

**Strengthening Families:
Issues, Practice, and Recommendations**

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1. Introduction

Imagine each of these scenarios: a single mom with one child who is barely scraping by but has a great relationship with her child and some outside support; a Hispanic family with several children where mom and dad both work full-time and the young children are raised mostly by the older children, as well as by the aunts, uncles, cousins, and grandparents who all live under the same roof or very nearby; an upper-middle class family with two children who have all the latest toys and clothes, and who are constantly being shuttled by mom and dad from one after-school activity, family outing, or birthday party to another; and, a stay-at-home mother who, with the support of her husband, family members, and church, is struggling to understand her autistic 5-year-old while at the same time caring for her new baby.

Which scenario depicts the strongest family? Is one stronger than the other, or can they even be compared to each other? What is the definition of a strong family? How do families get strong and stay strong? How does a family's strength affect the emotional, physical and social development of a child? How can we help a child who is in a struggling family?

These questions do not have simple answers. There are so many different factors contributing to the relative strength of families including, but not limited to, culture, discipline, socio-economic level, disabilities, parenting styles, siblings, media, divorce, political and economic atmosphere, personality, and location of residence. Even the definition of a "strong family" changes over time as the societal perception of family changes. While institutional approaches to strengthening families have emphasized prevention of anti-social behavior (primarily substance abuse and delinquency), for the purposes of this paper we take the broader view that every family has its strengths and its weaknesses: strengthening families means developing the strengths of every family, whatever their circumstances.

Though we cannot begin to address all of the issues involved in attempting to answer the above questions, we can present a discussion of key contributing factors and possible interventions that will lay the groundwork for a better understanding of family systems and their effect on the developing child. In this paper we will address the areas of culture, discipline, poverty and disabilities as they relate to the strength of families.

2. Cultural Considerations

Definitions of family—who its members are, what is expected of each member, and how the family relates to the larger community—can vary from culture to culture and environment to environment. Although some common principles do appear to be meaningful for every family, such as the value of responsible caregiver engagement, in many cases a technique that makes families strong in one context may be neutral or even detrimental in another. Ideas about family that one culture takes for granted, such as an expectation of early independence in children, may seem unnatural or even unhealthy (or simply not register as a possibility) to another. These kinds of variations are reflected in research about families, particularly in the areas of parenting styles and child attachment, where models developed in one context may produce misleading results when applied to other cultures. As a result, strategies that work in one area may need to be modified in order to be effective in another.

Roles within the family, and relationships within the family, are significant areas for cultural variation. The continuum between expectations of independence on the one hand, and of collectivity or mutuality on the other, represents one example of an important cultural factor in family strength. Andrew Fuligni found in a 1998 survey of research into children of immigrant families that a cultural emphasis on obligation to family tended to result in higher academic

achievement and lower rates of high-risk behaviors than in native-born children of the same age (or even of immigrant children who had been in the country for a longer period). In some situations, however, this obligation produced stresses on the child that led to difficulties in school. Blending ideals of responsibility and of care within the family can be one way to build on existing strengths and to create new ones.

Research into parenting styles and child attachment has produced some interesting results cross-culturally in the understanding of what makes a family strong. Both Baumrind's model of parenting styles and Ainsworth's classification of attachment types, which have been effective tools for understanding middle-class American families, have been criticized for failure to accommodate cultural and socioeconomic differences. Baumrind's ideal of authoritative parenting, for example, has been found not to apply among poor minority parents in dangerous neighborhoods, where an authoritarian style produced better-adjusted children (Baldwin et al., 1990; Furstenberg, 1993; Parke & O'Neil, 1997; as cited in Hetherington & Parke, 1999). Ruth Chao showed that traditional Chinese parenting, which might appear negatively authoritarian when interpreted according to Baumrind's model, actually consists of strong parental care and involvement, resulting in positive outcomes for the child (1994, as cited in Hetherington & Parke, 1999).

In the case of Ainsworth's work, it has been demonstrated that cultural practices can skew results of the Strange Situation test for determining attachment type. Colin's 1996 monograph on *Human attachment* (as cited in Hetherington & Parke, 1999) details some of these differences. Infants may appear to be insecurely attached simply because they are accustomed to long separations from the mother but not to short ones (Ganda of Uganda), or because they are normally in almost constant contact with the mother and cannot tolerate the conditions of the test

(Gusii of Kenya). They may appear avoidant because they are used to interacting with the mother across a greater distance than American infants (Netherlands), or may test as resistant because contact with the parent is normally limited due to communal child care (Israel). These perspectives on Ainsworth's and Baumrind's models serve as important reminders of cultural variation as to what constitutes a healthy family.

Programs aimed at strengthening families tend to focus on parent training, regardless of the cultural emphasis of the program. Jeremy Finn has summarized research that shows a strong relationship between parental engagement and a child's academic success, emphasizing such values as managing and organizing the child's time, involvement with homework, discussing school matters, and developing literacy and reading at home (1998). Not every parent has the resources to implement all of these ideals, however, and some families may require considerable assistance. Epstein's framework of six types of involvement (parenting, communicating, volunteering, learning at home, decision making, and collaborating with the community) provides guidelines for how schools in particular can build the partnerships with family and community that encourage family strength across situational and cultural boundaries (Epstein, Coates, Salinas, Sanders & Simon, 1997).

Different kinds of families have different needs, different concerns and different sensitivities, all of which must be addressed if an intervention is to be effective. The Strengthening Families Program, a nationally and internationally recognized approach developed by the Department of Health Promotion and Education based at the University of Utah, has repeatedly revised its program to meet the needs of different groups, including Hispanic, African American, American Indian and Asian and Pacific Island families. The Center for the Improvement of Child Caring has followed a similar route, emphasizing "the same basic core of

parenting skills (effective praise, mild social disapproval, systematic ignoring, time out, and special incentive systems)” originally developed for its Confident Parenting classes, but combining this approach with attention to specific cultural concerns in programs for Effective Black Parenting and Los Niños Bien Educados (*Descriptions for professionals*, n.d.).

From this brief discussion of cultural factors, we can conclude that efforts to strengthen families must be culturally appropriate, informed and responsive in order to be most effective. Cultural assumptions about family extend not only to the families themselves, but to the researchers who study them and the professionals who endeavor to help them. Diverse cultural attitudes about family point the way to alternative routes to strength, and diverse situations remind us that alternative routes are necessary.

3. Discipline – The need in a strong family

The word discipline evokes fear in the minds of some children and parents alike. Yet it is an integral part of the parent-child, and parent-teacher relationship. The true meaning of discipline can be stated as the systematic training of the mental, moral, and physical powers by instruction and exercise. As direct and simplistic as this may sound on the surface, effective discipline is challenging and overwhelming for countless families. Therefore, in order to strengthen families, we must also consider how the foundations of discipline or lack thereof affect the strength and stability of families.

Optimally, a strong family is able to have appropriate age-level discipline in place within their home in an authoritative manner so that the child can begin on the path toward positive behavior and self-esteem. When this type of discipline is in place, children tend to be energetic, friendly, self-controlled, curious individuals who are able to develop and cope well with the

general stresses of life. Research has reflected that there is a direct correlation between a parent's discipline and parenting style and children's emotional, social, and cognitive development. Studies by Baumrind (1967) and Maccoby & Martin (1983) indicate that a child's characteristics are formed through the parenting style (as cited in Hetherington & Parke, 1999). Dr. Bruce Perry of Baylor College of Medicine found that children's early experiences seem to be especially powerful in shaping a child's brain, and that "a child who suffers repeated 'hits' of stress-abuse, neglect, terror- experience physical changes in his brain" (as cited in Begley, 1999). Suitable discipline and parenting styles are crucial to the developing child from the time that they are first brought into the home from the hospital.

What happens though when the discipline in the home, through a parenting style, is less than ideal? Children lack both the direction and the means to regulate their own behavior, in or out of the home. Consequently, they must also deal with the social and developmental challenges that accompany such unchanneled behaviors. Children who live in households where the parenting styles can be classified as uninvolved, permissive, or authoritarian tend to exhibit problems with impulsivity, aggression, noncompliance, moodiness, and low self-esteem. They also tend to show disruptions in cognitive development, achievement, and school performance (Baumrind, 1991a; Hetherington & Clingempeel, 1992; as cited in Hetherington & Parke, 1999).

When parents use consistent disciplinary techniques that involve explanation and reasoning, initiate discussion of the feelings of others, and promote a democratic family-discussion style, children evidence more mature moral judgments and more self-controlled behavior (Aronfreed, 1976; Edwards, 1980; Hoffman, 1994; Parke, 1977; as cited in Hetherington & Parke, 1999). Positive discipline elicits self-regulatory capabilities. In the beginning of the school year, teachers are usually quite proficient at picking out the children in

their classroom who have come from a home that has a positive and consistent discipline strategy in place for the children. These children are more apt to be ready to focus on the learning tasks at hand as well as being equipped to engage in positive social interactions with their peer groups.

One way to assist families in strengthening the discipline of their parent-child relationships is through teacher directed techniques. It has been shown that applying operant reinforcement principles in classroom have been very successful (Kazdin, 1982, as cited in Hetherington & Parke, 1999). This comes by way of social reinforcement in the form of verbal approval, ignoring disruptive behavior while systematically praising appropriate behavior. Through this positive reinforcement children often begin to conform to the social and behavioral standards of the classroom. A teacher may also include material rewards or tokens for good behavior either individually or as a group. When used as group rewards, this type of reinforcement has been shown to exert considerable pressure on rebellious students to improve their behavior. Using rewards in a consistent, immediate, and unambiguous manner increased their effectiveness. Consistency with all classroom discipline is especially crucial to children who do not come to school with adequate self- regulation abilities.

Through direct interactions with the parents, teachers can be instrumental in helping parents to increase their effectiveness with their children. Parents who are willing to listen and work closely with their child's teacher may find that the educator has ideas and techniques that will also work at home. Parent-Teacher conferences and interactions prove to be effective ways for productive ideas and information to be passed along to the parent. The specific needs, characteristics, and goals for the child are discussed, and pertinent interventions can be decided on. For example, the teacher may be able to set up a behavioral charting system that is used in both the classroom and the home. A child responds much better to a discipline system when it is

consistent throughout their day. If a parent is willing to accept and implement some of the teacher's suggestions, then the entire family system can be strengthened.

Schools across the nation have attempted various methods of direct interventions with families to strengthen the parenting of their students. Some of these methods have centered around promoting and conducting "family nights" in which the entire family comes to the school on one or several evenings for a family time of fun, food, activities for the children, and parenting classes for the adults. Any way for parents to openly receive positive parenting support can be beneficial, both for parents and for their children. The problem remains with the large percentage of families that appear to need such support, but who choose not to attend these events.

Other options to build close relationships include home visits, after school programs, and both individual and family counseling. Parent support groups can also be effective tools and doorways for elevating a child's and a family's environment. The long-term constructive change and strength that a program such as this might afford even one child, or one family, makes the entire process worthwhile. Lisbeth Schorr has provided useful principles for effective interventions and the environments that support them (Schorr, 1998; see Appendix A.1 and A.2).

Consistency remains the key to strengthening discipline, which in turn strengthens families. Continuous, open and direct communication between schools, agencies and families will allow opportunities for effective interventions to take root and flourish within a family.

4. Poverty

Poverty is a multi-dimensional issue that can have adverse affects on children and can weaken a family unit. According to Brooks-Gunn and Duncan in their 1997 article, "The Effects

of Poverty on Children”, income poverty is defined as not having enough income to meet the basic needs for food, clothing, and shelter. The U.S. Census Bureau estimated that in the year 2000 approximately 34.4 million Americans lived in poverty. Of those, 13.5 million were children under the age of 18. Further statistics show that 9.4 % of all white children live in poverty, 30.9% of all African American children live in poverty, and 28.0% of all Hispanic children live in poverty (Dalaker, 2000).

There are numerous concerns associated with typical families who live in poverty. One concern is the physical environment in which many impoverished families live. They often live in sub-standard housing, which in itself poses risks due to many environmental hazards. In addition, many impoverished families across the United States live in high-risk neighborhoods, where drug use and gang violence are prevalent. Their homes are often surrounded by other households in poverty. This allows little opportunity for finding good role models or building strong support systems.

A second concern is the lack of opportunities for families in poverty. Families in poverty, overall, attain significantly lower education levels than middle class families. As a result, they have fewer opportunities for finding good jobs and often rely on government programs to at least partially meet their needs. They have fewer opportunities for finding nice homes in safe areas. Overall, low-income families do not have access to the same levels of health care that middle class families enjoy. For example, only certain health care providers accept Medicaid, the government health care program for needy families. Also, low-income families do not have access to the same quality child care programs. The Child Care Development Fund only pays a minimal amount to child care providers, leaving the expensive higher quality child care programs

to the middle class families. Although government programs continue to help families, much more help is needed in order to give them the same opportunities as middle class families.

A final concern is for the impoverished family itself. Families in poverty face enormous everyday stresses. Such stresses include unemployment, underemployment, and job loss; lack of transportation; limited health care options; utility disconnections; poor quality housing; evictions; divorce; unexpected pregnancies; and the constant struggle to maintain basic supplies of such items as food and clothing. The list of stresses continues at a high rate for families in poverty. Unfortunately, the situation tends to have a spiral down affect (Hetherington & Parke, 1999). In other words, one problem leads to another. Stresses from material difficulties often lead to emotional problems such anxiety, depression, and feelings of powerlessness, which can lead to hostility and aggressive behaviors, and inconsistent parenting. This means that the environment for the developing child can be greatly compromised, with the entire family at risk for negative outcomes.

The effects of poverty on children can be profound. According to Brooks-Gunn and Duncan, children who experience poverty earlier in life have more profound outcomes than do children who experience poverty later in life. Song and Hsien-Hen claim that this is because the effects of poverty negatively impact the brain during its critical period for development, which is pre-natal to age 3 (2002). Also, the longer one experiences poverty, the more severe the effects may be. Children who live in poverty, especially generational poverty, exemplify many similar characteristics. On average, children in poverty are considered to be in poorer health than their middle class peers (National Center for Children in Poverty, 1997). In particular, Brooks-Gunn and Duncan found that children in poverty tend to experience higher rates of chronic asthma, malnutrition, lead poisoning, and stunted growth. They often have cognitive delays and higher

cases of learning disabilities. The children of poverty experience trauma and are more often abused and neglected than those children who do not live in impoverished conditions. Brooks-Gunn and Duncan concluded that children in poverty have anxiety, social withdrawal, and depression. They often show aggressive behaviors such as acting out and fighting. Parents of impoverished children often lack many necessary resources for improving their condition and ultimately strengthening their family.

Currently, the government provides many programs to help families in poverty. Some of these programs include Medicaid, Legal Services Corporation, and the Department of Energy Weatherization program. In addition, the U.S. Department of Agriculture provides low-income individuals with food stamps and administers the National School Lunch and Breakfast program. Also, the Department of Human and Health Services (HHS) maintains the Head Start education program for low-income preschoolers, as well as the Children's Health Insurance program.

Despite the strong efforts of the government, low-income families and children are still suffering the many effects of poverty. According to Jane Knitzer from the National Center for Children in Poverty (2002), new specific guidelines need to be set by policymakers in order to ensure the emotional development for Young Children and their families. Knitzer claims that simply offering financial assistance is not enough. In her action guide for policymakers, she creates a framework for action for promoting the emotional well being of children and families. These actions are mostly centered around improving social and emotional health of children.

In addition to what the government and policymakers should be doing, there are many ways that we, as educators, psychologists, social workers, and members of society, can help strengthen these impoverished families. The first way involves identifying a family's current resources, and then helping them to develop the strengths they have as well as to find new ones.

In the 1998 book, *A Framework for Understanding Poverty*, Ruby Payne identifies these resources. They include financial resources, emotional resources, mental resources, spiritual resources, physical resources, support systems, knowledge of middle-class hidden rules, and role models. When a family lacks these essential resources, functioning in society may be extremely difficult. The fewer the resources, the greater the challenges. The resulting emotional stress may become overwhelming, resulting in the weakening of a family unit.

There are several actions that educators and school systems can take to strengthen families in poverty. Knowing a family's existing resources and challenges is key for knowing how to apply effective interventions. For example, if a young mother has a very little in the way of support from family members or friends, the school can become that support system. She can often turn to the school for material support as well, since many schools act as clearinghouses for donation and distribution of necessary items such as clothes. Social workers can also provide a list of agencies that can assist with issues of housing, food, and clothing.

There are other ways that schools can provide support for strengthening families. The most important factor is for schools to work to develop strong relationships with their families and encourage them to become involved in school events. This involvement will not only help them learn more about the importance of their child's education, but will provide a new support system for them as they reach into the educational community. To build such involvement, teachers should make frequent contact with parents, and should make opportunities available such as open-house nights and information nights (with child-care and food provided). Teachers need to not only communicate with families about events such as family picnics, school field trips, and PTO meetings, but to make attending these events both easy and inviting.

This notion of involvement and building strong relationships is key to strengthening families in poverty. Teachers, in particular, have an enormous power for helping these families when they build a strong relationship between the family and the school. Families can then look to the teacher as one of their “supports.” As trust is built, teachers can pass along tips for such issues as helping with homework, learning conflict resolution, and improving behavior management at home. Parents often welcome this kind of help. Teachers can also help families by referring them to social workers, thus connecting them with aid opportunities they might not otherwise have known were available. The social workers, in turn, can provide certain kinds of assistance in navigating the system, and can connect families with further agencies that might be able to offer them help in other areas. Building relationships and trust are vital steps on the journey of helping families facing these challenges to find and develop their strengths.

Overall, it may seem very difficult to help strengthen families in poverty. The job may appear overwhelming, even impossible in the face of such odds. It is important, however, to keep working on new ways to help these families and develop productive relationships with them. Our influence may seem small in the face of such steep challenges, but it can still affect the strength of the family for years to come.

5. Disabilities: Empowering Parents to Help Their Children

Families of children with disabilities face their own sets of challenges. The right information at the right time is often key to their strength. Parents need to have knowledge of the different disabilities that their children may have, so that they can seek early interventions. If they receive support early enough, their children will be able to develop to their full potential. Whether the problem is a learning disability, involving a discrepancy between a child’s ability

and academic achievement, or a developmental disability that physically or emotionally challenges the child's mental or social attainment, families can be strengthened by early awareness and professional guidance. Learning disabilities often target specific subjects, such as math or reading; also, some children may face challenges in one area and be gifted in another (Vacca & Vacca, 2001). In this section of the paper we give special attention to early warning signs in childhood and special education terms for parents to know, plus key issues regarding autism, dyslexia, and Attention-Deficit Hyperactivity Disorder.

It must be stressed that babies develop at their own rates, and a perceived delay in developing a certain skill does not automatically confirm that the baby has a disability. However, parents should be aware of developmental milestones that their child should normally be expected to reach by certain ages, and should contact their child's pediatrician if those milestones are not met. For instance, there may be cause for concern if in the first seven months of life the baby does not respond to loud sound, or does not blink when exposed to a bright light; or if by twelve months the child has not begun to use gestures to communicate. See Appendix B for a full listing of these milestones, derived from Conkling (2001).

Again, parents should understand that not every child is going to develop every skill by the time prescribed in developmental charts. If the child continuously lags behind, there could be a problem—or the child could simply have his or her own timetable for development. In any case, parents should alert their child's pediatrician if they think something is wrong, so that the doctor can confirm or disconfirm parental concerns. If there is a problem, early intervention programs can benefit the child both before and after reaching school age.

Once a child has been diagnosed as having a learning disability in an area, parents should be familiar with several Special Education terms that will become important as their child moves

through the educational system. **Appropriate Program** refers to services provided by the school to meet the child's needs and help the Special Education student to learn in school. **Due Process** is the procedure that parents may use to voice their opinions when they are not in agreement with the school personnel's decisions. It also includes a right to receive a written notice to attend a pre-hearing conference, and to attend a formal hearing and appeals. An **Individualized Education Plan (IEP)** is a written form that explains the programs and services that a child will receive. It includes goals and objectives or accommodations, and the date the services are to begin.

Multi-Disciplinary Team (MDT) is a group of school staff and the child's parents who meet to review the results of the formal testing that the child received. This group must submit a written report stating whether or not the child has a learning disability. If there is a learning disability, they are to recommend the types of programs and services that are needed. **Notice of Recommended Assignment (NORA)** is a form that lists the recommended placement for the child who was tested. It also explains the parent's rights to agree or disagree, and how to use due process, if they disagree. **Least Restrictive Environment (LRE)** is a term that explains Public Law 194-42. This law requires that students with exceptionality be placed in a regular school setting. The school personnel would be required to allow students to participate in regular learning programs with accommodations that are described in the child's IEP (Special Education Terms to Know, 2000).

Families of autistic children need special information and assistance. Children with autism are "unable to interpret the emotional states of others, failing to recognize anger, sorrow or a manipulative intent. Their language skills are often limited, and they find it difficult to initiate or sustain conversations. They also frequently exhibit an intense preoccupation with a

single subject, activity or gesture” (Rodier, 2000, p. 199). To help parents understand that their child is not alone, it would be helpful for them to know that sixteen of every 10,000 babies are born with autism or a related disorder. Researchers have found that autism runs in families, but it is not inherited in a direct way. Siblings of an autistic child have only a three to eight percent chance of being diagnosed with autism themselves (Rodier, 2000). Once a child has been diagnosed, the parents may talk with their child’s pediatrician to find support groups for families that have children who are diagnosed with autism. They can also take advantage of online resources such as the Autism-PPD Resources Network (<http://www.autism-ppd.net>).

Parents should also know about a learning disability called dyslexia. Dyslexia is characterized by difficulty integrating auditory and visual information. Children diagnosed with dyslexia may have problems matching written letters or words to the sounds of those letters and words. Some children have problems breaking the words down into syllables or combining sounds to make a word (Hetherington & Parke, 1999). Parents must also understand that dyslexia does *not* mean that the child is lazy or stupid, or that the home environment is to blame. Rather, it is caused by what can be called “faulty wiring” of the brain, and is often inherited in families. Faulty wiring in the brain for children diagnosed with dyslexia means that the brain lacks the mechanism to help children decode sounds or process the connection between words and sounds (Kantrowitz & Underwood, 1999).

Kantrowitz and Underwood point out that whole language and phonic approaches to reading should be combined and taught “in a sequenced way” in order to help students with dyslexia, as well as children who do not have dyslexia (1999, p. 208). As with all learning disabilities and developmental delays, early intervention is very effective in helping children with dyslexia. Kantrowitz and Underwood found that reading skills are acquired most easily

between the ages of five and seven. If a child shows signs of dyslexia during this time, educators can help the student with thirty minutes of intervention instruction each day. If interventions begin at the age of eight or nine, the students will need approximately two hours of training per day.

A program that has been effective in helping students with dyslexia is the Lindamood Phoneme Sequencing Program. This program focuses on children identifying how sounds feel when they say them. If parents cannot find an instructor who teaches this program specifically, they can always look for programs that emphasize breaking words down into sound, learning the letters that go with the sounds, and using interesting stories “to develop fluency, vocabulary, and comprehension.” All children need these instructions in a reading program, but children with dyslexia need more of it (Kantrowitz & Underwood, 1999, p. 208).

Attention-Deficit Hyperactivity Disorder (ADHD) is another disability that parents should understand. As Russell Barkley has stated, ADHD is not a disorder of attention; instead, “it arises as a developmental failure in the brain circuitry that underlies inhibition and self control” (1998, p. 67). When a child loses self-control, that loss impairs other brain functions crucial to maintaining attention. This failure of self control causes the child to delay the ability to privatize and execute the four executive mental functions: nonverbal working memory, internalization of self directed speech, self-regulation or mood motivation and level of arousal, and reconstitution (which is the ability to break down behaviors into component parts that can be recombined into new behaviors that would help to reach a goal).

ADHD involves inattention and a combination of hyperactive and impulsive behaviors. Inattention behavior includes not paying close attention to details or making careless mistakes in homework, not sustaining attention in tasks or play activities, not following instructions, not

completing homework, not enjoying engagement in tasks that require mental effort, not keeping up with things that are needed for activities, and the inability to tune out distractions.

Hyperactivity behavior includes fidgeting, inability to remain in seat, running or climbing in situations that are inappropriate, difficulty in playing quietly, talking excessively, blurting out answers before questions are finished, difficulty in waiting for turns, and interrupting others.

Barkley recommends six interventions for children diagnosed with ADHD: a structured environment in school; prescription of psycho-stimulants such as Ritalin, which inhibit the dopamine transporter and allow the child to focus; making consequences for a child's actions more frequent and immediate; increasing the use of prompts and cues about rules and time intervals; teaching the child to break down large tasks into smaller steps; and using artificial rewards for meeting designed goals. Families that have children who are diagnosed with ADHD can find support through their local chapter of CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder). They might also be helped by the resources on the NIMH site for ADHD (<http://www.nimh.nih.gov/Publicat/adhd.cfm>).

This paper has touched briefly on only a few of the disabilities that can affect families. The key concept is that parents should monitor their children's development, maintain regular pediatric appointments, and alert their children's pediatrician if they think that there may be a particular problem. If testing reveals that there is a developmental delay or learning disability in an area, the child should receive early intervention so that she can receive assistance and develop mechanisms that will aid her in school and throughout her life. We can strengthen families of children with disabilities by making sure they have the information and support they need not only to understand the challenges their child faces, but to navigate the Special Education system and to enrich their child's life to the fullest extent.

6. Conclusion

Cultural standards, poverty, discipline, disabilities, and other challenges all contribute to the perceived and actual strength of the family. In addition, the definition of what a family is has changed greatly in the last century alone, and we can no longer educate or interact with each child in the exact same manner. As parents, educators, psychologists, community members, and policy-makers, it is important that we have an awareness and understanding of these and the many other factors that have an effect on families—particularly on children. We must examine how the relative strength of a child’s family is affecting his or her social, emotional, and physical development, performance in school and academics, interaction with peers, other adults, and the community at large, and future as a parent with his or her own family to raise.

There is no single cure for a family or child that is struggling. Instead, recognizing the role that families play in the every day lives and development of children, we must give children the opportunity to grow and learn in an optimal environment that meets their individual needs. Because children carry their family life with them wherever they go, an “optimal environment” for developing may require intervention from an outside source. If we are sensitive enough to family issues, a parent, teacher, psychologist, or neighbor down the street may be able to give a child—or the whole family—the helping hand that enables them to overcome struggles and rise to be the best they can be. Policy-makers can also help by creating a community where family is valued, evidenced by the resources available to and activities for families.

Looking back at our four family scenarios, we again ask the questions, are any of these families stronger than the other? What makes a strong family? The truth is, families are as different, complex, and ever-changing as individuals are, and each has struggles to overcome and

joys to celebrate. Strength for the single mom may mean finding a higher-paying job so she can worry less about money and spend more quality time with her child at home. Strength for the Hispanic family may come from family gatherings and rituals that celebrate their culture. Strength for the overextended family may be developed through family vacations and attending each other's sports and arts events. Strength for the family with the autistic child may be in finding a support group of similar families and encouragement from church. As a society, if we put effort and resources into strengthening families, we will most likely find that the benefits extend beyond individual families and children. Strong families are building blocks to a stronger community, stronger nation, and stronger world.

Appendix A.1:

Attributes of Effective Interventions

Interventions that change lives

- are comprehensive, flexible, and responsive
- see children in the context of families, and families in the context of communities
- take a preventive, long-term approach, knowing that “rotten outcomes” don’t respond to quick-fix interventions
- are staffed by people who believe in what they’re doing, and operate with the intensity and perseverance to achieve a clear coherent mission
- link up with other social change efforts recognizing the limits of isolated strategies
- encourage staff to build strong relationships based on mutual trust and respect, often going beyond the boundaries of their job descriptions.

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Appendix A.2:

Environments that Support Effective Interventions

Systems that create environments that support and sustain effective interventions:

1. Focus unrelentingly on results
 - to assure that investments connect to and are producing agreed-upon outcomes
 - to tame bureaucracies and allow front-line discretion
 - to facilitate collaboration
2. Articulate a clear commitment to long-term process of change.
3. Avoid trying to clone: replicate the essence, adapt the rest
4. Create new partnerships between the public and private sectors, with community-based organizations, and with supportive intermediaries
5. Create new vertical alliances with people who can change the rules that govern the conditions of funding and accountability
6. Build community; link efforts to reform services, schools, & informal supports, to improve housing & public safety, to expand economic opportunity
7. Adopt new approaches to evaluation to obtain useful information about what works; contribute to building a sturdy and pragmatic knowledge base to guide investment of commitment, time and money.

Appendix B: Developmental Milestones

(adapted from Conkling, 2001, pp.98-117)

Parents should contact their pediatrician if their child exhibits the following problems in the periods indicated.

From birth to seven months:

- sucks poorly and feeds slowly
- does not blink when exposed to a bright light
- has loose limbs
- jaw trembles constantly
- does not respond to loud sound
- does not notice his/her hands by two months
- does not smile at a parent's voice by two months
- does not follow moving objects with his or her eyes by three months
- does not grasp and hold objects by three months
- does not roll in either direction.

From eight to twelve months:

- does not crawl
- drags one side of his or her body while crawling
- cannot stand when supported
- does not search for objects that are hidden

- says no single words
- does not babble by eight months
- shows no interests in games
- has not learned to use gestures
- does not point to objects or pictures when asked.

From twelve to twenty-four months:

- cannot walk by eighteen months
- does not speak at least fifteen words by eighteen months
- does not use two word sentences by age two
- does not know the function of common household objects
- does not follow simple instructions by age two
- does not imitate the actions or words of others by the end of the second year.

Appendix C:

Presentation Handout:

Online Resources for Strengthening Families

The National Institute of Mental Health (NIMH) website for Attention Deficit/Hyperactivity

Disorder: <http://www.nimh.nih.gov/Publicat/adhd.cfm>

Autism/PDD Resources Network: <http://www.autism-ppd.net>

Center for the Improvement of Child Caring (CICC): <http://www.ciccparenting.org>. See

especially their section for professionals, detailing their programs (including Confident Parenting, Effective Black Parenting, and Los Niños Bien Educados):

http://www.ciccparenting.org/cicc_ppic_111.asp

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD):

<http://www.chadd.org> (website inaccessible June 9, 2002; may have been moved or removed)

Common Purpose (website for Lisbeth B. Schorr's 1998 book *Common purpose: Strengthening*

families and neighborhoods to rebuild America): <http://www.common-purpose.org>. The

website has been updated with new material and links through 2001.

CYFERnet: Children, Youth and Families Education and Research Network (trademark of the

National Children, Youth and Families at Risk Initiative): <http://www.cyfernet.org>. An

extremely rich resource.

Intercultural Development Research Association (IDRA) for education research, programs, and

support: <http://www.idra.org>

National Center for Children in Poverty: <http://www.nccp.org>

National Network for Child Care (NNCC), part of the USDA's Cooperative Extension System:

<http://www.nncc.org>. See especially their Research links page:

<http://www.nncc.org/Research/researchpage.html>

Poverty Guidelines, Research and Measurement (U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation):

<http://aspe.hhs.gov/poverty/poverty.htm>

Special Education Terms to Know, from the Pennsylvania Parent Teacher Association:

<http://www.papta.org/spedterm.htm>

Strengthening America's Families: Effective Family Programs for Prevention of Delinquency (funded by the Office of Juvenile Justice & Delinquency Prevention):

<http://www.strengtheningfamilies.org>. Includes evaluations of different programs in use around the country (http://www.strengtheningfamilies.org/html/model_programs.html), a literature review (<http://www.strengtheningfamilies.org/html/review.html>), and policy-oriented links (<http://www.strengtheningfamilies.org/html/helpful.html>).

Strengthening Families Program (Department of Health Promotion and Education, Salt Lake City, Utah): <http://www.strengtheningfamiliesprogram.org>. The "About" page includes brief descriptions of how their program was adapted for inner-city African American families and for Pacific Islander families.

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