

Parental Sensitivity and Nurturance

Carrie E. DePasquale and Megan R. Gunnar

Summary

Parental sensitivity and nurturance are important mechanisms for establishing biological, emotional, and social functioning in childhood. Sensitive, nurturing care is most critical during the first three years of life, when attachment relationships form and parental care shapes foundational neural and physiological systems, with lifelong consequences. Sensitive, nurturing care also buffers children from the negative effects of growing up in difficult circumstances such as poverty.

In this article, Carrie DePasquale and Megan Gunnar examine several interventions that directly or indirectly target parental sensitivity and nurturance, and demonstrate the causal role that this type of care plays in children's development, especially during the first three years of life. They note that even though sensitive, nurturing care is still helpful after infancy and early childhood, it doesn't completely mitigate the effects of not receiving this type of care early in life. And because sensitive care involves knowing when to respond and when to let the child manage more independently, excessive responsiveness, overinvolvement, and intrusiveness are also forms of insensitive care.

Sensitive and nurturing parent behaviors vary across cultures, and numerous other factors influence parental sensitivity as well. For example, children's temperament and emotional reactivity may affect parents' behavior and/or alter the effects of parenting behavior on children's development. Physiological, cognitive, and emotional self-regulatory capabilities, as well as socioeconomic and environmental factors, can also affect a parent's ability to provide sensitive, nurturing care. Based on the expansive research related to parental sensitivity and nurturance, the authors recommend that policy makers should aim to increase family and community access to programs that enhance sensitive, nurturing care and support parents so they can provide high-quality care to their children.

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The parent-child relationship is critical for children's wellbeing. It's now clear that the period of early development, from before birth to approximately age three, sets the stage for long-term neurobiological, socioemotional, and psychological health. This is a time of rapid regulatory development, when neurobiological patterns are established and systems that coordinate interactions between physiology and behavior gradually become more organized. It's not that sensitive nurturing care isn't important after age three, but there appears to be more bang for the buck during these early years.

In this article, we use the term *parenting* to refer to the care provided by those responsible for a child's wellbeing. This might be a biological parent, but it could be anyone who has primary responsibility for a child's care for a relatively long time (for example, an adoptive parent, custodial relative, or child care provider). Parental sensitivity and nurturance provide a foundation of good neurobiological regulation in young children, which has cascading effects on many other aspects of socioemotional and psychological wellbeing. Strong evidence of parenting's widespread, causal impact already exists. What we must do now is identify when parental care needs to be improved and what intervention or combination of interventions works best for whom, when, and why. This will ensure that policy initiatives are as efficient and effective as possible.

Defining and Measuring Parental Sensitivity and Nurturance

Sensitive parental care means being finely attuned to a baby's signals. A sensitive

parent interprets signals accurately and responds promptly and appropriately. *Parental nurturance* describes sensitivity when the child's cues indicate distress. We use the term *parental sensitivity*, but other concepts are closely related (for example, synchrony, responsiveness, and supportiveness). Indeed, *parental synchrony* is defined similarly to sensitivity: "the matching of behavior, [emotional] states, and biological rhythms between parent and child that together form a single relational unit." Thus we discuss findings from studies using these related terms as well. And although we talk about sensitivity and nurturance together, some evidence suggests that the two can have separate effects. For example, one study found that nurturance predicted greater empathy among children, mediated by the child's ability to regulate negative emotions, while sensitivity predicted greater peer acceptance (though only in boys), mediated by the child's ability to regulate positive emotions. Still, sensitivity and nurturance overlap significantly in the types of behaviors they describe, and usually differ only in terms of the context in which they're expressed. It's likely that parental sensitivity and nurturance have similar impacts on all of the child characteristics mentioned above, and more.

Researchers employ a number of methods to measure parental sensitivity and nurturance. Some use self-reporting by parents; others use a variety of observational methods. Due to the inherent limitations of self-reporting, including the subconscious desire to respond in socially appropriate ways and individual differences in awareness of one's own behaviors, here we prioritize data from observational studies. Observational methods typically involve teams of raters who are unaware of

participant characteristics that might bias their ratings (for example, the intervention condition) and are trained in a particular scoring system of parental sensitivity, usually on a five- to 10-point scale. The parent and child being rated are recorded as they complete one or more brief tasks, and the raters then use the recording to determine a parental sensitivity score for the parent. Other methods involve observing parent and child for several hours as they go about their everyday lives and then sorting descriptions of parental behavior based on how similar the description is to the behavior of the observed parent.

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Tasks used to measure parental sensitivity and nurturance vary widely. A common task in infancy and early childhood is free play, in which parent and child are typically given a set of age-appropriate toys and told to play as they normally would. Another is a teaching task, where the parent is told to help the child complete, say, a moderately difficult puzzle. Other tasks are used to measure parental sensitivity to children's distress (that is, nurturance). One of these is the finger-prick blood draw; another is the *Strange Situation*, in which the parent is told to leave the room briefly while a stranger (a trained experimenter) remains with the child (this is also the gold-standard laboratory method for determining an infant's attachment classification).

Importance of Sensitive, Nurturing Care

Parental sensitivity and nurturance influence several aspects of children's functioning. The children of sensitive, nurturing parents have fewer mental health problems, better social competence, and higher cognitive functioning. These associations don't appear to be due to genetics, as they're also seen in adoptive families. Parents' sensitive and nurturing behaviors also predict brain development—specifically, greater gray matter volume and white matter connectivity, both indicators of neuronal density and signaling capacity that have implications for even the most basic brain functions. These associations with brain development likely underlie parental sensitivity's association with greater flexibility in solving problems (*cognitive flexibility*), better ability to shift from responding by habit to novel problem solutions (*cognitive inhibitory control*), and better ability to keep multiple things in mind at one time (*working memory*). Together these skills are called *executive function*, a core developmental competence that drives the attentional, cognitive, and behavioral processes needed to overcome challenges and changing circumstances throughout life.

Several studies have shown that sensitivity and nurturance have a disproportionate impact during the first few years of life (that is, up to age three) for outcomes across the lifespan. But parenting quality tends to be quite stable across a child's life, so a considerable challenge for this research is disentangling the impact of early parenting from that of later. In other words, if studies find a significant effect of early parenting on child wellbeing several years later, the effect

could be due to parenting quality at the later point in time, which is similar to parenting quality earlier in the child's life. To tease apart these two possibilities, researchers measure parents' behavior and a given functional outcome in the child several times across childhood. Then, if early measures of the parents' behavior predict later child functioning regardless of (that is, accounting for) later measures of parents' behavior, we can infer that early parenting plays a critical role in children's health and wellbeing over and above the quality of later parenting.

Large-scale studies like the Study of Early Child Care and Youth Development (SECCYD) and the Minnesota Longitudinal Study of Risk and Adaptation (MLSRA), both funded by the National Institute of Child Health and Human Development, have been able to investigate this question. One analysis of SECCYD data determined that greater parental sensitivity at age three predicted fewer teacher-reported mental health symptoms across five assessments up to age 15, even when controlling for parental sensitivity at all later assessments. An analysis of the MLSRA showed an enduring association between maternal sensitivity in the first three years and social and academic competence through age 32. However, when both "early" and "later" parenting are measured before age three (for example, at 15 and 24 months), the earlier measure of parenting doesn't always show a stronger effect. These studies clearly support the idea that parental sensitivity before age three, over and above parenting behaviors years later, is crucial for children's long-term adaptive functioning.

A number of studies provide likely explanations of why parenting behaviors

are so important in the first few years of life. Dramatic brain development and organization occur during these years. Neural processes are especially plastic, or malleable, at this time, so experiences that occur during this period may engender larger changes in a child's brain structure and function compared to similar experiences later in life, when the brain is less malleable. In early life, many biological systems calibrate to the context in which the individual is living, particularly regarding the amount of material, social, and metabolic resources available to the child. This calibration is hypothesized to influence the later activity of these biological systems, such as the magnitude and frequency of activation of the stress response. The early calibration of the stress response and other biological systems can have long-term consequences for many aspects of physical and psychological health.

Relatedly, a child's primary attachment relationship is typically established in the first year of life, and this relationship holds special importance as a social buffer against stress during infancy and early childhood. Thus parents' behaviors during this time are critical. Sensitive, nurturing care demonstrates to children that they have sufficient social resources to support them during stress or challenge, promoting better regulation of the stress response and avoiding longer-term dysregulation or dysfunction. As a result, parental sensitivity and nurturance have been shown to support secure attachment relationships. When attachment is secure, the child uses the parent as a base from which to explore and a safe haven to return to when threatened or frightened. Having a secure attachment, in turn, is associated

with a host of positive outcomes across the lifespan.

It's evident that the period from before birth to age three is a critical time during which parents can have a large impact on their children's future success. Public health initiatives should direct a large proportion of resources to this period in children's lives to ensure compounding downstream impacts on child and family wellbeing.

Sensitivity and Nurturance Buffer Stress and Adversity

Besides the general benefits of sensitive, nurturing parental care, these parenting behaviors can also buffer the negative effects of stress and adversity. Poverty is associated with risk for major sources of stress that can harm children's development, such as housing instability, food insecurity, and neighborhood violence. Children who experience these adversities do better if their parents are sensitive and nurturing. For example, measures of brain functioning like resting state functional connectivity in the key brain networks responsible for self-regulation are impaired in those who live in poverty during adolescence, unless they experience sensitive parental care. Compared to children born to adult mothers, children born to adolescent mothers show cognitive deficits by age two, an effect explained in part by poorer maternal sensitivity along with socioeconomic risk. Presumably, greater maternal sensitivity could prevent this effect among such children. Parental sensitivity has also been shown to reduce the association between exposure to and perceptions of racial discrimination in ethnic-minority youth and violence in African American adolescent boys.

Thus, parental sensitivity in infancy may be critically important for reducing the intergenerational transmission of socioeconomic disadvantage and for buffering children from some of the negative consequences of racial disparities in socioeconomic status. However, socioeconomic stress is known to impair parental sensitivity and nurturance. Thus, unless parents living in poverty are offered some external help and support, it may be unrealistic to expect them to provide the sensitive care their children need to buffer them from poverty's pernicious impacts.

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Children's characteristics can also predict poorer outcomes, but many of these can be buffered by parental sensitivity. Such risk factors (atypical brain development, genetic abnormalities, high anger reactivity, or very low birthweight) tend to have smaller effects if parents are sensitive and nurturing. Maternal insensitivity can also magnify the degree to which other risk factors, like iron insufficiency, predict poor outcomes. Findings like these demonstrate the extent to which parental sensitivity can

reduce the harm associated with a variety of both physical and psychological risk factors, with broad public health implications.

Because of the outsize role parents play in their children's biological, emotional, and social development, it's possible that the most pernicious form of adversity comes from parents themselves. Maltreatment (neglect or abuse) by caregivers is associated with widespread deficits in children's mental health and psychosocial adjustment. When parental care is the source of stress, dysfunctional outcomes may be particularly difficult to avoid. For example, living in a sensitive, nurturing environment allows a child to mature slowly, with time to develop certain skills. When life is harsh, growing up faster may improve chances of survival, but this comes with trade-offs: skills like emotional reactivity don't have the time to develop well. The brain regions that regulate emotional reactivity seem to mature faster among children deprived of parental care in infancy, even if the children were placed with supportive families before age two. Early differences in this emotion-related neural circuitry, which is more open to environmental influences in the first few years of life, may bring about emotion regulation deficits that persist for years, ultimately resulting in an increased risk of mental health disorders.

Interestingly, though, one parent's sensitivity can also buffer the negative effects of harsh discipline by the same parent and depressive symptoms in the other parent. And, although having two sensitive parents is associated with the best cognitive functioning, one study found that having at least one sensitive parent is better than having none. Thus

one parent's sensitivity can mitigate the negative consequences of maltreatment and abuse committed by the other parent. Similarly, though child care workers can't replace a sensitive parent, they're still considered caregivers and can also have a positive influence on child development that counters some of the impact of parental maltreatment (see the article in this issue by Ajay Chaudry and Heather Sandstrom for more about early child care).

Insensitive Care: Both Ends of the Spectrum

Parental *insensitivity* is commonly described as harshness or a lack of responsiveness. However, insensitivity also exists at the opposite end of the spectrum. Indeed, a parent can be too responsive (for example, through overinvolvement, intrusiveness, or overstimulation). Too much responsiveness has also been associated with negative child outcomes, such as heightened stress reactivity and poor emotion regulation. Parenting behaviors that support autonomy, like acknowledging a child's own volition and perspective, are similar to sensitivity and predict similar aspects of child functioning. These findings help us understand what it means to be a sensitive parent. It's not enough to simply be responsive and involved. Parents also need to support a child's autonomy and agency and provide enough, but not too much, verbal and physical stimulation. The timing and appropriateness of parental behaviors are just as critical as the behaviors themselves. Furthermore, sensitive care adapts to the needs of different children, so it doesn't mean treating all children alike.

Being sensitive also means adapting to different levels and types of risk in the environment. For example, sensitive

parents living in poorer neighborhoods may engage in more parental monitoring and involvement to support academic achievement. But the same level of parental monitoring and involvement could be overly responsive for a child in a wealthier neighborhood (that is, it could be considered “helicopter parenting”). Thus, supporting autonomy and other sensitive parenting behaviors may have different consequences for children’s development depending on where a child lives. But it’s still unclear whether the benefits of parental monitoring and involvement in higher-risk environments occur only in the short term. We need more research to determine the relative short- and long-term benefits of sensitive parenting in high-risk contexts. Increased parental involvement and monitoring may bring short-term benefits in a high-stress environment, but sensitive parenting behaviors could still provide the longest-term benefits for physical and psychosocial functioning. This has yet to be investigated.

Interventions

A number of interventions have shown a causal link between parental sensitivity and positive aspects of child wellbeing. The gold standard for causal evidence is a randomized controlled trial, where some families are randomly assigned to the intervention and others (the control group) are not. The fact that participants are randomly assigned should negate any preexisting differences between families in the intervention and control groups that are unrelated to the intervention and might affect the outcomes of interest (in other words, selection bias). Thus, if an intervention treatment increases parental sensitivity, and this increase explains

improvements in children’s functioning, we can more confidently claim that the change in parental sensitivity caused the improvements. Causal evidence is important, as it increases the likelihood that manipulating this variable (for example, via public health prevention and intervention initiatives) will produce desirable outcomes for children and families.

Several interventions have accumulated strong evidence for their effectiveness in promoting child and family wellbeing. Many of them explicitly draw on theories about parent-child attachment relationships in their core principles. Two such interventions, one called Parent-Child Interaction Therapy and another called Attachment and Biobehavioral Catch-Up, use real-time feedback given to parents during their interactions with their children to increase parental sensitivity (among other things) and to reduce harsh discipline. The Positive Parenting Program (Triple P) uses media resources, professional consultation, and self-directed modules to promote similar parenting behaviors. All three have demonstrated consistent positive effects on child behavior and have the potential to reduce harsh discipline and maltreatment.

Notably, many home-visiting programs aim to increase parents’ sensitivity and reduce harshness, but some don’t focus on actual interactions in a directed way. (Indeed, a variety of delivery methods can be used to attempt to increase sensitivity, including group information sessions, individual family consultation, and population-level public awareness campaigns.) It’s also true that existing programs may support families better when they add components to address parental sensitivity and nurturance.

Having several successful methods for promoting sensitive and nurturing parenting offers flexibility and ensures that effective options can be implemented in settings that have different needs and capabilities.

As we said above, many interventions aim both to improve sensitivity and to reduce harsh, intrusive parenting. So is it increasing parental sensitivity or decreasing harsh and abusive parenting behaviors that explains intervention-related improvements in child wellbeing? The answer is likely both. To our knowledge, no intervention study has examined either the relative importance of increasing sensitivity versus reducing harshness for changes in child functioning, or whether these associations vary across development. However, correlational studies suggest that parental sensitivity is associated with child outcomes separately from harsh parenting, and vice versa.

One way that sensitive parenting might exert unique effects is through greater predictability. Predictability is critical to learning, which may be why one longitudinal study of brain development found that maternal support (similar to sensitivity) in the preschool years predicted the development of brain regions involved in learning and memory. On the other hand, when harsh discipline controls behavior, it does so by evoking fear—which, in the context of low parental sensitivity, has been shown to increase aggressive behavior.

Intervention studies can also help identify normative and atypical developmental processes that produce variations in children's biology and behavior. As we've said, many sensitivity interventions are derived from attachment theory. Effectiveness studies of these interventions

offer: (1) empirical support for attachment theory; (2) evidence that a history of sensitive care forms the basis of attachment security; and (3) causal support for the idea that attachment security is important for children's later biological, behavioral, and socioemotional functioning. Furthermore, intervention effects on children's biological regulation can help us understand the intervention's mechanism of action, as well as the role of specific biological functions in other aspects of children's cognitive, social, and emotional wellbeing. In these ways, basic science, intervention practice, and policy initiatives all build on one another, and each is critical to developing and implementing interventions that improve the lives of the families and children who need it most.

Parental sensitivity interventions also guide theories about developmental timing, with regard to both when certain developmental processes occur and at what point in time development intervention is most effective. Most sensitivity interventions occur when children are infants, because that's typically when primary attachment relationships are consolidated. Some researchers have also proposed that infancy, and specifically the weeks soon after birth, is an ideal time for intervention because it involves a substantial shift in the family system, triggering increased flexibility and reorganization. An intervention that takes place during this reorganizational period could have a larger impact on parents' behavior and children's functioning than the same intervention conducted in a more stable family system. Alternatively, different parenting behaviors and child outcomes may benefit from different interventions occurring at different times in development. To investigate these types

of questions, researchers use study designs that are more sophisticated than typical randomized controlled trials. These designs include sequential multiple-assignment randomized trials (SMARTs), in which families are randomized at several intervals to receive different combinations of interventions that vary in type, timing, and duration (which researchers call *dosage*). A Multiphase Optimization Strategy (MOST) is another technique for refining intervention delivery method, dosage, and content for individual participants based on their treatment response (or lack thereof) at predetermined “checkpoints” throughout the treatment.

In one compellingly designed SMART, families were assigned to receive an intervention called Playing and Learning Strategies (PALS) in their child’s infancy and/or toddlerhood. Families received the intervention in varying dosages and with different developmental timing, which helped tease apart the impact of different aspects of the intervention and its differential effectiveness across the two developmental periods. Ultimately, the intervention produced positive effects for parents and children regardless of when the families received it, but parent behaviors and child outcomes varied with timing and dosage. Parental sensitivity behaviors that support more sophisticated child skills like language comprehension (for example, verbal scaffolding and encouragement) showed larger improvements for families who received PALS in the child’s toddlerhood, regardless of whether they received PALS in infancy. Generally supportive behaviors, such as warmth and positive affect, showed more improvement with PALS in infancy, whether or not the families

received PALS in toddlerhood. Other, more complex behaviors that are central to parental sensitivity (such as predictable and appropriate responsiveness to children’s cues) required a larger dose of intervention (PALS at both infancy and toddlerhood) to produce significant improvements. These findings are useful for future successful implementation of PALS, but they can also help guide the timing and dosage of other interventions that aim to change particular parent behaviors and child outcomes.

Contextual Factors

Several environmental, familial, and child factors can affect the relation between children’s wellbeing and parental sensitivity and nurturance. As we’ve noted, socioeconomic and sociodemographic characteristics strongly influence sensitive parenting’s outcomes. Poverty during adolescence predicts lower resting-state functional connectivity in neural networks associated with cognitive control and emotion regulation, but only for adolescents who also experienced less-supportive parental care. And though poverty tends to predict less-sensitive parenting, sensitive and nurturing parenting behaviors can also protect children from the biological and behavioral consequences of poverty. What’s more, community violence and experiences of racial discrimination may alter the meaning and consequences of parental sensitivity. One great concern today is how cell phones and social media apps affect parenting and child development. Correlational evidence suggests that when parents use these devices while they’re with their children, parent-child interactions decrease and children learn and remember less from those interactions. However, we need

intervention studies to understand whether this association is causal.

Parenting behaviors that engender attachment security may differ across countries and cultures.

Different cultural perspectives and traditions surrounding caregiving also affect parents' sensitivity, in both how they display sensitivity behaviorally and the child characteristics parental sensitivity is associated with. Attachment security, a characteristic of the parent-child relationship that's commonly associated with parental sensitivity, is present at similar rates in many countries. But the parenting behaviors that engender attachment security may differ across countries and cultures. Families that embrace particular cultural values tend to display different parenting styles, and these different styles may predict positive child wellbeing based on a given family's cultural perspectives and values. Still, parental sensitivity has been similarly associated with positive outcomes in children across racial and ethnic groups. Results may vary based on whether a given racial/ethnic group is a majority or minority group in the region in which it's assessed. For racial/ethnic minorities, the stress of poverty and discrimination may affect parents' ability to provide sensitive, nurturing care; it may also shift priorities to different parenting strategies. To accurately evaluate and interpret associations between parenting behaviors and child wellbeing, we must consider

demographic, cultural, and socioeconomic aspects of the children's environments without assuming that Western majority-culture parenting is the baseline from which other cultures diverge.

Aside from socioeconomic and cultural factors, characteristics of the parents themselves—such as self-regulation, mental health, and history of trauma or adversity—can affect their ability to provide sensitive, nurturing care. For example, depressed parents as well as their partners are less likely to display sensitivity and nurturance, which can affect children's own mental health. We see similar patterns for parents who were maltreated in their own childhood. This intergenerational transmission of adversity and mental disorder seems to be due, at least in part, to the impact of early adversity and mental health problems on parents' ability to provide sensitive, nurturing care. Also, parents with poor self-regulation skills—such as lower executive function, poor emotion regulation, or excessive or dysregulated stress reactivity—are less able to respond sensitively and appropriately to their children's cues, especially when they themselves are under stress. Both trauma history and mental health symptoms can lead to poor self-regulation in parents, and these stress-related parental factors likely influence one another, increasing the risk of displaying insensitive, non-nurturing parenting. Policies that don't adequately mitigate parent stress, like insufficient paid family leave (see the article in this issue by Maya Rossin-Slater and Jenna Stearns) or ineffective involvement by child protective services (for example, through unstable child placements) exacerbate these risk factors and increase the risk of displaying insensitive parenting.

Children's personal characteristics also affect parenting and, at the same time, affect a child's susceptibility to different degrees of parental sensitivity. Children with difficult temperaments (for example, high negative emotionality and relatively low flexibility/adaptability in the face of change) tend to elicit less sensitive parenting and more harsh parenting. At the same time, the cognitive and social competence outcomes of those children are more dependent on parental sensitivity. Furthermore, though harsh and insensitive parenting tends to predict difficult temperament, impulsivity, and general tendencies toward negative emotionality, the reverse is also true: infants with difficult temperaments, impulsivity, and negative emotionality seem to elicit less sensitive, nurturing care from parents. Aside from temperamental traits, evidence also suggests that excessive or prolonged physiological stress reactivity increases children's risk for behavior problems if they also experience insensitive caregiving, such as maltreatment or intrusive parenting. And though one study showed that earlier maternal sensitivity (measured when children were 54 months old) predicted later child prosocial behavior, it also showed that prosocial behavior in turn predicted future maternal sensitivity. These studies demonstrate that the parent not only influences the child, the child influences the parent as well. The parent-child relationship is shaped not just by sociocultural factors, but also by dynamic, bidirectional processes that exert lifelong impacts on children's health and wellbeing.

Policy Implications

First, we must take advantage of existing parental sensitivity interventions that have demonstrated significant positive

effects for children and families. At a basic level, these interventions should be made available in as many communities as possible, with an eye toward personalization so that each family receives the services that will be most effective for them, and at the right time. Policies tailored to the specific demographic, socioeconomic, and cultural makeup of each community may have the most meaningful public health impacts. Using a variety of delivery methods, ranging from real-time individualized feedback during parent-child interactions to broader population-level public awareness campaigns, will likely increase uptake by community organizations and families. Communities can also capitalize on existing infrastructure by incorporating more potent real-time feedback interventions into programs like Head Start and other social services. Finally, policies that improve parents' wellbeing can be expected to initiate cascading positive effects for children, families, and communities. These policies might include, but aren't limited to, improved paid family leave, better-coordinated child protective services involvement, screening and treatment of postpartum/parent depression and other mental health disorders, and efforts to reduce stress related to poverty and discrimination.

Conclusions

Clearly, parental sensitivity and nurturance have a strong impact on children's biological, behavioral, and socioemotional wellbeing. Sensitive, nurturing care means prompt, contingent, appropriate, child-directed behaviors that are matched to the child's cues. Thus insensitivity can refer both to overcontrolling, intrusive

behaviors and to neglectful, unsupportive behaviors. Parental sensitivity predicts a host of positive child outcomes, and increasingly positive outcomes over time. And when it's applied during the earliest years of a child's life—from before birth to age three—parental sensitivity seems to have the largest impact over time, even when accounting for later parenting behaviors. Sensitive, nurturing care can also buffer the effects of early stress and trauma on children's physiological

and psychological health. Intervening to enhance parental sensitivity has provided strong evidence supporting the causal, not just correlational, link between parental sensitivity and child wellbeing. The time has come to use these well-documented findings to implement bold policies and prevention/intervention initiatives that best support families and communities at risk of poor physiological and psychological health.

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