



Child First is an evidence-based, two-generation program strengthening mental health and relationships for families, infants, and young children.

## Theory of Change

The Child First model's Theory of Change is based on scientific research which tells us that early trauma and adversity lead to biologic changes in the young child that damage the developing brain and metabolic systems, leading to long-term problems in mental health, learning, and physical health. Child First works from two directions: prevent or ameliorate this damage, and at the same time, enhance the child's development.

There are two major strategies that Child First employs to prevent or ameliorate damage due to toxic stress:

- Directly decrease the stress experienced by the family by connecting them to needed services through intensive care coordination. Read more about [Care Coordination](#).
- Provide parent-child psychotherapy to repair the impact of trauma on the child and strengthen the caregiving relationship, which prevents the biologic changes that lead to long-term damage to the child's developing brain and metabolic systems.

Read more below about *Research on the Developing Brain*.

Read more about [Parent-Child Intervention](#).

There are three major strategies Child First provides to enhance the growth of the caregiver and child:

- Build the executive capacity, self-regulation, and mental health of the child's parent or caregiver, so that she/he is able and available to nurture the child's development and provide a safe, growth-enhancing environment.
- Connect the child and other family members with community services that stimulate growth and learning.
- Provide parent/caregiver guidance and developmental and parenting strategies that enrich the learning environment and enhance development.
- The Child First approach is unique in combining comprehensive, coordinated services, psychotherapeutic intervention for child and caregivers, and increasing adult self-

regulation and executive functioning in a single model, resulting in long-term positive outcomes for children and families.

## Research on the Developing Brain

The structure of the Child First model is based on the most recent research about the growth of the brain of the very young child and the effects of the environment on its development. Neurobiological research confirms that stressful or traumatic experiences early in life can have profound and destructive impact on the architecture of the brain. Experiences like maternal depression and other mental health problems, domestic violence, substance abuse, and homelessness profoundly impact the quality of parenting, overwhelming the child's stress management system. This stress not only causes a rise in chemicals, like cortisol, which damage the brain (especially the amygdala, hippocampus, and prefrontal cortex), but also can change the way a child's genetic endowment is expressed – turning off growth-promoting genes and turning on those that are harmful. (This is called "epigenetic modification.") The damage that results from this early adversity leads to lifelong problems in learning, behavioral and emotional development, and physical health.

However, scientific research has shown that responsive, nurturing relationships between young children and their caregivers, which lead to secure attachment, serve as powerful, protective buffers to these damaging stressful experiences early in life. Secure attachment prevents the rise of cortisol and other chemical mediators when a child is exposed to stress. Interventions which impact these early relationships and also decrease environmental stressors are most powerful early in development, when the brain is much more plastic. Brain structure once established can be modified, but cannot be rebuilt. New circuitry is built upon the structure of old circuitry, which serves as the foundation for all later development. The strength of this foundation underlies all later cognitive development and social-emotional and physical health, throughout the lifespan.