the resources they need, actively involving families in all aspects of the work, including planning and governance of the agency providing services, working with the family to strengthen the community in which they live. Centers often become the locus for advocacy efforts, such as improved child care, after-school care, or safe communities.

A fundamental practice emanating from the recognition of the importance of culture and community in a child's life is to affirm and strengthen families' cultural, racial, and linguistic identities while enhancing their ability to function in a multi-cultural society. Practitioners are knowledgeable about the cultures of the families and communities with which they interact. They foster and encourage dialogue about culture, create opportunities for adult family mem-

bers to teach children and each other about the beliefs, traditions, and institutions of the society in which they live. Programs also serve as a resource for parents to learn about the traditions and institutions of the society in which they live (Family Resource Coalition, 1996b).

It was not only the mushrooming of family support programs around the country that heralded changes in the social service landscape. Entire systems began establishing new practices based on similar principles and premises, and the importance of starting early and of the centrality of the family to a child's well being. An example is the health care system where, over the years, hospital rules have changed dramatically to fit an understanding of the significance of family bonds. Whereas previously parents of sick children could visit them for only two-hours a day, during "visiting hours," now parents can be with their children 24-hours a day and rooms on pediatric wards have been equipped with reclining chairs, so parents can sleep comfortably. Similarly, fathers who used to be excluded from delivery rooms and commonly paced up and down in waiting rooms, are regularly welcomed in the delivery room to give mothers the support they need while giving birth. Also, it became apparent to medical staff that children improved more rapidly when they felt less isolated and fearful, and that father-assisted labor was helpful to the mother. In many hospitals, the formality and the sanctity of hospital practice was replaced by an atmosphere of family friendliness.

Similarly, child welfare systems have been undergoing a sea change in their approach to helping abused and neglected children. In the past, child welfare efforts often oversimplified the contexts that resulted in children's difficulties, not uncommonly regarding troubled children as suffering from a defect inherent in them, or aiming solely to "rescue" children from what were seen only as bad situations caused by their parents. Increasingly, there has been a more complex understanding of child development and the process of helping children and families, and the federal government and most states are embracing a family-centered approach to the delivery of child welfare services. In its child welfare legislation of the 1990s, the federal government has embraced the "belief that the best approach to protect children is to strengthen their families" and acknowledges that families may be weak from "exposure to stressors such as poverty, poor housing, substance abuse, domestic violence, or mental illness" (National Child Welfare Resource Center for Family-Centered Practice, 2000, p.9).

States have increasingly recognized that they would be more effective at helping abused and neglected children and improving outcomes for them if they adopted a family-centered, community-based approach. The New Jersey Department of Human Services recently established a Task Force on Child Abuse and Neglect, which has created Standards for Prevention Programs that are recognized as integral to its child welfare system. This conceptual shift in child welfare results not only in the adoption of family-centered strategies or models (e.g., family group conferencing, family preservation, community-based foster care) but ideally in a whole reorientation of practice toward developing relationships of support to replace those of monitoring and judging (Dunst & Trivette, 1994). There is much work yet to be done to assure that practice catches up with theory, since it is difficult to change long established patterns of functioning. For example, a professional trained to concentrate on the problems a parent presents is not easily able to look first for the person's strengths--whether it's simply a winning demeanor, a strong commitment to the local church, or a craft skill. A strengths-based approach bolsters self-esteem and creates a supportive dynamic which helps the individual experience success in meeting immediate needs (1994).

These recent changes occurred gradually, and we can trace some among the abundant examples of the emerging focus on prevention from the 1970s through to the present. As early as 1979 the General Assembly of North Carolina passed a bill which stated "the family is the most effective institution there is to meet the needs of children" and legalized programs "to promote and encourage program practices to support and strengthen families in North Carolina." Later the same state established statewide early childhood systems. The American Psychological Association in 1988 set up a task force to "study programs focused on prevention rather than treatment."

In the public health arena, Healthy Communities presents another compelling example of new attitudes and beliefs. The Healthy Communities movement, which began in the early 1980s, is based on the idea that people can and will come together to create conditions in communities that promote the physical and emotional health and well being of children and families. Initially spearheaded by Drs.

Len Duhl and Trevor Hancock as Healthy Cities, and launched by the World Health Organization, now more than 3000 communities around the world have embraced the movement's principles and developed grassroots initiatives to improve local environmental conditions, economic health, and social equity (Norris & Pittman, 2000).

There has been considerable attention at the state and national levels to the importance of the first three years of life, and public and private initiatives have developed and spread. In 1994, The Carnegie Corporation of New York released a report called *Starting Points: Meeting the Needs of Our Youngest Children*, which presented research evidence of a "quiet crisis" facing infants and toddlers in the U.S. This report kicked off a major public education campaign about the importance of the early years and resulted in a Carnegie-sponsored Starting Points initiative in 16 states which were intended to catalyze partnerships to provide quality early childhood education, family support service, preventive health care, and community planning for very young children. The findings of this report contributed to the legislation which resulted in Head Start in 1998 being expanded to reach low-income pregnant mothers and children from birth to three years of age (Early Head Start, Levine & Smith, 2001). Also in 1998, California passed Proposition 10: The California Children and Families First Act which diverts more than \$700 million annually from state tobacco tax revenues to services for children prenatally up to age 5 and their families.¹

Many states are moving towards funding pre-kindergarten programs, and school systems are establishing early childhood programs, generally for four and five year olds, with strong parent involvement and family support components. The most well-known and well-established of these is in Minnesota, where for more than 25 years, the state has funded an Early Childhood Family Education program, which is now universally available in all 425 school districts statewide and serves more than 305,000 children and their families each year – 99 percent of the eligible population. Since ECFE's inception, one of its main goals has been to provide opportunities for parents to develop leadership skills and to use these skills to advocate for their children and their community.

¹The Zero To Three National Center for Infants, Toddlers and Families is an excellent resource for information regarding policy and program initiatives for very young children. See <http://www.zerotothree.org/>.

One of the imperatives for sustaining government funding for early childhood intervention programs is knowing that those programs make a long-term difference for children. Measuring the effectiveness of prevention programs is always difficult, but both evaluation and cost-effectiveness data for programs targeting low-income children that have been rigorously evaluated yield generally promising conclusions.

Summarizing the evidence for the value of early intervention and prevention

In 1998, RAND Corporation examined the available evaluation data on nine seminal and long-standing programs (Early Training Project, Perry Preschool, Chicago Parent-Child Centers, Houston Parent-Child Development Center, Syracuse Family Development Program, Carolina Abecedarian, Project CARE, Infant Health and Development Project, and Elmira Prenatal/Early Infancy Project) for impact on cognitive / emotional development, educational success, economic well-being, and health (Karoly, Greenwood, Everingham, et al., 1998). The programs led to the following advantages for participants relative to the control group by:

- producing gains (usually short-term) in cognitive /emotional development;
- improving parent child-relationships;
- improving children's educational process and success;
- increasing economic self-sufficiency of both parent and child (measured by labor force participation and income, including use of welfare);
- reducing criminal activity in family members;
- improving health-related indicators such as child abuse, maternal reproductive health, and maternal substance abuse.²

These positive effects also result in cost-savings for society, in the form of lower public expenditures later in life for participating children. Participating children may:

- spend less time in special education (which is more expensive than mainstream education);
- be able to succeed educationally, get better jobs, and earn higher income (which saves public expenditures on welfare and also

potentially increases tax revenues);

- and they may be less likely to be in the criminal justice system (which is tremendously expensive for society).

For two of the nine programs studied (Perry Preschool and Elmira PEIP), the evaluation data made it possible for RAND to compare program costs with eventual government savings and in both of those cases they found that, for the highest risk families, savings to government were much higher than the costs of providing services.³

The reality is probably even more promising than the data suggest, because of biases inherent in the process of measuring program benefits. It is always easier to measure full program costs than to estimate long-term benefits. Savings to society in the form of reduced criminal behavior and tax revenues are difficult to quantify and include in such studies. Yet in addition to anecdotal evidence, intuition, and common-sense reasoning, rigorous scientific evaluations are beginning to demonstrate that the benefits of early childhood programs exceed even what could have been expected, because they compound over the course of the child's development (Seitz, Rosenbaum, & Apfel, 1985).

Prevention has become a popular concept. As the years have gone by, prevention has been embraced across multiple domains, and its meaning has expanded. **Prevention has increasingly come to be viewed as a comprehensive, community-based, culture-sensitive, and interdisciplinary approach to supporting the healthy development of children and families.**

According to the National Mental Health Association, problems in children and families arise from a complex interaction of psychological, social and biological factors. Prevention includes attention to each. Biological factors such as improved nutrition and clean environment, psychological factors such as having social networks and reducing stress contribute to the well being of children and their families. The reduction of poverty and racism could go a long way toward healthy family development, as healthy family development might go a long way toward reducing poverty and racism. Just as prevention is not an

²Examples of specific positive effects include: Perry Preschool Program participants at age 27 had earnings that were 60 percent higher than the control group. The difference in rates of special education and grade retention at age 15 were between participants and the control group in the Abecedarian Project was 20 percentage points. The mothers of Elmira Prenatal/ Early Infancy Project were on welfare 33 percent less of the time and their children experienced 33 percent fewer emergency room visits through age four than those children in the control group

³For Perry Preschool, the average cost per family was \$12,000 and the average savings was \$25,000; for Elmira the cost was \$6,000 per family and the savings \$25,000.

isolated phenomenon, it is also not a one-time inoculation. Prevention isn't just an activity that happens before something bad occurs. Traditionally, prevention has been viewed in categories: primary, secondary, and tertiary, with primary prevention defined as services and activities offered before problems occur; secondary prevention targeting those determined to be at higher risk for problematic behavior than the general population; and tertiary prevention treating those who have experienced problems with the goal of preventing future occurrences.

Consistent with the viewpoint that prevention is a comprehensive approach is the belief that prevention is a continuous process. The number of programs targeted to teenagers speaks to the ongoing nature of prevention. In the vulnerability that characterizes adolescence, boys and girls are particularly open to finding new directions, to mentoring, to figuring out who they are and what they want to become. It is a time when interventions with young people who are on a problematic course can alter the paths of their lives. For those who arrive in adolescence relatively emotionally secure but who live in difficult neighborhoods or experience practical challenges due to poverty, it is also a time when providing emotional support and material necessities can prevent their slipping off course.

A 1985 essay written by David A. Hamburg, then President of the Carnegie Corporation of New York, entitled "Reducing The Casualties of Early Life: A Preventative Orientation," is devoted to development in the early years **and** in adolescence. Family support programs have kept pace with evolving definitions of prevention. Many centers that originally targeted only families with children from birth to three, now include support for family members throughout the lifespan.

As a prevention approach became more pervasive, some theorists began to replace the word "prevention" with the word "promotion". The change came from a realization that prevention emanates from a deficit approach – avoiding the occurrence of problems. It is an answer to the question, "How can you assure against poor outcomes?" Promotion reflects the strength-based approach as exemplified in family support principles, and answers the question, "How do you assure an environment that supports healthy development from the start?" Furthermore, there is evidence in the research of Carl Dunst and others that the "absence of problems does not necessarily mean the presence of positive functioning" nor does "the

prevention of problems guarantee the strengthening of family functioning" (Dunst & Trivette, 1994, p.186). The concept of prevention implies doing all that is required to build strong families. Although the term 'promotion' has not been popularized, I think it is appropriate to say that the term promotion better describes the intent of contemporary preventionists.

Towards the future

More important than the fact that the word change has not "caught on" is the fact that prevention itself has not yet become the motivating force in children's policy as was hoped. There are not large disagreements with the concept of prevention. The real issues seem to be cultural, deeply embedded in the values that have dominated American society for the past decades. A crisis orientation persists in our culture: rather than heeding the lessons of scientific research from the past, such as those described here, the tendency in American society is to assist individuals only when their needs for help have become extreme. In part the justification for a lack of support for prevention policies is that there are insufficient resources to bolster investments in prevention, and policy makers understandably find it difficult to put resources into prevention services when there are so many children and families in dire situations crying out for help.

Policy-makers will also say that they do not get sufficient public support for prevention programs. It is clear that among the primary barriers to re-orienting systems toward a prevention approach are the attitudes prevailing in the culture. Our society is not one that assumes the responsibility to plan an organized system of care for all children starting from birth. There are no paid parental leave policies nor federally funded early childhood programs, both systems existing in other Western democracies whose policies were designed more than a century ago to protect the health of mothers and their children. Among Austria, Canada, Denmark, Finland, France, Germany, Italy, Norway, Sweden and the United Kingdom the average childbirth-related leave is 10 months (and these countries typically provide some form of wage replacement for employed parents or income supplementation for unemployed parents). Canada offers more than six months of childbirth-related leave (17 weeks maternity leave, plus 10 weeks of parental leave), and all but two weeks of the leave are paid at the rate of 55% of prior earnings. Denmark and Sweden offer 18 months of parental leave, Norway and Finland up to three years (Waldfoegel, 2001).

In contrast, in this country since its founding, there has been a strong belief that children are the property of their parents and parents are solely responsible for their care. Society has a role in public education or in “lieu of parent” when children are neglected or abused. Beyond that, ironically the kind of government support that would most help parents to nurture their young children has been considered by many to be interference in the privacy of family life. When President Nixon vetoed the Child Development Act of 1971 which would have provided federal subsidy for day care, he said, “For the Federal Government to plunge headlong financially into supporting child development would commit the vast moral authority of the national government to the side of communal approaches to child rearing...”

Closely connected to that attitude is the ardent commitment to individualism basic to American ideology, and symbolized by the popular phrase “pick yourself up by your own bootstraps.” It emphasizes individual autonomy, and individual responsibility for shaping one’s circumstances, without recognizing that the capacity for adaptive autonomy is a developmental achievement, and originates in the quality of nurture families provide their children. Holding individuals responsible for their own development is directly opposite to the more recently publicized adage, “it takes a village to raise a child,” and the second part, seldom-heard in the United States, “and all the children are our children.”

A broad definition of prevention raises the question, “does having a prevention focus differ from a family support focus or a Healthy Communities focus, or the focus of any number of movements?” The reality is that these movements reinforce the interdependence of people and the interconnectedness of institutions. Each values the significance of respect at every level. Each knows the early years are crucial, and each is based on an ecological understanding of human development. While each emphasizes a particular aspect in practice, the same concepts are basic to all. It doesn’t matter that distinctions are vague, what matters is that the similarity of insights, approaches, and underlying principles is a strength that marks the beginning of cultural change.

A cultural change toward a greater sense of collective responsibility will be an important ingredient in orienting our policies toward prevention. Such a change sounds impossible to achieve, but

surely culture is not static. New ideas arise buttressed by evidence and experience, galvanize support and gradually influence society at large. In my lifetime alone there has been a sexual revolution that dramatically altered opinions about sexual behavior, as well as a powerful re-definition of the roles of women. Other recent striking examples of modification in people’s attitudes and behavior are apparent in the anti-tobacco movement, which has made smoking unacceptable, and in the information emanating from the environmental movement that resulted in entire cities setting up recycling programs.

In the areas of children and family services there are noticeable attitudinal changes occurring as well. The shift that regards prevention as essential is one. Another comes from an understanding of human development, which necessitates a shift in our sense of responsibility for development from the child itself, to the context in which the child develops and thrives – the family and community.

A cultural change, fueled by concepts of prevention/promotion and the significance of family and community to the children’s healthy development, is the basis for comprehensive planning for children. Expressed another way, the cultural change occurring in approaches to children and families represents a “vision where parents will understand that their children’s ability to develop to his or her full potential depends not only on their actions as parents but also on the supportive efforts of others – schools, teachers, coaches, ministers, youth leaders and parents of their children’s peers” (Daro, 2002, p.3). The cultural change will start with access to pre-natal care followed by a paid parental leave system, the availability and accessibility of quality childcare, and family support centers for parents. Having set the foundation for a good start, the customary programs will come into play: pre-schools within and outside of the school system, good schools in which children are stimulated and encouraged, and which include well-staffed before- and after-school activities. In each of these programs parents would play a major role.

This array of programs, when available to all from birth, will do what is necessary to promote child and family well being and will be complemented by a continuum of service systems, both public and private, designed to care for families in stress and for children with special needs. As psychohistorian Lloyd de Mause writes, “Free, universal ...centers for parents may be a radical notion,

but so once was the idea of free, universal schools for children. Our task is clear and our resources sufficient to make our world safe for the first time in our long, violent history” (De Mause, 2002, p.432).

Such a plan is not a dreamer’s reverie, indeed on the proverbial journey of 1000 miles we have already taken more than our first steps. A focus on prevention is already generally understood and

acknowledged to be cost-effective, logical, and humane. Pursuing the implications of this focus in policy and practice will result in family-serving systems and a society of which the same can be said. The thought that changing our culture is within our grasp tends to diminish the pathos surrounding the persistence of problems by shedding light on the possibility of alleviating them.

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