



State of Connecticut
GENERAL ASSEMBLY
Commission on Children



Select Committee on Children
Public Hearing
Thursday, February 5, 2009

Testimony Submitted by Elizabeth C. Brown

Senator Musto, Representative Urban and members of the Committee. Thank you for the opportunity to testify this morning on two important bills that will help promote the well being of children and families.

Support: S.B. 749, An Act Concerning the Inclusion of the Children's Trust Fund in the Early Childhood Cabinet. The Commission has the honor of serving on the Cabinet and believes the Trust Fund is an integral part of the services to children and families in Connecticut and would be a critical partner in efforts to integrate services and establish a comprehensive, family focused, data driven system that serves children and families in a holistic manner.

Support: H.B. 5145 An Act Concerning Education of Students on the Prevention of Shaken Baby Syndrome. Shaken Baby Syndrome impacts some 50,000 children annually across the country and is responsible for up to 15 percent of all children's deaths. The Syndrome is a type of inflicted traumatic brain injury that happens when a baby is violently shaken. A baby has weak neck muscles and a large, heavy head. Shaking makes the fragile brain bounce back and forth inside the skull and causes bruising, swelling, and bleeding, which can lead to permanent, severe brain damage to the spinal cord and neck and fractures of the ribs and bones. The injuries may not be immediately noticeable. Symptoms of shaken baby syndrome include extreme irritability, lethargy, poor feeding, breathing problems, convulsions, vomiting, and pale or bluish skin. Shaken baby injuries usually occur in children younger than 2 years old, but may be seen in children up to the age of 5.

Connecticut data demonstrates that this is a serious problem. Of the 88 homicides of children under 18 years old, 41 were children under age 6.

The bill seeks to provide our young people knowledge about the syndrome in the school health curriculum. Schools will select the appropriate way to integrate the material and not be burdened with a new mandate. The Commission supports this effort and would also recommend that our young people learn about the broader topic of child development.

We know 90% of adults become parents. But, there is little or no instruction on child development or how to parent. Shaken Baby Syndrome is a good example of a totally preventable injury or even fatality that information and knowledge can prevent. Unfortunately,

too many parents are ill prepared for parenthood and do not have the skills and knowledge to understand the physical, social, emotional needs of a child that promote healthy development.

The fact is that many parents do not have the time or the inclination to attend parenting classes or seek out good information on child development. Research tells us that this is especially true for parents facing multiple problems including low education levels, poverty, substance abuse, single parenting and other stressors. Education in an age appropriate manner through research based curriculum has proven effective in preparing students for the most important role they will assume in life.

We understand that schools cannot do it alone. The Infant Toddler Report of the Early Childhood Cabinet recommends reaching school age children through school curriculum, but, also in community settings. Prevention is the solution.

Components of a Broad System Approach:

- Preparing future parents with a solid base of information, taught to all children in middle and high school, teaching relevance and methods of accessing child development information, along with teaching information about child development directly.
- Elevate the importance of teaching all students the basic biological structure and function of the human fetus and infant, and the importance of caring properly for children in early development.
- All students need to be exposed to significant class work around the care of the human fetus and child. Acting commissioner Coleman has lent his recent support to these goals, as had past Commissioner Sternberg, and the many groups and professional organizations that are part of our Coalition.
- Hospital based program penetration. Research is clear on the positive impact of hospital based home teaching programs for at risk parents in reducing child abuse for the present and next generation, and improving parenting and child care on numerous dimensions. Every hospital in the State needs to have this facility available.
- Public Relations - disadvantaged and at-risk youth often spend a good deal of time with media. Messages presented there are often memorized. For example, last week I was walking out of my school building with a severely retarded sixth grader. He saw a staff member smoking and commented to him you know, that's bad for you, Mr. X!
- Sustained media campaigns can have a huge impact (e.g. Vermont's Stop It Now), and really help spread the word across all economic lines around care of children prenatal to nine.

The Commission supports the inclusion of Shaken Baby Syndrome education as a good start to educating middle and high school children on the issue, but looks forward to a deeper discussion

on how to prepare future parents for their role as parents to improve outcomes for children and reduce the incidence of abuse and neglect in Connecticut that costs so much in dollars and dignity.

Summary of Research on School-Based Child Development Education by Robert Margolies, Ph.D.

One of the most promising areas of primary prevention of child abuse, neglect, and family violence is via school-based curriculum on concepts of child development, child safety, nurturing, and parenting.

School Surveys in 2001-2006 found that: (Margolies, et.al)

- Only about 8% of high school students received some direct form of child development education in their curriculum in 169 Connecticut School districts.
- Boys were less likely to enroll in elective "parenting" courses. Yet over ninety percent of 471 Connecticut teachers surveyed supported increasing school-based prevention programming aimed at preventing child abuse and neglect.

School-based child development education embedded in middle and high school programming can afford the opportunity to expose children of both sexes to a base of knowledge about child development, care, and parenting responsibilities with *long term* exposure to the curriculum.

- Reviews of outcome studies on parenting education for parents, victimization training for children, and community based child abuse prevention programs, all indicate a strong relationship between the comprehensiveness, length, and breadth of programs and positive outcome (Cox, 1997, Daro, 1996; Finkelhor, 1998), and
- Failure of programs without multi-level, multi-factor, and multi-system components (Cox, 1998; Ellis, 1998).

School based training would provide the structure for repeated exposure to skills, over time and developmental level, with potential for family and community involvement. Curriculum effectiveness also requires a behavioral rehearsal component, a solid theoretical base, and full program implementation - all components which can easily be woven into the structure of school based curriculum.

Knowledge of child development relates directly to positive parenting and child safety. Perhaps the most advanced theoretical base to guide insight into curriculum needs related directly to parenting skills has been developed by Bavoleck, in a series of pre- and post test skill training studies using the Adult-Adolescent Parenting Index (AAPI). Through item and factor analyses he identified five separate skill areas, which independently predict parents abusive behavior based on pre-parent and parent attitudes.

The factors are; level of parental expectation, empathic awareness of children's needs, refraining from corporal punishment, reversed parent-child roles, and promoting empowerment vs. blind obedience.

As an example of support of Bavoleck's factors, high parental expectations and corporal punishment are known to be related to abusive outcomes, and empathy has been shown to be critical to parenting. (Kolko, 1996). Child development and parenting skills derived

from Bavoleck's field tested and theoretically driven programs have been shown to be teachable, learned easily, and to result in marked attitude and knowledge change for teenage and adult trainees (Bavoleck, 1999).

The Parenting Project (2002), provided a summary of outcome studies on six parenting programs for children and teens.

- "Baby Think It Over" is a parenting simulation that uses a computerized infant simulator. Research indicates it has been shown effective in deferring adolescent's decisions to become parents, decreased pregnancy compared to controls, with student's gaining knowledge of parenting complexities.
- "Dad's Make a Difference" focuses on educating youth about the importance of fathers in children's lives. Participants showed increased knowledge and attitude in appropriate direction maintained over time, feelings of usefulness of program information and sharing of knowledge with others not exposed to the program.
- "Educating Children for Parenting" focuses on knowledge of early child development and nurturing and caring skills through instruction and community based parent/child visiting. Positive effects of learning, knowledge and understanding of child development, and ability to generate solutions to child rearing problems have been demonstrated.
- "Education for Parenting" teaches youth caring skills through child development curriculum and direct exposure to parents and infants during training. Outcome results indicate more accurate observation ability, improved identification of age-appropriate behavior, increased valuing of the role of parents, and increased knowledge of physical and social child development concepts.
- "Parents Under Construction" is a comprehensive k-12 curriculum teaching child development, problem-solving, discipline, and communication skills. Results of numerous outcome studies begun in 1994 have found the program effective in teaching child caring skills, changing attitudes regarding non-violent discipline techniques, and having positive effect on student empathy in child rearing with specific populations.

Further evidence to encourage greater use of child development centered pre-parenting programs is found in the results of high quality outcome research on in-vivo parent training. Long term positive effects of an intensive home visit parent training protocol have been reported by Olds and associates (Kitzman, et. al., 1997; Olds, et. al., 1997; Olds, et. al., 1998). This training has been found to have notable effects on reducing repeated child bearing, child abuse and neglect, and on the offspring's later criminal and antisocial behavior *fifteen years* after the intervention. Britner and Repucci (1997) demonstrated excellent effect sizes in attitude change, reduced subsequent pregnancy, higher educational attainment, and reduced child abuse reports due to a twelve week parenting education course for young teen mothers. These conclusions are

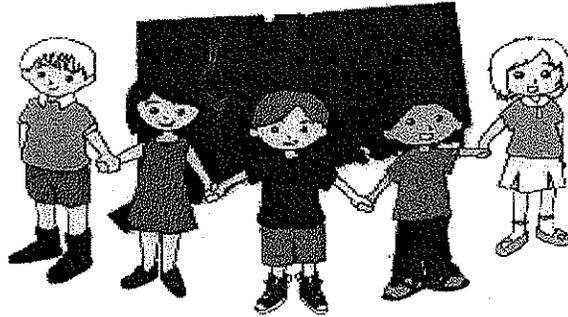
also supported in a series of literature reviews by Macmillan, et. al. (1999). This body of research suggests that direct modeling and exposure of youth to baby and toddler care experiences, a key component of child development education, will also yield long term, positive results, especially if combined with pre and post natal educational programs for parents to be.

References available on request

Child Development Education: Core Curriculum

1. The basic neurobiologic development of the human fetus and infant, and the short and long term impacts of positive vs. damaging environmental events on a baby's health and well-being.
2. The central role that parenting takes in one's life, for one's children; and the life of the community. Preparation for parenthood, reasons to delay parenthood, learning about resources that can be and should be accessed by young parents.
3. The sudden and critical safety responsibilities new parents will assume for caring for the developing fetus and young child, and the impact of abrogating those responsibilities.
4. Basics of infant and early child care, physical and social-emotional. The importance of nurturing, loving and caring, caring, and responding at the earliest ages.
5. The importance of fathers to a child's well-being; elevating the status of fatherhood to a prominent, important, prestigious, role that young males will aspire to.
6. How to communicate with and praise and encourage children at various ages. Understanding the importance of monitoring, discipline and accountability for children, and learning ways to avoid physical punishment when disciplining.
7. Understanding and accepting differences in generational and cultural aspects of parenting styles, in light of universal health needs of young children.
8. How learning occurs, the nature of learning and play at various ages, the importance of the value of education for children.
9. The damaging impact of child abuse and neglect on the neurobiology and mental health of the child. Learning how to keep children safe from abuse.
10. The needs of children for guidance, supervision, learning, and encouragement through the early, middle, and late stages of the teen years. Resources that can be utilized for parents of teens.

**Connecticut Coalition for
Child Development Education**



Coordinating Committee for Children in Crisis, New Haven

The Commission on Children, State of Connecticut

Department of Children and Families

The Mental Health Association of Connecticut

The Child Guidance Clinic of Central Connecticut

Connecticut Voices for Children

Connecticut Youth Services Association

The Wallingford Visiting Nurses Association

The Connecticut Association for Infant Mental Health

The Connecticut Parent Teachers Association

The Wallingford Daycare Center

The Children's Trust Fund

The Hyde Foundation and Hyde Schools

Prevent Child Abuse Connecticut

CT-PEN, Connecticut Parent Educators Network