

I included portions of some sections of this proposal, which was to a governmental funder. This is a proposal where we paid close attention to language and framing. I did not include all questions of this proposal, just in the interest of brevity.

1. Project description 35 points

A. Project design 300 words: who serve, services, when, where, specific locations

████████████████████ is an evidence-based parent-child relationship-based intervention created over 25 years ago. ██████ is for caregivers of infants and young children, especially for those in home environments where families face multiple challenges.

Parents and caregivers are supported in a strengths-based, positive, and brief series of coaching sessions: 10 weeks, for one hour each week. ██████-certified coach helps parents meet these targets: nurturing children when they are in distress; following the child's lead with delight; and avoiding intrusive or frightening behaviors.

Providing support in the home, with extended family invited to join, is key to respectfully helping parents evolve their parenting skills. Coaches provide "in the moment" comments and guidance, offering frequent, positive feedback. Coaches name the child's behavior ("when she was crying..."), the parents' response ("...you picked her up..."), and the potential outcome ("...and because you were nurturing, she will learn to trust you.").

The short-term nature of the intervention as well as the exclusive focus on behaviors have been [shown to be more effective](#) than interventions with longer duration or that train for beliefs versus behavior. Coaches participate in supervision as a key element of maintaining fidelity to the program; fidelity ensures the strong outcomes ██████ is known for.

B. Evidence-based/promising practices 300 words: target population demographics; demonstrated measurable outcomes; research support; links to online documents

Our focus is families impacted by adverse childhood experiences (ACEs), which are known to correlate with challenges and poor health outcomes. ██████ ACEs Partnership extrapolates from a large-scale Kaiser study that found that 1/3 of high school students likely have one or two ACEs and 1/3 have three or more ACEs. Those more likely to have three or more ACEs include females, American Indians, and those with low incomes or low levels of education. Approximately 17% of children in ██████ live in households receiving public assistance, and of those, 58% are single parent households (mostly female).

Children exposed to early adversity may exhibit behavior that does not elicit nurturing responses from their parents (Stovall-McClough & Dozier, 2004). A central aim of ██████ is to enhance their parents' ability to nurture and comfort them, even when children do not elicit it or when nurturance does not come naturally to the parent ([Benito-Gomez, et al, 2022](#)).

Demonstrable outcomes for [REDACTED] include growth in caregiver nurturing skills; growth in children's ability to self-regulate--such as impulse and anger control; growth in secure parent-child attachment; and strengthened brain development (increased language abilities and better executive functioning).

C. Outreach 300 words: ensuring outreach to underserved communities

We have envisioned and collaborated with partners to ensure we will meet some of the highest needs in the community—those of children in poverty, with unstable family situations, or with demonstrated developmental needs.

We will focus on locating and inviting families who have an Individualized Family Service Plans (IFSP). IFSPs lay out supports and services for children who need help catching up with physical, communication, self-help, cognitive, or social-emotional skills. During 2018-2019, 18% of Early Head Start and 14% of Head Start children in [REDACTED] had an IFSP or an Individualized Education Plan. These children met criteria to receive special education and related preschool disability services.

D. Culturally competent care 300 words

[REDACTED] was developed and adapted for Black, Hispanic, and non-Hispanic White families. It has been used with single parent families, as well as two-parent and multigenerational families. [REDACTED] is implemented with cultural humility, and cultural adaptations or enhancements are considered in each implementation context, recognizing historical oppression and forced assimilation of some groups throughout history.

[REDACTED] recognizes that culture is a major influence on parenting. Beliefs about child rearing are of course shaped by societal and cultural traditions, early life experiences, intersecting identities, and values of the communities to which one belongs. Furthermore, we know home visits for certain groups have historically disproportionately resulted in children's removal from the home; thus, feelings about home-based interventions are important for the interventionists to respect.

We aim to provide supervision to parent coaches that is guided by a cultural humility lens and an anti-racist perspective. In working with all communities, we maintain the core components of [REDACTED]—the active ingredients responsible for program effectiveness—while we modify and adapt language, examples, activities, and other aspects to promote more meaningful engagement with each community.

Our manual and most materials are currently fully available in Spanish, and we have some materials in other languages such as German, Mandarin, Norwegian, Russian, and Swedish.

Furthermore, [REDACTED] has begun collaboration with [REDACTED] to create a cultural enhancement of [REDACTED] for American Indian families. [REDACTED] directs the [REDACTED] Center. She has deep experience in leading cultural adaptations of evidence-based child treatment protocols. [REDACTED] work is instrumental in ensuring that [REDACTED]—while at its core already a strengths-based approach--

continually recognizes the extended-family nature and existing resilience factors of American Indian communities.

E. Trauma informed care 300 words

Very young children who experience adversity and who do not receive sensitive, nurturing care are at great risk for sub-optimal brain development and physiological and behavioral dysregulation. Adversity without nurturing care predicts poor long-term outcomes in learning and in overall health. When parents struggle to nurture, the support and coaching from ■■■ coaches can make a significant difference. [Longitudinal studies](#) (notes 21 and 22 at this link) suggest that responsive care while young is especially important to remediate and prevent lasting effects of adversity. For example, parental sensitivity can even help with [sustained regulation of cortisol](#) into middle childhood.

■■■ supports three parenting behaviors that are key to mitigating trauma, and it does so within the caregivers' homes and in partnership with them. First, ■■■ intervenes to help parents behave in nurturing ways, especially when their children are distressed—when their behaviors do not naturally elicit a nurturing response. Second, ■■■ helps parents to follow their child's lead with delight. For example, if a child is playing with a truck, their parent may say, "Oh, here comes the truck driver", and applaud and smile at the child. Third, ■■■ helps parents reduce frightening behavior, such as yelling, grabbing, and intruding in the child's space. Parental growth in these behaviors has been shown to mitigate the effects of trauma.

Providing support in the home, with extended family invited to join, is key to respectfully helping parents evolve their behavior. Coaches assist parents with their strengths, never criticizing. For example, a coach must carefully consider whether she would even say, "Maybe she needed to be picked up then." Such a comment can only be offered in the context of a trusting relationship. Coaches are mindful to not trigger and inflame old traumas.

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