

tionship with teachers later, eventually effecting a broad change in school culture and parent-teacher dynamics. “When consumers have high expectations,” he says, “they can influence the quality of the services they receive.”

Putting Parents at Ease

THE BOYS & GIRLS CLUB of Dorchester, in Boston’s most populous neighborhood, first sent members of its early-childhood programs staff to Touchpoints training in 2007. Like Little Sisters of the Assumption, the Dorchester agency is now a Touchpoints site; its staff members have trained representatives from more than 25 agencies in the neighborhood so far. “We’re touching a lot of families,” says Mary Kinsella Scannell, vice president for early education and care, who oversees the early-childhood programs.

Staff members readily employ the Touchpoints principles for problem-solving. Early education director Ellen Lucas has used the approach to reassure parents who feel guilty about leaving their children all day while they go to work. When one mother worried that her son didn’t even know her, Lucas pointed out how the child turned his head when he heard his mother’s voice. The mother’s face lit up; she was comforted, her confidence boosted, when Lucas simply pointed out behavior she might not have understood on her own.

Tindi Miranda, who works with toddlers at the club, noticed that one little boy kept tripping on the playground. Whenever he came inside, he removed his shoes and said “Ahhhhh,” with a

great sense of relief. She suspected his shoes were too small. Before learning Touchpoints, she would have told his parents that, and risked causing them to feel attacked. But having learned to use the child’s behavior as a language—describing what she saw, rather than drawing a conclusion or passing judgment—she simply told the boy’s father what she had observed, and asked him why *he* thought the boy behaved this way. “The next day,” she recalls, “he came in with a new pair of shoes.”

Carolyn Christopher, who works with kindergartners, used to shy away from asking about children’s home lives, for fear of prying. She now feels comfortable asking such questions: “You realize that everything affects the child,” she says—there is no impermeable wall between home life and school. Touchpoints posits that caring for a child means taking an interest in all aspects of that child’s life, and not stopping at the edge of one’s official responsibilities. Christopher now commonly calls or e-mails parents to discuss their children when schedules don’t permit them to stay and chat at dropoff or pickup time; before, she might have criticized them for not finding the time to stick around.

In general, the Touchpoints approach makes parents feel valued—that the people who care for their children are listening to them and taking their viewpoints into account. This attribute, Touchpoints proponents note, may matter even more to minorities and the poor, who often face discrimination and condescension, and leave a meeting with a doctor or a teacher feeling diminished and inadequate.

Changing Times for Children

WHEN T. BERRY BRAZELTON began his career, finishing medical school at Columbia University in 1943 and joining the Children’s Hospital Boston staff a few years later, after returning from the war, the common wisdom was that an infant was “a bag of neurological reflexes,” says Joshua Sparrow, associate clinical professor of psychiatry and director of strategy, planning, and program development for the Brazelton Touchpoints Center. Surgeons performed some procedures on infants without anesthesia, and infants in intensive care, routinely separated from their par-

ents, were kept in brightly lit incubators wired with noisy alarms.

Brazelton and his contemporaries noticed, and began to incorporate into medical practice, something parents had long known: infants respond to their environment—for instance, turning their heads at the sound of a parent’s voice—and also *shape* their environment, provoking a parent’s action with their gaze, cries, and movement. Newborns were not blank slates, molded entirely by their parents’ behavior as some thought: even in their earliest weeks, they had distinct personalities. In 1973, Brazelton introduced the

Newborn Behavioral Assessment Scale (NBAS) to elaborate and quantify the differences in temperament he had observed among the thousands of infants he had seen over the years. (His work inspired that of Starch professor of psychology emeritus Jerome Kagan; in *Nurturing Children and Families*, a 2010 book on Brazelton’s legacy, Kagan called Brazelton one of “a small number of prescient minds that refuse to accept the popular and often simplistic conceptualizations that dominate their discipline and insist on accommodating to what they have observed.”)

Like all Touchpoints tools, the NBAS is interactive, with contributions from both the examiner and the child being examined. Brazelton pioneered the notion that the parent’s involvement is not distracting experimental “noise,” but rather a useful part of what

T. Berry Brazelton, 2006



COURTESY OF THE BRAZELTON TOUCHPOINTS CENTER



At the Boys & Girls Club, teacher Carolyn Christopher comforts Joshua Medicke after his mother leaves, teacher Meghan McDonough plays with preschoolers, and Joshua Coleman drops off his son, Noah.



The approach is “not just about being nice,” Sparrow points out: there are measurable results when it is used. Home visits from nurses have proven helpful on all sorts of health and cognitive measures, but such visits are even *more* effective with Touchpoints: babies in Napa County, California, whose families received visits from Touchpoints-trained nurses were less likely to go to the emergency room. Their mothers breastfed them longer and were less likely to develop postpartum depression. These babies also scored significantly higher on the Bailey scale of motor, mental, and behavioral progress at six months than

infants whose families received visits from nurses not trained in the approach.

A Gentler Model of Parenting

TOUCHPOINTS IS STRUCTURED like a set of Russian nesting dolls, with the same motif repeated at each level: just as training participants learn to pay attention to *how* they convey information as well as *what* they are conveying, the training itself is just as remarkable for *how* it teaches as for *what* it teaches.

Trainees may come in saying that they can learn something

is being measured: the parent-child interaction. The assessment scale is used all over the world to evaluate individual infants after birth, to help new parents get to know their children, and for research (for instance, studies that investigate the effect of maternal depression on fetuses use the scale to compare children of depressed and non-depressed mothers after they are born.) Brown University professor of pediatrics Barry Lester has likened this shift (from focusing on how parents' behavior influences babies, to considering the baby's own behavior and innate characteristics) to the Copernican revolution: the realization that the sun, not the earth, was the center of the solar system.

In addition to his work on variation in babies' temperament, Brazelton had a role in documenting the importance of environmental influences: one study compared mothers and infants in Japan's remote Goto Islands to mothers in Tokyo and to Japanese mothers in San Francisco. In the islands, where pregnant women commonly sat quietly mending their husbands' fishing nets in a rhythmic motion, babies at birth had calmer temperaments and greater ability to pay attention: they could attend to a red ball, moved in front of their faces, for a full 30 minutes. The Tokyo babies could attend to the ball for 18 minutes, and the San Francisco babies for just 12 minutes. Brazelton also recognized that these environmental differences could reverberate through later development, as a parent responds differently to a child with a short attention span than to one with a long attention span.

This notion of environment as a two-way street, affected by both parent and child, became central to Brazelton's later work, and changed the field. For example, one study documented the

increased likelihood that mothers will develop postpartum depression if their babies are especially fussy and hard to soothe, as happens when a child's growth *in utero* was retarded because of a problem with the placenta. Mothers of such babies don't get as much feedback that they're effective at calming their children down; in a cycle that continues, the mother's depression consequently affects the child.

Brazelton's fascination with cultural differences in parenting helped start a shift in pediatrics from pathologizing anything that differs from a single cultural norm to asking what adaptive purpose different cultural practices might serve. For example, he and colleagues studied the Gusii people of Kenya, who do not typically engage in the intense verbal interaction that middle-class Western parents use to help their toddlers learn speech and develop cognitive skills. The researchers concluded that environmental dangers led Gusii mothers to focus more on protection than education, while older children and others in the community stimulated babies' speech and cognition. The Touchpoints Center staff has worked closely with Native American communities as they have adapted their own versions of the Touchpoints principles specifically for their cultures and the problems they face in contemporary America, such as discrimination, cultural dislocation, unemployment, addiction, and poverty. Brazelton's work has also helped shift the perception of special-needs children as defective, promoting the idea that children and their personalities and abilities fall along a continuum and discouraging the idea that they can be sorted into the categories of “normal” and “not normal.”