# PROFESSIONAL DEVELOPMENT TO IMPROVE PARENT-CHILD INTERACTION OBSERVATION FOR EARLY INTERVENTION HOME VISITORS

by

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*To my family. Scott, thank you for being my number-one champion, encouraging me throughout this process, and giving up many Tuesday date nights for my education. Mom, thank you for always listening when I needed reinforcement and telling me that I was making the right choice and that I "can do this." To my brother, sister, sister-in-law, and brother-in-law, thank you for believing in me, standing behind my choices, and knowing I could tackle this journey.*

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Mary Ann Mackrain

# PREFACE

*The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Simpler neural connections and skills form first, followed by more complex circuits and skills. In the first few years of life, more than 1 million new neural connections form every second. After this period of rapid proliferation, connections are reduced through a process called pruning, which allows brain circuits to become more efficient.*

—Center on the Developing Child, Harvard University

# ABSTRACT

PROFESSIONAL DEVELOPMENT TO IMPROVE PARENT-CHILD INTERACTION OBSERVATION FOR EARLY INTERVENTION HOME VISITORS

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Children who experience positive and nurturing interactions with parents in infancy and early childhood develop healthy and secure attachments and are significantly better prepared to succeed in school (Connell & Prinz, 2002; Pianta et al., 1997). The absence of such care can lead to long-term physical and emotional health challenges such as anxiety and depression throughout life. Parents served by home visiting programs often include the most at-risk families who are struggling to meet their children's most basic needs for food, housing, safety, and care, which can disrupt them from providing the positive interaction needed for children's early relational health (Bernard et al., 2015). Early intervention home visitors can observe parent-child interaction and use the results to help families plan for and engage in positive interaction with their children. This mixed-methods study aimed to explore the impact of professional development activities on home visitors' capacity and confidence in observing and addressing the quality of parent-child interaction within home settings as part of regular home visits.

The Parent-Child Interaction Observation for Early Intervention Home Visitors pre- and post-assessments were distributed across six Michigan early intervention programs and completed by 13 of the 17 enrolled study participants pre and post. At post,

additional open-ended satisfaction questions were added to the assessment and completed by thirteen participants. Several themes emerged through the mixed-methods study, including the importance of hands-on practice and feedback to warrant home visitors' practice change, the critical need to leverage diverse learning opportunities to best support adult learners, and the importance of engaging early adopters who volunteer their time and have the will to participate.

*Keywords:* parent-child observation, parent-child interaction, early relationships, brain development, home visiting, early intervention, attachment

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# CHAPTER ONE

# THE IMPORTANCE OF PARENT-CHILD INTERACTION ON CHILD DEVELOPMENT

Children who experience positive and nurturing interaction with parents in infancy and early childhood develop healthy and secure attachments and are significantly better prepared to succeed in school (Connell & Prinz, 2002; Pianta et al., 1997). When early relationships are reliably positive, nurturing, warm, safe, and responsive, they can buffer young children from adverse effects of stressors. The social and emotional well-being of infants and young children is directly tied to positive, simple, in-the-moment relational experiences and the availability of caregivers and families for these engaged moments in children's everyday lives. The parent-child relationship, which combines behaviors, emotions, and expectations, is primarily responsible for setting the stage for nearly all aspects of a child's development into adulthood (National Scientific Council on the Developing Child, 2004)—and the absence of such care can lead to long-term physical and emotional health challenges, such as anxiety and depression, throughout a child's life.

## Implications for Parent-Child Interaction Within Home Visiting

Early intervention, a program offered within the home or another natural setting, is an evidence-based early childhood home visiting model providing services and supports to babies and young children with developmental delays, including positive parent-child interaction. According to the Federal Register (2020):

HomVEE [Home Visiting Evidence of Effectiveness] defines an early childhood

> home visiting model as an intervention that delivers a specified set of services (through a specified set of interactions). A model has a set of fidelity standards that describe how the model is to be implemented. These voluntary programs are interventions, either designed or adapted and tested for delivery in the home, in which trained home visitors meet with expectant parents or families with young children on a schedule that is defined or can be tailored to meet family needs. (p. 47385)

The families served by home visiting programs such as early intervention often include the most at-risk families struggling to meet their children's basic needs for food, housing, safety, and care, which can be a disruption from providing positive interaction (Bernard et al., 2015). Having to navigate different child-serving systems is a significant source of stress for many families and can interfere with parents' ability to reliably provide positive parent-child interaction. In addition, as Rostad et al. (2018) state, "many of the stressors that place families at-risk may also interfere with [parenting] program participation" (p. 1270).

Much of the research around parent-child interaction and home visiting is strongly tied to programs serving children and families at risk. It's important to note that these "risks" do not typically include experiencing developmental disabilities, even though parent-child interaction is a crucial component of early intervention programs such as Individuals with Disabilities Education Act (IDEA) Part C, a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities and their families (*Early On* Michigan, 2020). In Michigan, the IDEA Part C program is called *Early On*®. Although social-

emotional health is a crucial component of programs such as *Early On*, specific observation, measurement, and support around parent-child interaction for parents of children with a disability is not as apparent in the literature. As Innocenti et al. (2013) state:

> For parents of a child with a disability, practicing these positive parenting behaviors can become challenging because of the disability. Children with various disability conditions, compared to typically developing children, may have less predictable or salient cues, be less responsive, or respond in unpredictable ways to their parents' behaviors. (p. 308)

**An Opportunity to Support Parent-Child Interaction Within Home Visiting**

Because of the trusting relationships between families and home visitors, high-quality home visiting can potentially reduce social isolation, improve parent-child interaction, and buffer early childhood adversity. But to maximally do so, it is critical for home visiting programs to adopt a reflective stance and identify the skills and competencies necessary for home visitors to self-reflect and address implicit biases. These biases can influence both home visitors' perceptions of the families they work with and their own capacity to foster early relational health and healthy parent-child relationships, despite parental histories of challenges, trauma, and stress (Willis & Mackrain, 2020).

Since 2016, Michigan's *Early On* program has required observation of parent-child interaction as part of the assessment to support an Individual Family Service Plan (IFSP) (*Early On* Michigan, 2020). Although Michigan recognizes that parent-child relationships are critical, comprehensive guidance does not yet exist to support home

visitors in completing a quality observation as part of an evaluation and eligibility process and then leveraging the results to inform the IFSP.

In April 2021, the Michigan Department of Education (MDE) and Department of Health and Human Services, Division of Mental Health Services to Children and Families (MDHHS), developed a survey to strengthen Part C system support for parent-child observation. Specifically, MDE and MDHHS gathered information to:

- understand the current strategies that are being used across the Part C system to support parent-child observation,
- identify gaps that may exist in meeting this requirement adequately, and
- explore methods to help home visiting service providers use the results to share bright spots with families and integrate relationship goals into the IFSP when warranted (Mackrain, 2021).

The survey was disseminated to *Early On* service providers and Part C coordinators across the state from April through June 2021. In total, 194 service providers and 34 Part C coordinators completed the survey. Almost half (47 percent) of coordinators and 41 percent of home visitors thought their program was only somewhat to moderately strong in implementing parent-child observation with all families. Furthermore, almost half the responding home visitors rated themselves as only moderately or somewhat comfortable discussing parent-child observations with families once they have completed an observation.

When asked what supports are currently available to boost service providers' confidence and competence in discussing parent-child observations, coordinators and

service providers rated peer-to-peer discussions as being the most available form of support, with training and reflective support supervision rounding out the top three options reported. A noticeable percentage (17 percent) of home visitor respondents reported that *no* support was available (Mackrain, 2021).

Coordinators and service providers agreed on what might be most helpful in supporting the implementation of parent-child observation. Access to reliable and valid parent-child interaction tools was rated most favorably. Training on the use and interpretation of tools and strategies for supporting parent-child interaction was also rated as potentially helpful or very helpful. The fourth most highly rated strategy to support the implementation of parent-child observation was reflective group support, such as facilitated coaching to discuss implications that may impact observation.

**The Purpose of the Research**

Knowing that healthy parent-child interaction is crucial in supporting young children's overall development and learning, the challenge is to identify and improve these interactions as part of the day-to-day practices delivered across early childhood home visiting programs, including early intervention. *Early On* home visitors have an opportunity to observe parent-child interaction during visits with families and to intervene early if relationships between parents and their children need strengthening. As noted by *Early On* home visitors across Michigan, professional development is one potential strategy for building capacity to observe parent-child interaction and ultimately integrate critical findings into IFSPs as warranted.

Research on early childhood generally indicates that effective professional development combines specific training on novel skills and in-service coaching or

consultation (Sheridan et al., 2009). Effective professional development can improve educator instruction and children's outcomes in targeted content areas such as literacy (Powell et al., 2010; Wasik & Hindman, 2011) and math (Clements et al., 2011).

However, research has not yet investigated to a great extent the impact of professional development and coaching on home visitors' ability to observe and address parent-child relationship issues within the home. Additionally, Michigan does not yet integrate comprehensive standardized written guidance, teaching, or coaching for *Early On* home visitors to adequately meet the state requirements of completing a parent-child observation and then using those results within the IFSP process. Gaps exist in state guidance, professional development, and resources to support home visitors in feeling confident and competent in meeting state requirements for parent-child observation, goal setting, and planning as part of the IFSP process.

This research aims to explore the outcomes of targeted professional development activities on home visitors' capacity and confidence in observing and addressing the quality of parent-child interaction within home settings in an effort to close these gaps and ensure that early intervention home visitors have the support they need and are asking for.

**Research Questions to Be Addressed**

Based on the literature, theoretical perspectives, and the current landscape in Michigan's early intervention program, I will seek to answer four broad research questions:

1. Does professional development aimed at using new written guidance and coaching in a peer-to-peer collaborative improve parent-child observation

quality?

2. Does this professional development improve home visitors' knowledge and capacity for observing parent-child interaction?
3. Does this professional development increase the frequency of home visitors integrating parent-child observation results into IFSPs?
4. Are the professional development, written guidance, and coaching perceived as useful and helpful in meeting Michigan's requirements, and are participants satisfied with the intervention?

# CHAPTER TWO

# REVIEW OF THE LITERATURE

This chapter provides an analysis of early childhood theoretical perspectives supporting the necessity of quality parent-child interaction for children's healthy growth and development. Each theory is then applied to a way in which home visitors might enhance their skills to foster quality parent-child interaction. This chapter also provides a review of the literature on factors that may impede a home visitor's ability to observe the quality of parent-child interaction and then share the results in a way that enhances children's development. Together, the review of theory and the literature guide the study methods outlined in Chapter Three.

## Major Theoretical Perspectives

Several germane early childhood theories—attachment theory, social learning theory, sociocultural theory, Maslow's hierarchy of needs theory, and Erikson's theory of psychosocial development—support the importance of fostering early relational health through positive and nurturing interaction between parents and their children. These theories have important application to the work of home visitors and how they might better understand, learn, and apply practices to foster the strengthening of relationships between children and their caregivers. Additionally, to assist home visitors in learning about and feeling more comfortable with parent-child observation practices and then using their results, these theories were explored as contributors to the design of the intervention.

Adult learning theory was also explored to identify its application to the study

intervention. The principles and practices of this theory are relevant to home visitors as they learn and apply new ideas and practices to enhance parent-child interaction in the context of a home visit.

### *Attachment Theory*

Attachment theory is the theory most closely tied to the importance of parent-child interaction to overall health and well-being throughout life. Attachment theory is grounded in a belief that the relationships between infants and their primary caregivers have an important influence on all domains of development and in particular on how these individuals go on to form relationships. This belief is supported by research suggesting that failure to form secure attachments early in life can have a negative impact on behavior in later childhood and throughout life (Farrell et al., 2019).

Bowlby's (1958) attachment theory suggests that children are born with an innate need to form attachments. Such attachments aid in survival by ensuring that the child receives care and protection. These attachments are characterized by clear behavioral and motivational patterns. Children and their caregivers engage in behaviors designed to ensure closeness, connection, and healthy attachment. Infants and young children strive to stay close and connected to their caregivers, who, in turn, provide a secure base for children to explore safely.

Researchers such as Mary Ainsworth Salter have expanded on Bowlby's original work and suggested that several different attachment styles exist. Children who receive consistent support and care are more likely to develop a secure attachment style. In contrast, those who receive less reliable care may develop an ambivalent, avoidant, or disorganized style (Schaffer & Emerson, 1964). In her dissertation, *An Evaluation of*

*Adjustment Based Upon the Concept of Security*, Salter (1940) states:

> Familial security in the early stages is of a dependent type and forms a basis from which the individual can work out gradually, forming new skills and interests in other fields. Where familial security is lacking, the individual is handicapped by the lack of what might be called a secure base from which to work. (p. 45)

The attachment relationship is focused on the parent's warmth, attentiveness, and ability to respond to the child's needs, which is central to a child's successful social-emotional development. Children have a basic hierarchy of needs, starting with safety, food, and emotional support. When parents provide their children with these supports and respond with warmth and affirmation to their child's cues, children learn that they can rely on their parents as caregivers who will meet their needs. This secure attachment ultimately impacts the child's later ability to regulate emotions and build relationships.

Suppose that home visitors, who are often in a family's home weekly or every other week on average, could effectively promote, message, and coach parents on their interaction style. This could have a positive and lasting impact for both the adult and the child—physically, emotionally, and behaviorally.

It's important to note that cultural perceptions and understanding of behavior differ greatly and that attachment styles can vary based on child-rearing practices and environmental factors unique to a particular culture. Much of prior attachment theory development was done in the United States and thus represents white, North American culture. Home visitors can and should seek to learn more about each family's culture and then strive to observe, discuss, understand, and support relationships between parents and children through a cultural lens.

The core concepts of attachment theory can also be applied to the adult learner situation. For example, in the training of adult learners, it may be beneficial for trainers to explore their own attachment style and implications for instruction. As stated by Fleming (2008):

> The teacher's internal working models and strategies for coping with change and strangeness impact on how well the tutor copes with the challenge of adult students and their ability to cope with their questioning, challenges of the debates and interactions of the adult classroom. (p. 46)

The adult learning space may be seen as a sort of "strange situation." Instructors of adult learners can implement strategies to develop a safe learning space for exploration, such as creating ground rules with learners to ensure that their voices are heard. Methods to foster safety and relationships create the kind of space adults often need for learning and enable them to begin to feel, think, and act in new ways. Additionally, trainers can provide space for reflection to discuss the impact of the work on home visitors' own well-being, paralleling the kind of behavior they hope to see home visitors use with families.

### *Social Learning Theory*

Social learning theory, developed by Albert Bandura and others, suggests that individuals learn from one another through several key principles of social learning, including attention, retention, reproduction, and motivation (Bandura & Walters, 1977). The theory postulates that learning cannot be fully explained simply through reinforcement (e.g., Pavlov's concept of reinforcement); the influence of others also impacts one's actions. Bandura later expanded this theory to identify individuals as

change agents who are self-organized and proactive contributors to their own lives (known as social cognitive theory).

Social learning theory could play an influential part in home visiting. Home visitors often use aspects of observation, modeling, and talk-back to motivate families to engage in new behavior and to celebrate positive interaction. If parents see home visitors doing positive behavior, they may be more likely to engage in the same behavior, which is also true for babies and toddlers observing their siblings and parents. Home visitors may also introduce innovative strategies, such as narrating interactions between parent and child, and these unique contexts can capture parents' attention and stand out in their memory. Furthermore, home visitors can explore and reinforce families' sense of self-efficacy by learning how the family approaches goals, tasks, and challenges and by recognizing parents' achievements as change agents to overcome barriers.

When applying social learning theory to adult learning, training and professional development can acknowledge participants' prior life experiences, and instruction methods can integrate new content into the group's prior knowledge and skills (Wickett, 2005). For example, since home visitors are already familiar with being in homes and having conversations with families, information and training on how to integrate information about parent-child interaction into family discussions could be built on that prior knowledge and expertise.

To build the group's confidence with using their new skills and knowledge, trainers can model how to set realistic expectations for incorporating observation into home visiting work (Chuang, 2021). For example, the trainer might have participants consider their own style and circumstances before setting a realistic goal for improving

their observations skills, perhaps starting with one new strategy with one family in one week. Peer-to-peer breakouts and opportunities to role-play give participants a chance to observe and practice the new skills and behaviors with immediate feedback from the trainer and their peers.

### *Sociocultural Theory*

Vygotsky's sociocultural theory views a child's development of belief systems, cultural understanding, and problem-solving abilities as a facilitated process involving members of society, such as family, neighbors, teachers, and other community members. This theory stresses the critical role of social interaction within the community as part of children's ability to make meaning of their experiences (Vygotsky, 1978).

This theory underscores the importance of home visitors learning about each family's cultural beliefs and experiences when seeking to understand families' attitudes toward and ways of being with their children. Future exploration might be made for home visitors' own cultural and developmental experiences and how these may influence home visitors' interpretations of the family dyad's interaction.

When integrating sociocultural theory and adult learning opportunities, training could leverage Vygotsky's Zone of Proximal Development, considering what learners can achieve on their own and what they can achieve with the help of others who are more knowledgeable. Instructional methods can help trainees make sense of their work by offering collaboration with peers, support from the instructor, and selected case studies to make sense of the learning process in their own contexts. Adult learning from this perspective could include activities such as conversations with peers about the beliefs and assumptions that guide their observations of families.

### *Maslow's Hierarchy of Needs Theory*

Maslow's hierarchy of needs theory maintains that people have a progression of needs and that some must be met before addressing others. Maslow addresses five levels of need. The first is basic requirements, such as water, warmth, and rest. The second level is safety needs, including a sense of security. The third level is belongingness and love, which includes intimate and friend relationships. The fourth level is esteem needs, such as a feeling of accomplishment and status. The final level is the need for self-actualization, the individual's ability to achieve their true potential (Maslow, 1943).

This theory speaks to home visitors who work with high-risk families and the complexity of addressing parent-child relationships in the context of inadequate fulfillment of the most basic requirements: food, shelter, and a sense of safety. Through reflective practice and supervision, home visitors can consider how best to address quality parent-child interaction with families who are struggling to meet their children's most essential needs.

Trainers can integrate Maslow's hierarchy of needs as they develop and implement professional development with adults. Fostering trainees' self-esteem, sense of belonging, and safety can enhance their capacity for learning. For example, to build trainees' sense of belonging, a trainer may call all trainees by name and remember what they shared from previous training sessions. The trainer may use small peer-to-peer breakouts to allow time for relationship-building and may encourage trainees to interact in the way they are most comfortable with (e.g., in the chat feature for virtual gatherings, verbally) to create a safe space.

### *Erikson's Theory of Psychosocial Development*

Erikson's eight-stage theory of psychosocial development describes growth and change throughout life, focusing on interactions and struggles that arise during different developmental stages. At each stage, individuals face a developmental crisis that is a significant turning point. Successfully managing the crisis and getting through each stage leads to the emergence of a lifelong asset.

The first stage of this theory, trust versus mistrust, supports the importance of the early relationship between a parent and child. Erikson saw this first stage as foundational to shaping a child's view of the world, similar to the foundations of attachment theory. In this stage, Erikson states that the parent's care is foundational in building trust versus mistrust. The parent's reading of cues, responding in a nurturing way to those cues, recognizing hunger, comforting the child when upset, etc., are foundational to trust-building. Aspects of Erikson's theory still resound in today's infant mental health and attachment work, which can be foundational to understanding this work's importance when training and coaching home visitors to support healthy relationships.

Erikson's later stages of adulthood—intimacy versus isolation, and generativity versus stagnation—offer ideas for creating and implementing training for adult learners. For example, building a vibrant, relationship-based group of learners can reduce isolation. Clarifying how the content can positively impact parents and children in the long term can generate a sense of productivity and reduce stagnation.

### *Adult Learning Theory*

Adult learning theory provides a set of principles and practices for teaching adult learners. Malcolm Knowles coined this concept as *andragogy* in the 1960s. Knowles's

andragogy highlights both specific beliefs about the characteristics of adult learners and best practices to support those characteristics. These beliefs include the idea that adults are more likely to engage in training and retain the information if the expectations are clear and the information is relevant to their work and life. Additionally, Knowles believed that learners like to solve problems, apply results in real time, and be the director of what they learn (McGrath, 2009).

Knowles's principles for adult learning have a direct impact on the creation and implementation of any intervention for adult participants. For example, we can make participation voluntary, which will increase participants' motivation to learn the topic and apply it to their everyday work. We can clarify the learning objectives and expectations at the onset of any professional development. To strengthen the application of knowledge gained and demonstrate its relevance, participants could be challenged to practice a new skill between training sessions and share their results with peers and facilitators.

## Literature Review

The following literature review explores a number of implications that might impact the ability of home visitors to engage in observation of parent-child relationships and then share the results with families in a way that celebrates families' strengths and encourages them to consider ideas for growth.

### *Michigan Home Visiting: An Overview*

Home visiting programs vary in terms of goals and services provided, but they generally include a combination of parenting and health care education, child abuse prevention, and early intervention and education. Michigan has eight types of home visiting programs that are free, voluntary, and designed to provide extra support and

training for parents and caregivers. Home visitors work one-on-one with families in their homes or at a location the family is most comfortable with (State of Michigan, 2022).

*Early On* is Michigan's Part C early intervention program for infants and toddlers (birth to age 3) who have developmental delays or are at risk for delays due to certain health conditions. The program is designed to help families find social, health, and educational services to promote the development of their infants and toddlers with special needs (Muliett, n.d.). *Early On* emphasizes early identification and early referral to enhance the development of infants and toddlers with disabilities, minimize their potential for delay, and recognize the significant brain development that occurs during a child's first three years of life.

Fifteen of Michigan's 20 evidence-based home visiting models certified by the Maternal, Infant, and Early Childhood Home Visiting Program include a parenting component and have been found to positively impact parenting practices (Sama-Miller et al., 2017). However, while improving parent-child interaction is the focus of some of these programs (Peterson et al., 2018), some research shows that only a small portion of home visitors' time is spent on strengthening these interactions. Peterson et. al. (2018), who examined the relationship between intervention components and home visiting quality, found that 71 percent of home visit time was spent on interactions between the home visitor and the parent, while only 2 percent was spent on guiding parent-child interaction.

### *Barriers to Implementation of Interventions*

Barriers on many levels affect home visitors' ability to implement interventions that encourage positive parent-child interaction. These barriers—which may apply to

both parents and home visitors—include adverse childhood experiences, cultural context, emotional stress and feelings of instability, mental health issues, and time constraints and scheduling conflicts. Alone or in combination, these barriers may impede full program participation or even cause families to drop out altogether. Themes in the literature that relate to each barrier are discussed in more detail below.

**Adverse Childhood Experiences.** According to the Centers for Disease Control and Prevention (2022), *adverse childhood experiences* are potentially traumatic events that occur in childhood, such as experiencing violence, abuse, or neglect in the home, or seeing a family member attempt or die by suicide. Traumatic events also include environmental challenges, such as chronic stress or living in a home where substance abuse or mental illness are occurring.

Adverse infant and early childhood experiences are a public health crisis. Rates of adverse experiences are only exacerbated by the current pandemic (with its accompanying induced stress and social isolation) and the ongoing plight of racial injustice happening at the national level. According to Rubin and Lew (2020), 1 in 10 adults report that their household sometimes or often did not get enough to eat, and the rate is significantly higher in families with children. Adverse childhood experiences are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. When infants and young children are exposed to chronic stressful events, their brain development can be negatively impacted, resulting in behavior problems (e.g., biting, hitting, bullying behaviors) that often lead to difficulty with relationships, learning challenges, and high rates of preschool suspension or expulsion and later school dropout (U.S. Department of Health and Human Services &

U.S. Department of Education, 2019).

Early brain development, a function of experience and genetics, is critical to forming the connections needed for future development. Young children's brains are building synaptic connections at a rapid rate. According to Harvard University's Center on the Developing Child (n.d.):

> The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Simpler neural connections and skills form first, followed by more complex circuits and skills. In the first few years of life, more than 1 million new neural connections form every second. After this period of rapid proliferation, connections are reduced through a process called pruning, which allows brain circuits to become more efficient.

Early experiences (including positive parent-child interaction) are crucial for making these synaptic connections, as they define the wiring of an infant's brain. The parent-child relationship can thus play a powerful role in offsetting the impact of adverse infant and early childhood experiences (Berlin, 2021).

Although many home visiting programs, including early intervention, aim to support families in decreasing these adverse experiences for their children, assessing and discussing children's exposure to these risks can be complicated and uncomfortable for service providers (McKelvey et al., 2016). Additionally, addressing adversity requires a well-trained workforce and a connected system of care for the whole family in order to prevent transfer of stress and disparities to the next generation. This is a heavy lift for public health programs such as home visiting.

**Culture.** A family's cultural context affects both the family's engagement in a program and the program's effectiveness. Rostad et al. (2018) note that "engagement consistently tends to be higher among European American and Hispanic parents than African American, Asian, and Native American parents." If programs are not created or modified for specific cultural contexts, families face additional obstacles to engagement, such as language barriers (Williamson et al., 2014). Furthermore, additional stressors are common in certain communities—such as fear of deportation in immigrant communities—making full engagement in and support of healthy parent-child interaction more difficult (Meyer et al., 2018).

**Emotional Stress of Parents and Home Visitors.** Both parents and home visitors experience emotional stress and feelings of instability that can limit full participation in home visiting. Unsafe home environments, limited resources, family sickness, and unstable housing are just a few of the daily stressors parents must deal with (Beasley et al., 2018; Tannis, 2019). When entering the home, home visitors shoulder the emotional stress of dealing with families in crisis, trying to navigate how much of an intervention program to implement and how to do it amid chaos (Tannis, 2019).

In addition, parents and even home visitors may be struggling with their own issues from childhood. As Mortenson and Mastergeorge (2014) state, "From an attachment perspective, it is critical to target not only parent-child interactions but also to consider the relational experiences that parents carry over from their parent-child attachment relationships" (p. 338). In their 2018 study, Nygren et al. note that families' emotional stressors were so prevalent that home visitors "dedicated a substantial amount of time, on average, to helping women take care of their own physical and emotional

health, maternal self-care, and supporting family stability and adult life goals as compared to other areas" (p. 558).

**Mental Health Issues.** Parental mental health issues, such as depression and substance misuse, present another obstacle to supporting positive, nurturing parent-child interaction in home visiting programs. Both McKelvey et al. (2018) and Batzer et al. (2018) reported that parents who present with depression are significantly more likely to withdraw early from parenting interventions. This is especially true in programs where "less than average support of the parent-child relationship is provided" (McKelvey et al., 2018). In addition, Pecora et al. (2014) note the importance of determining whether parents with substance abuse or other mental health concerns can fully benefit from parenting interventions without first (or simultaneously) addressing these other issues.

**Parent Motivation.** Attrition from parenting interventions is more likely among parents who are required to participate in such programs rather than parents who volunteer or choose to attend. Parents do not always believe they have issues that need addressing, so they are often less motivated to participate. As Rostad et al. (2018) found, parents can see interventions as not relevant or effective; in addition, concerns about being stigmatized as a "bad" parent who needs training may reduce parents' motivation to participate.

**Time Constraints and Scheduling Conflicts.** Lack of time and challenges with scheduling are barriers for both parents and home visitors. For parents, finding time to engage in home visiting or commit to an additional parenting intervention, which often requires scheduling with another provider, can seem unrealistic (Beasley et al., 2014; Hans et al., 2018; Rostad et al., 2018). For home visitors, the time-consuming nature of

paperwork and documentation is a real and ongoing challenge (Tannis et al., 2019). This burden is especially true when home visitors implement multiple programs (e.g., a home visiting program and a parenting intervention) and must balance their time between the two (Hans et. al., 2018).

**Workforce Attitudes and Skills.** Home visitors who actively promote a supportive relationship between themselves and the parent, so that the parent understands the need for and is open to opportunities to change, are more likely to see positive, long-lasting outcomes. However, too many home visitors assume the role of "expert" when dealing with parents. Beasley et al. (2014) found that the primary reasons for attrition in a home-based child maltreatment prevention program were provider-related. Parent discomfort with providers was a critical barrier to real or perceived engagement in the program. Feelings expressed by parents included that providers were too "judgmental," "unprofessional," "pretentious," "forceful or demanding," and "intrusive."

Providers' insufficient skills and training are additional challenges cited in the literature. Peterson et al. (2018) noted the complexity involved in guiding caregivers to improve their skills in working with parents, a task requiring "sophisticated skills that allow home visitors to recognize interaction opportunities and capitalize on them" (p. 40). Paulsell et al. (2014), who reviewed the research literature on the implementation of evidence-based home visiting programs, reported that "most threats to intervention training involved insufficient training of home visitors on a variety of topics" (p. 1627), including parent-child interaction. Hans et al. (2018), while studying a specific intervention that required video recording, found that not only were families uncomfortable being recorded, but also some home visitors had difficulty using the

technology to record and play back videos. The researchers also noted that home visitors were sometimes uncertain of how to employ specific intervention strategies that supported parent-child interaction.

**Key Drivers of Effective Parenting Interventions**

The literature (Cohn & Tronick, 1989; Delcarmen-Wiggins & Carter, 2004; Schiffman & Omar, 2003; Schore, 2014) also discusses intervention and program characteristics deemed necessary or helpful in ensuring that home visiting programs actively work to foster positive and nurturing parent-child interaction. From this, we can determine four critical drivers of effective parenting interventions: workforce training and support, cultural connection, implementation fidelity, and focused goals. Table 2.1 provides further information on these drivers and suggests strategies related to each in order to effectively address the implementation challenges named above, reduce program attrition, and foster positive parenting practices.

**Table 2.1**

*Necessary Program Characteristics and Strategies to Support Healthy Parent-Child Interaction*

| Necessary Program Characteristics | Strategies |
|---|---|
| ***Training***<br>Provide sufficient training and support to home visitors to enrich their work with families in strengthening positive and nurturing parent-child interaction in home visiting programs. | • Direct observation and reflective practice sessions<br>• Training for both supervisors and home visitors on a variety of topics, including child development, cultural beliefs, and strategies to support healthy parent-child interaction and attachment<br>• Professional development and coaching on specific strategies, such as the use of triadic interaction |
| ***Cultural Connection***<br>Ensure that strategies are in place to provide culturally relevant services and interventions. | • Intervention models that are created or culturally adapted for specific populations<br>• Consideration of community needs, values, and perspectives when providing services and choosing interventions<br>• Community input and consultation on cultural adaptations |
| ***Implementation Fidelity***<br>Establish procedures and approaches to ensure fidelity of implementation. | • Systematic feedback loops to monitor fidelity and improve implementation<br>• Verification of model fit for intended population, program goals, and staff requirements before implementation to prevent a mismatch between model and implementation setting<br>• (If implementing a parenting intervention within a home visiting model) Verification of a match between the intervention and model before implementation |
| ***Focused Goals***<br>Emphasize the specific goals and services shown to increase program retention. | • An increased focus among home visitors on supporting parent-child interaction and child development rather than case management |

## Implications of the Literature

The literature illustrates the myriad of conflicts that home visitors can face when engaging in home visits and attempting to complete the many requirements of evidence-based programs, such as observation of parent-child interaction. The literature also shows that professional development on observation of parent-child interaction and relationships is a key factor in home visitors' continued learning and growth. For example, training paired with coaching to help home visitors learn components of how to observe parent-child interaction and then discuss with parents what they observe has found some grounding. Additionally impactful is the opportunity for home visitors to engage with supervisors and peers to talk about their observation results and how home visitors might move the information forward with families.

Together, theory and the literature call out the importance of positive parent-child relationships, the opportunity for home visitors to address this key stage of development, the challenges that exist in doing so, and possible ideas for further study. This information was instrumental in guiding the study methods outlined in Chapter Three.

# CHAPTER THREE

# STUDY METHODS

This mixed-methods study aimed to explore the impact of professional development activities on *Early On* home visitors' capacity and confidence in observing and addressing the quality of parent-child interaction within home settings as part of regular home visits. This study examined the perspective of home visitors through a pre- and post-assessment, open-ended questions within the assessment after observation completion, and collection of home visitor pre- and post-intervention observations.

This study adds to the literature about engaging in observation of parent-child interaction and using the results to bring about change as part of home visiting. Answering the research questions contributes to the limited information regarding how to build the confidence and capacity of home visitors to complete and use the results of parent-child interaction observations to promote early relational health. By identifying opportunities to engage home visitors through professional development strategies and addressing the challenges of doing so, this study also informs the development of an intervention to teach and coach other home visitors.

This chapter describes the study methods in more detail. Results from the implementation of this study are discussed in Chapter Four.

## Major Research Questions

The central question for this study was: How does professional development improve parent-child interaction observation for early intervention home visitors? Four questions supported further exploration of this central question:

1. Does professional development aimed at using new written guidance and coaching in a peer-to-peer collaborative improve parent-child observation quality?
2. Does this professional development improve home visitors' knowledge and capacity for observing parent-child interaction?
3. Does this professional development increase the frequency of home visitors integrating parent-child observation results into IFSPs?
4. Are the professional development, written guidance, and coaching useful and helpful in meeting Michigan's requirements, and are participants satisfied with the intervention?

**University Approval**

The study "Professional Development to Improve Parent-Child Interaction Observation for Early Intervention Home Visitors" was proposed, submitted to, and approved by the Oakland University Institutional Review Board (IRB) for the protection of human subjects. The letter of consent, which Oakland University's IRB approved, can be found in Appendix A. IRB approval for this study was granted on May 24, 2022. A copy of the IRB approval letter can be found in Appendix B.

**Positionality Statement**

Before I present the study design and results, I acknowledge my standpoint as a consultant for the Michigan Department of Health and Human Services, Division of Mental Health Services to Children and Families. Having been in this role for more than 20 years, I have a strong background in infant mental health and firmly believe that healthy parent-child relationships are critical to a child's ability to learn and thrive.

Through my consultant role, I support social-emotional activities for the Michigan Department of Education's *Early On* program. For the last decade, I have done training for staff across the state on early childhood assessment and social-emotional development. I have not done training or coaching specific to parent-child interaction observation and the use of results in establishing IFSPs. I was asked to help develop and lead a study looking at *Early On* home visitors' capacity to observe parent-child interaction, and what types of training and resources home visitors would find most helpful. I acknowledge that my positionality influenced this project to some extent; my experiences with *Early On* and Michigan's behavioral health system proved to be essential tools that helped me make meaning of the text. To avoid bias, and ensure inter-rater reliability, a second rater was trained and used for coding quality of pre- and post-observations.

**Research Design**

This study exercised a mixed-methods research approach to data collection. This approach enables the researcher to gather, scrutinize, and integrate quantitative and qualitative data through a specified collection of numerical and text data (Creswell, 2003). To facilitate the best understanding of the research problem, this approach also uses such processes as collecting data of different types simultaneously or successively (Creswell, 2003). For this study, online assessments were used to collect quantitative data, and observation recordings and open-ended survey questions were used to collect qualitative data. Qualitative methods were used to explore three of the four major research questions.

My purpose for this approach was *expansion*, which, as defined by Greene et al.

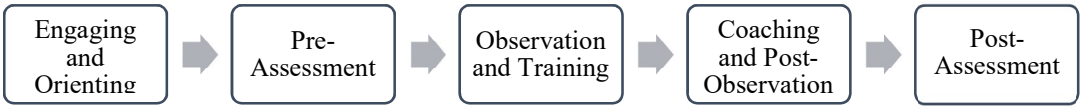
(1989), involves "seeking to extend the breadth and range of inquiry by using different methods for different inquiry approaches" (p. 259). I wanted to leverage the qualitative data garnered through open-ended survey questions to expand the scope of the investigation and to answer a final research question related to participants' perceived quality and helpfulness of the intervention, what changes they would recommend, and whether others in the field would benefit from taking part in this or similar interventions.

**Procedures**

As shown in Figure 3.1, the study had five implementation stages: engaging and orienting research participants, implementing the pre-assessment, observation and training, coaching and post-observation, and post-assessment and satisfaction.

**Figure 3.1**

*Five Stages of Implementation*




**Study Participants and Setting**

The sample group engaged 17 Part C early intervention home visitors representing six statewide *Early On* programs in Berrien, Calhoun, Charlevoix/Emmet, Marquette/Alger, Ionia, and St. Joseph counties. Participants had a minimum of one year of experience working within the early intervention system. The group was drawn through an online application disseminated via email to Part C coordinators across Michigan by the *Early On* State Coordinator via a Michigan Department of Education

email list. The application was completed online using SurveyMonkey. Participation was voluntary. As an incentive to participate, programs and home visitors received access to no-cost training, coaching, and written guidance, as well as an opportunity to drive future state policy.

### *Participant Characteristics*

Demographic information was collected from *Early On* service providers, including the county they provided services in and how long they had been engaging in the provision of services. Table 3.1 shows participants' years of experience in early intervention.

**Table 3.1**

*Study Participants' Years of Experience in Early Intervention*

| Years of Experience | Response Percentage | Number of Respondents |
|---|---|---|
| Less than 3 years | 52.95% | 9 |
| 3–5 years | 5.88% | 1 |
| 6–10 years | 5.88% | 1 |
| More than 10 years | 35.29% | 6 |

Just over half the study participants were new to *Early On* work, with less than three years of experience. Thirty-five percent had more than 10 years of experience, and approximately 6 percent had 3–5 years and 6–10 years of work experience in early intervention.

Table 3.2 shows the participants' specific roles within their early intervention program. As seen in Table 3.2. approximately 53 percent of the study participants were speech therapists, occupational therapists, or social workers. The remaining 47 percent identified as performing another role, which included early interventionists and

coordinators carrying caseloads.

**Table 3.2**

*Study Participants' Roles in Their Early Intervention Program*

| Role | Response Percentage | Number of Respondents |
|---|---|---|
| Speech Therapist | 17.65% | 3 |
| Occupational Therapist | 17.65% | 3 |
| Physical Therapist | 0% | 0 |
| Social Worker | 17.65% | 3 |
| Teacher | 0% | 0 |
| Other | 47.05% | 8 |

Study participants were asked if they had prior training in parent-child interaction tools or resources. Sixty-five percent of respondents indicated they had no training specific to parent-child interaction. Twelve percent indicated they had been trained in the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO), and 23 percent said they had been trained in other tools, including Massie Campbell, cognitive coaching, and Conscious Discipline.

## Intervention Components

Before embarking on this study, I created the intervention components, which consisted of three elements: written guidance, training modules, and coaching.

### *Written Guidance*

I developed written guidance for completing state requirements for parent-child interaction (Appendix F). A literature review was completed to guide the content of this resource. The guidance was reviewed by the state-level Michigan *Early On* Technical Assistance team. The guidance includes an overview of the state's requirements for parent-child interaction observation, how to do quality observation, a checklist for

practicing and recording observations, and tips on how to talk and plan with parents to integrate observation results into the IFSP. The guidance was available to participants in a participant-only folder on the *Early On* Training and Technical Assistance website.

### *Training Modules*

I developed foundational training on parent-child interaction, which was reviewed by the state-level Michigan *Early On* Technical Assistance team. This training was also informed by both the literature review completed for the written guidance and the literature review completed for this study. The training illustrates key objectives from the written guidance for completing state requirements for parent-child interaction observation. It also incorporates practices aligned with adult learning principles, early childhood theory, and the literature recommendations from Chapter Two. The agenda for this virtual training is outlined in Figure 3.2.

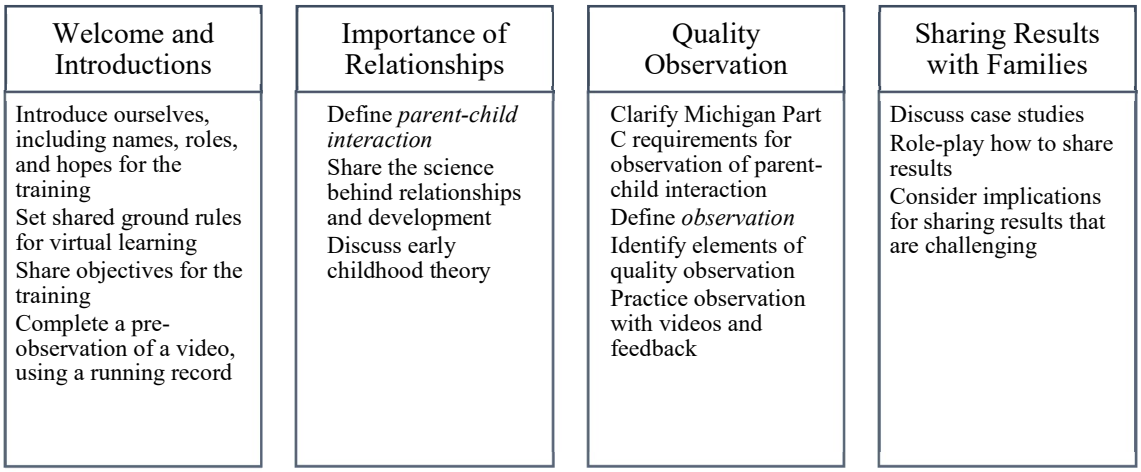
Ninety-four percent of the 17 participants (i.e., all but one) completed the two required virtual training modules.

### *Coaching*

After completing the two virtual training sessions, participants engaged in a one-hour coaching session, during which they watched three videos, completed running record observations on a Google document, and received peer feedback on strengths and areas for strengthening quality. The coaching method leveraged principles of *practice-based coaching*, a strategy that uses a cyclical process to help early childhood professionals identify goals and action steps, engage in a focused observation, and reflect on and share feedback about their practices. I have been trained in practice-based coaching and facilitated this coaching session.

**Figure 3.2**

*Training Agenda for Two-Module Series*




## Engaging and Orienting Research Participants

Participants were recruited from statewide *Early On* programs via an email blast from the Michigan Department of Education leadership. Those interested had three weeks to complete the online application via SurveyMonkey. (See Appendix C for the e-mail invitation and Appendix D for the online application.) I sent a second email blast explaining the study parameters to allow opportunities for potential participants to discuss the study and share questions.

Following the deadline, participants from six *Early On* programs participated in a 30-minute virtual orientation with the researcher. Participants were able to sign up for one of six online opportunities for orientation. The orientation outlined the purpose of the study, participation reminders, timelines, and a review of the consent to participate. (See Appendix A for a copy of the letter of consent.) Although the participation notice was

sent in multiple ways, the final pool was small. Per my conversations with several program leaders who wanted to participate that did not, they mentioned unavailability due to summer vacations, high turnover rates in the field, high caseloads for providers and competing end of year reporting demands.

**Research Questions**

Table 3.3 briefly summarizes the analysis plan for each of the four research questions.

**Table 3.3**

*Analysis Plan Summary*

| Research Question | Data Sources | Instruments | Analysis Method | Pre-Assessment | Post-Assessment |
|---|---|---|---|---|---|
| 1. Does professional development aimed at using new written guidance and coaching in a peer-to-peer collaborative improve parent-child observation quality? | Participant observation recorded in a Google document | Quality checklist used by researcher and second rater to collect participants' raw scores | Paired sample t-test comparing observation quality pre- and post-; repeated measures analysis of variance to look at the change in observation scores based on years in the field | Pre-intervention, during first training call | After final coaching call |
| 2. Does this professional development improve home visitors' knowledge and capacity for observing parent-child interaction? | Survey | Home Visitor Knowledge, Confidence, and Practice Survey (see Appendix E) | Two paired sample t-test | After consent form is signed, 7 days before training | Within 7 days of study's conclusion |
| 3. Does this professional development increase the frequency of home visitors integrating parent-child observation results into IFSPs? | Survey | Home Visitor Knowledge, Confidence, and Practice Survey | Paired sample t-test | After consent form is signed, 7 days before training | Within 7 days of study's conclusion |
| 4. Are the professional development, written guidance, and coaching perceived as useful and helpful in meeting Michigan's requirements, and are participants satisfied with the intervention? | Survey | Home Visitor Knowledge, Confidence, and Practice Survey | Thematic analysis | N/A | Within 7 days of study's conclusion |

### *Research Question One*

Research question one explored whether the intervention (professional development, written guidance, and coaching) improved parent-child observation quality for home visitors.

**Pre-Observation.** At the first virtual training session, before participants received any written or verbal guidance, they were asked to watch a two-minute clip of a parent-child interaction, take a running record observation during the video, and share their observations via a secure password-protected Google document. The link to the Google document was shared in the chat section of the virtual platform. Participants used only their initials to identify their observations.

**Post-Observation.** The coaching call was the final stage of the intervention. At the end of the coaching call, participants were asked to watch the video from the first session a second time and to again complete a running record observation and share it in a Google document online, using only their initials. No other guidance was given. The participants had not seen the video since the first session and were not aware of which video they would watch for the post-observation.

**Tools Used for Analysis.** Together with the Michigan *Early On* team, using the review of research on quality observation and characteristics of parent-child observation, I developed a Child Observation Quality Checklist to identify the key components of quality observation and elements of healthy parent-child interaction. Eighty-eight percent of the participants (15) completed an initial observation online during the first training

module and completed the post-observation online during the final coaching session.[1] The Child Observation Quality Checklist was used to score each pre- and post-observation.

**Method of Analysis.** For every pre- and post-observation reviewed, five quality elements were considered. Table 3.4 lists and defines each element.

**Table 3.4**

*Definitions of Observation Quality Elements*

| Element | Definition |
|---|---|
| Clear | Observation is to the point, without jargon, and easy to understand |
| Objective | Observation states the facts (what is seen and heard) and avoids feelings, assumptions, and labeling |
| Complete | Observation follows an interaction from beginning to end |
| Timely | Observation has a flow; for example, the interaction has an accurate set of occurrences |
| Descriptive of Adult and Child Behavior | Observation captures both parent behavior and reactions and child behavior and reactions during an interaction |

Each element was rated on a scale from Excellent (20 points) to Very Poor (0 points):

- Excellent = 20 points, meets all element criteria
- Good = 15 points, meets criteria in four of five elements
- Average = 10 points, meets quality criteria in at least three of five elements

[1] One participant arrived late and could not complete the observation, as the training had begun and the results could have been impacted by the training content. Another participant could not attend any of the scheduled trainings.

- Poor = 5 points, meets criteria in two of five elements
- Very Poor = 0 points, meets criteria in one or fewer of five elements

Each element had a total possible value of 20 points. Elements were given a raw score totaling the value of that element and a total average score across all five elements. The observations were reviewed for each element and totaled to get a final score of 0–100.

Each participant's mean score was calculated by dividing the total average score by the total number of elements. I performed a paired samples t-test comparing the observation quality before professional development to the post-intervention observation quality. I also used a repeated measures of analysis of variance to look at changes in observation scores based on years in the field.

***Research Question Two***

Research question two examined the impact of the intervention on home visitors' perceived knowledge and capacity for observing parent-child interaction.

**Pre-Assessment.** After consent was signed and seven days before the start of the intervention, participants were asked to complete an online survey via SurveyMonkey. This survey (described in more detail below) had specific questions related to home visitors' knowledge and capacity for observing parent-child interaction. All 17 participants who signed the consent form completed the pre-assessment ($N = 17$). The pre-assessment can be found in Appendix E.

**Post-Assessment.** After completion of the intervention, the post-assessment was sent via SurveyMonkey to each participant, with a seven-day turnaround deadline. Seventy-six percent of participants (13) completed the post-assessment. The post-

assessment comprised the same knowledge, confidence, and practice questions as the pre-assessment but also included open-ended questions related to the feasibility of completing the training and the quality of the resources, training, and coaching that took place. The post-assessment can be found in Appendix E.

**Tools Used for Data Collection.** Pre- and post-assessment data were collected via the Home Visitor Knowledge, Confidence, and Practice Survey (see Appendix E). I developed this survey with the Michigan *Early On* Technical Assistance team. The survey identifies home visitors' knowledge of the key objectives delivered in the foundational training and their feelings of confidence and competence in meeting state requirements for parent-child interaction observation. The tool also includes a scale adapted from the *Home Visiting Rating Scales—Adapted and Extended to Excellence* (Roggman et al., 2014) in regard to home visitor practices that focus on facilitating healthy parent-child interaction. The post-assessment version of the survey includes additional items related to feasibility and satisfaction with the intervention.

All 17 participants completed the online Home Visitor Knowledge, Confidence, and Practice Survey one week before the training and coaching intervention began. Seventy-six percent of participants completed the post-assessment with the additional open-ended items addressing satisfaction with the intervention and participants' interest in recommending it to others.

**Method of Analysis.** Pre- and post-assessment data were transferred from SurveyMonkey to Excel and cleaned for transfer to SPSS (IBM Corp., 2016) for analysis. Qualitative questions from the assessments were transferred to ATLAS.ti for analysis.

Descriptive statistics were used for each pre- and post-assessment completed.

Using SPSS, descriptive statistics looked at the mean, range, standard deviation, and frequency of scores for each participant pre- and post- and for the entire group to summarize the distribution of numeric data. Additionally, because I was studying just one group, I used a paired sample t-test to compare the group mean after the intervention.

### *Research Question Three*

Research question three examined whether the intervention increased the frequency of home visitors' integration of parent-child observation results into IFSPs.

**Tools Used for Data Collection.** The Home Visitor Knowledge, Confidence, and Practice Survey used for research question two included one question related to using observation results in the IFSP process: *I use results of my parent-child observations in my assessments to inform the IFSP process.* Participants answered this question as part of the pre- and post-assessment. The response scale ranged from 1 = Strongly disagree to 7 = Strongly agree.

**Method of Analysis.** I performed a paired samples t-test comparing the frequency of the responses before professional development to the frequency after the intervention. Higher scores of 6–7 meant home visitors agreed or strongly agreed that they were using observation results to inform IFSP processes. Lower numbers (e.g., 1) meant they disagreed that they were doing so.

### *Research Question Four*

Research question four examined whether participants were satisfied with the intervention and whether they perceived the intervention as being useful and helpful in meeting Michigan's requirements for parent-child interaction observation.

**Tools Used for Data Collection.** As part of the post-intervention follow-up, participants again completed the Home Visitor Knowledge, Confidence, and Practice Survey. The post-assessment version of this survey included open-ended items related to satisfaction with the intervention and whether participants would recommend it to others. These items were included only as part of the post-assessment.

**Method of Analysis.** Participants' responses to the open-ended questions were coded, using the following codes: recommended changes, helpfulness, usefulness, satisfaction, and use of observation results in IFSPs. Next, data were organized into relevant categories to align with the three interventions: written guidance, training, and coaching. An initial analysis was completed to identify overall themes and findings. Themes related to the first two codes (recommended changes and helpfulness) are presented in Table 3.5.

**Table 3.5**

*Themes Related to Helpfulness and Recommended Changes*

| Intervention Component | Recommended Changes Themes | Helpfulness Themes |
|---|---|---|
| Virtual training | Enhanced Materials (such as videos)<br>Timing<br>Content Around IFSP Development | Practice Opportunity<br>Class Size<br>Peer-to-Peer Learning<br>Presenter Experience |
| Written guidance | None | Easy, Clear, and Concise |
| Coaching | Enhanced Materials | Applying Knowledge<br>Supportive |

# CHAPTER FOUR

# RESULTS

This chapter presents both quantitative and qualitative findings for this study. Quantitative findings for research questions one through three are presented first, followed by qualitative results for the last research question. A discussion of the findings is presented in Chapter Five.

## Quantitative Analysis of Research Question One

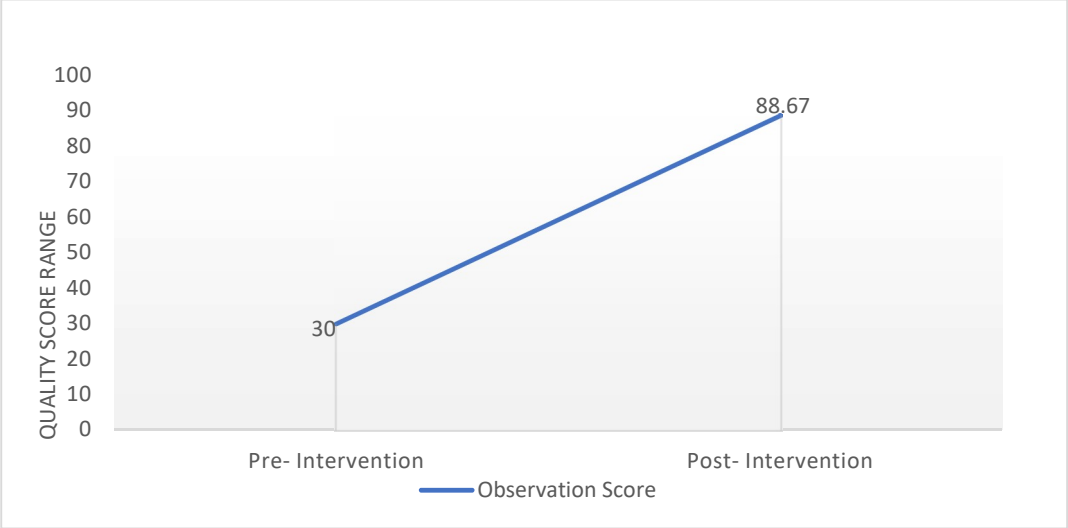
Research question one examined the improvement in home visitors' parent-child observation quality pre- and post-intervention.

To examine observation results for the 13 participants who completed the entire intervention, I performed a paired samples t-test comparing observation quality before and after the intervention. The results demonstrate that quality significantly increased from before the intervention ($M = 30.00$, $SD = 23.857$) to after it ($M = 88.67$, $SD = 10.768$; $t[14] = –10.691$, $p < 0.001$). This was a large effect size as indicated by Cohen's $d$ (–2.760). Figure 4.1 shows the change in pre- and post-observation mean scores—an average improvement of 59 points.

This outcome aligns broadly with the feedback from home visitors gathered through the 2021 survey administered by the Michigan Department of Education (Mackrain, 2021). When asked what supports were needed to improve both confidence and capacity for completing observation, home visitors stated that they needed training, practice, and time with peers to improve—all of which were offered as part of the intervention.

**Figure 4.1**

*Participant Observation Scores Pre- and Post-Intervention*




Participants' post-observations demonstrated an increase in the critical elements expected in a quality observation of parent-child interaction, including more objective language, statements that included both parent and child behavior, and completeness of an occurring situation (i.e., the observation describes the entire scenario, including back-and-forth interaction). Table 4.1 displays a snapshot of four participants' running record observations, pre- and post-intervention.

**Table 4.1**

*Sample of Study Participants' Pre- and Post-Observations*

| | Pre-Observations | Post-Observations |
|---|---|---|
| Participant 1 | Mom sat at baby's level face to face and modeled play activities. Mom spoke to baby with expression throughout observation. | Mom and baby sitting on the floor facing each other. Baby smiles at mom. Mom hands baby a toy, baby smiles and hands toy back to mom, mom says, "Thank you." Baby picks up teapot toy, it slips out of hand and drops, baby looks to mom. Mom says, "It's OK," and baby continues to explore toys. They continue to exchange toys back and forth. |
| Participant 2 | Parent and child are on the floor facing each other. Parent is engaged with child in pretend play of tea time. Parent shows joy and exaggerated expressions, and child reciprocates with smiles and clapping. Parent repeats activity several times. When parent pours the tea, she narrates what she is doing. | Mother and child are sitting on the floor facing each other with a tea set in between them. Child, tongue out and smiling, holds out a teacup. Mother takes it, smiling, says, "Thank you," and then hands it back to child. Child picks up different cup and hands to mom. Mom pretends to drink and then hands it back, saying, "Thank you." Mom then says, "Would you like tea?" and pours some. Child picks up cup, and it falls. Child looks to mom, face appears more serious. Mom says, "It's OK." Child picks up cup and makes sound. Child smiles. Mom claps. |
| Participant 3 | Baby imitates caregiver's actions, good eye contact, happy playing with caregiver, passing toys back and forth, and plays appropriately with toys. | Mom and baby are sitting across from each other with toys in between them. Baby hands the toy to mom, mom says, "Thank you," and the baby vocalizes. Baby looks at mom after playing with toys. Mom gasps and says, "Thank you, want some?" while handing the toy back. Mom and baby make eye contact throughout interaction. |
| Participant 4 | Child looks to mom for guidance and reassurance. Mimics mom's facial expressions and actions. Both are enjoying the reciprocal play. Child shows secure attachment. | Child was seated on floor with toys facing toward mom. Mom leaned forward and smiled, looking at child. Child looked up at mom and smiled. Child picked up cup and held it out. Mom took cup and said "Thank you" with a smile. Mom pretended to drink from the cup and handed it back toward the child, saying "Want some?" Child smiled, took the cup, and held it back up to mom to repeat the activity. Mom pretended to pour from the teapot into the cup. Child opened the lid, which made a sound. Child looked up at mom, who smiled and clapped at her. Child repeated the action. |

As the results demonstrate, prior to the intervention, very few home visitors had a clear understanding of the core elements of quality observation. For example, all the pre-observation examples in Table 4.1 use subjective language, such as, "enjoying the reciprocal play," "plays appropriately," "exaggerated expressions," and "spoke to baby with expression." At post-observation, participants showed a marked improvement by using objective language such as, "baby smiles at mom," "mom hands baby a toy," "mom says 'Thank you,'" and "child picked up cup and held it out. Mom took cup." Participants moved from personal interpretation of the subject to using language based on factual data—what they saw and heard.

Initially, many observers did not capture the interaction of the parent and child and often reported information on just the child or just the parent rather than their back-and-forth exchanges. For example, participant three observed the following at pre-observation:

> *Baby imitates caregiver's actions, good eye contact, happy playing with caregiver, passing toys back and forth, and plays appropriately with toys.*

At the time of post-observation, participant three captured the back-and-forth interaction:

> *Mom and baby are sitting across from each other with toys in between them. Baby hands the toy to mom, mom says "Thank you," and the baby vocalized. Baby looks at mom after playing with toys. Mom gasps and says, "Thank you, want some?" while handing the toy back. Mom and baby make eye contact throughout interaction.*

This set of quotes shows a marked improvement in the participant's ability to capture the interaction between two individuals versus the behavior of just one.

In their initial observations, very few participants recorded a complete interaction (i.e., showing parent-child reactions and communications throughout one or more interactions). For example, at pre-observation participant one noted, "Mom sat at baby's level face to face and modeled play activities. Mom spoke to baby with expression throughout observation." Here we would have hoped to see participant one capture a few interludes of back-and-forth behavior. At post-observation, participant one captured several exchanges, such as reciprocal smiles and the responses that followed the dropping of a toy.

Additional analysis was completed to further investigate if groups differed in changes in observation scores from pre- to post-intervention based on number of years in the field. I performed a repeated measures analysis of variance, with years in the field as the independent categorical variable and pre- and post-observation quality scores as the repeated measurements of the dependent variable. The interaction between years in the field and observation time point was not significant ($F[1, 12] = 0.151$, $p = .704$, $\eta 2 = .012$). This finding indicated that there was no difference in change in observation scores from pre- to post-observation based on years in the field.

**Quantitative Analysis of Research Question Two**

Research question two examined the improvement in home visitors' knowledge and perceived capacity for observing parent-child interaction pre- ($N = 17$ participants) and post-intervention ($N = 13$ participants). I performed two paired sample t-tests comparing participants' knowledge and perceived confidence before the intervention to their knowledge and confidence after the intervention. Figure 4.2 shows the change in knowledge and confidence pre- and post-intervention.

**Figure 4.2**

*Participants' Knowledge and Confidence Pre- and Post-Intervention*


There was a significant increase in confidence levels from pre-intervention ($M$ = 4.596, $SD$ = 1.003) to post-intervention ($M$ = 6.596, $SD$ = 0.476; $t$[12] = –9.758, $p$ < 0.001). This was a large effect size as indicated by Cohen's $d$ (–2.760). This result coincides with adult learning literature supporting the notion adults thrive when they can practice what they are learning right away and use it in real-world situation.

There was no significant change in knowledge from pre-intervention ($M$ = 6.462, $SD$ = 0.776) to post-intervention ($M$ = 6.692, $SD$ = 0.483; $t$[12] = –0.822, $p$ = .427; Cohen's $d$ = –.228). Cohen's $d$ suggests that this may be a small effect, so the study may not be adequately powered to find an effect on knowledge. Interestingly, this finding is consistent with the feedback home visitors gave in the Michigan survey (Mackrain, 2021); home visitors say they needed ways to apply their existing knowledge about performing quality observations rather than to gain new knowledge.

**Quantitative Analysis of Research Question Three**

Research question three examined home visitors' application of parent-child interaction observation in the early intervention process with families. In particular, the question investigated if home visitors identified an increase in the integration of parent-child observation results into IFSPs.

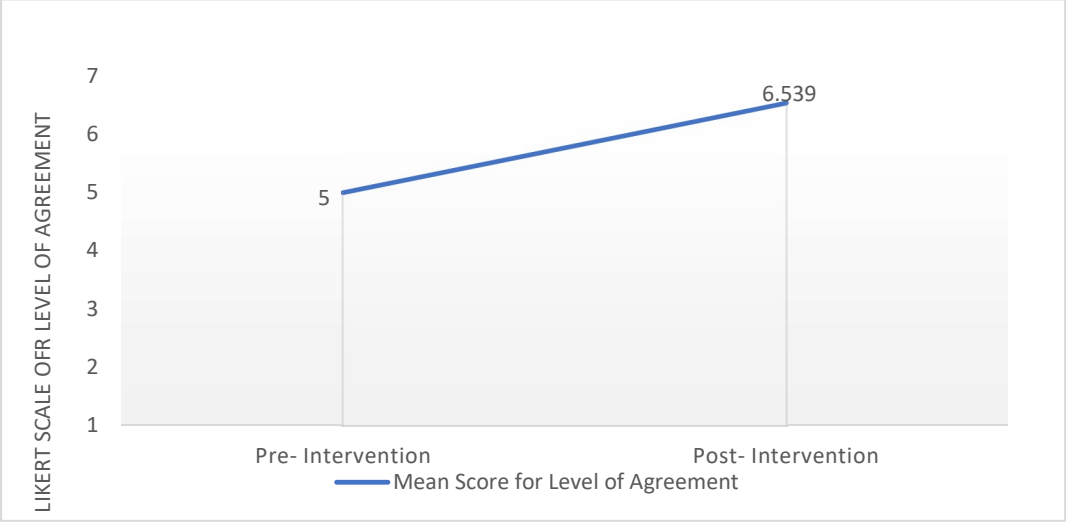
This information was collected via the Home Visitor Knowledge, Confidence, and Practice Survey. One of the response items asked home visitors to rate their agreement on whether they use the results of parent-child observations in assessments to inform the IFSP process.

I performed a paired samples t-test comparing frequency before professional development ($N = 17$ participants) to frequency after the intervention ($N = 13$ participants). Frequency significantly increased from pre-intervention ($M = 5$, $SD = 1.780$) to post-intervention ($M = 6.539$, $SD = 0.519$; $t[12] = –3.682$, $p = 0.003$). This was a large effect size as indicated by Cohen's $d$ (–1.021). Figure 4.3 shows the mean scores for this variable pre- and post-intervention.

The Likert options for responses to this item ranged from a score of 1 (the participant strongly disagreed that they increased their integration of parent-child observation within IFSP planning) to a score of 7 (the participant strongly agreed that this integration happened). Participants' aggregate mean score pre-intervention was 5; participants slightly agreed that they incorporated observations into planning. Post-intervention, participants' aggregate mean score was 6.539; most participants agreed or strongly agreed that they infused observation results into IFSP planning.

**Figure 4.3**

*Participants' Frequency of Results Use in the IFSP Process Pre- and Post-Intervention*




## Qualitative Analysis of Research Question Four

Research question four explored participants' thoughts about the helpfulness of the intervention in meeting Michigan's requirements for parent-child interaction observation, changes needed, their own satisfaction with the intervention, and whether they would recommend the intervention to co-workers who did not participate in the study. Thirteen participants completed this question.

A thematic analysis captured several themes among the responses, including *recommended changes* and *helpfulness of the study intervention*. Sample quotes illustrating these themes are presented in Table 4.2.

**Table 4.2**

*Qualitative Themes and Sample Participant Feedback on Intervention Elements*

| Intervention Component | Recommended Changes Themes | Helpfulness Themes |
|---|---|---|
| Virtual Training | **Enhanced Materials (such as videos)**<br>"Better-quality videos" | **Practice**<br>"The application and being able to discuss observations as a group" |
| | **Timing**<br>"If possible, option to complete in one day" | **Opportunity**<br>"That I actually got trained on how to do this. I love that I understand this piece better and that I know what to look for." |
| | **Content Around IFSP Development**<br>"The second training session did not really apply to writing an initial IFSP (given our current way of doing this). It could be used more at the time of a review or annual IFSP." | "Minimal time commitment for a lot of information and professional growth"<br>"I feel better that I'm actually trained in what to look for and do."<br>**Class Size**<br>"It was very helpful; small class size made it easy to feel comfortable with asking additional questions or more fully participating"<br>**Peer-to-Peer Learning**<br>"Communication on process/use of parent-child observations, learning how different counties complete this (and intakes in general) and how [much] the process can vary—one would think this should be a bit more universal/consistent than it appears to be"<br>**Presenter Experience**<br>"Mary was knowledgeable and supportive. She did an excellent job of facilitating the course." |
| Written Guidance | **No Changes**<br>"None at this time" | **Easy, Clear, and Concise**<br>"I felt like the written guidance was/is very helpful. I appreciate that it defines parent-child interactions and reminds us how to go about completing this in an appropriate<br>"I appreciate that it is clear and concise." |
| Coaching | **Enhanced Materials (such as videos)**<br>"More in-the-field clips"<br>"More challenging scenarios/videos" | **Applying Knowledge**<br>"I liked the coaching session the most—I felt like this helped me apply what we discussed in the PowerPoint and put it to action. It built my confidence to apply this new learning with my families."<br>**Supportive**<br>"This was useful in applying what we learned in a comfortable and supportive setting." |

In regard to the virtual training portion of the intervention, participants noted that the most helpful aspects were simply being trained to do this and having time to practice with their peers. In addition, participants appreciated the small size of the group, with one person noting, “The small class size made it easy to feel comfortable with asking additional questions or more fully participating.” The expertise of the trainer was also noted as a helpful aspect of the training.

Noted themes related to recommended enhancements to the training included adding up-to-date video clips, offering the training in one day versus two modules occurring on two different days, and including more content specific to using observation results to write IFSP goals. One participant noted, “The second training session did not really apply to writing an initial IFSP (given our current way of doing this). It could be used more at the time of a review or annual IFSP.”

Participants did not share as much feedback on the written guidance. Overall helpfulness themes centered on the clarity and conciseness of the document’s language and examples. For example, one participant shared, “I felt like the written guidance was/is very helpful. I appreciate that it defines parent-child interactions and reminds us how to go about completing this in an appropriate way (complete, objective, with 2 exchanges).” No recommended changes were reported by participants.

Participants indicated in their feedback that the coaching was helpful in applying what they learned in real time and that the environment for learning and practicing was supportive. One participant shared, “I liked the coaching session the most—I felt like this helped me apply what we discussed in the PowerPoint and put it to action. It built my confidence to apply this new learning with my families.”

Recommended changes to the coaching aligned with some participant feedback about the training. For example, participants requested video clips that were more representative of the field they work in and videos depicting compromised relationships.

To learn more about participants' satisfaction with the intervention and its relevance to their work, open-ended questions were included in the post-observation survey asking if participants would recommend the guidance document, virtual training, and coaching session to coworkers to support them in completing quality observations of parent-child interaction. Participants' responses are presented in Table 4.3.

All 13 participants responded to the question about recommending the training to others. Ninety-two percent (12 respondents) answered "yes" or that they definitely would recommend the training to others. One participant did not respond yes or no but instead suggested where and how the training could take place. This information suggests that the participants were satisfied with the training and that future iterations may not need a lot of further enhancement.

All 13 participants responded to the question related to recommending the coaching to others. One hundred percent shared favorable responses. In particular, participants noted that the coaching helped them to learn from their peers and to practice and improve their observation skills in their practice, for example one participant shared, "Yes, it [coaching] helped me to be more confident in what I already do and improve in areas that I didn't realize I needed to improve." Therefore, coaching seems to be a critical part of the bundled intervention that participants would recommend being continued with others.

**Table 4.3**

*Participants' Responses re: Recommending Two Intervention Components to Co-Workers*

| Training | Coaching |
|---|---|
| Definitely! | Yes. This can be valuable in helping point out strengths in observations as well as other details to look for, shaping your work moving forward. |
| Yes | Absolutely, it is helpful to hear from your peers and take the opportunity to learn from their strengths and carry those skills with you as you work with your own families. |
| Yes, it was very informative and practical. | Yes! So helpful to practice and get feedback from both peers and study leader (expert). |
| Yes!!! | Yes, this was useful in applying what we learned in a comfortable and supportive setting. |
| Yes, definitely! | Yes—I found this to be helpful in developing better observation skills. |
| Yes! | Yes, it helped me to be more confident in what I already do and improve in areas that I didn't realize I needed to improve. |
| Yes | Yes. I found it very helpful, and it has changed the way I look at [parent-child interaction]. |
| Yes! I found this very helpful and informative. I have already started to look at my parent-child interactions in a new way | Yes, it helps when both [other peers] are currently in the field. |
| Yes | Yes, it is helpful to get another's feedback. |
| I think sharing the information presented in a staff meeting would be appropriate. | Yes. I felt I learned a lot from our peer-to-peer interactions during the training. |
| Yes | Yes |
| Yes | Yes, because peers can learn from one another. |
| Yes, Absolutely! | Yes. It's helpful and you can gain new ideas on how to do things. |

Although participants clearly would recommend the intervention to others in the field, there was no language collected in responses that pertained directly to feasibility for scale. Future studies would need to strengthen the questions related to feasibility for example, asking about the use of technology, timing, scheduling, and other variables directly related to state growth of this intervention.

# CHAPTER FIVE

# DISCUSSION

This study examined the relationship between the delivery of professional development activities on home visitors' capacity and confidence in observing and addressing the quality of parent-child interaction as part of regular home visits. The study occurred across six early intervention programs in Michigan with a sample of 17 front-line service providers. This study aimed to identify if a combination of training, written guidance, and coaching was associated with improving the quality of observations completed by service providers, their confidence in doing so, and their ability to use their results in planning with families during the IFSP process.

Previous research has established a relationship between healthy parent-child relationships and positive developmental outcomes (Hong & Park, 2012). Toward this end, Michigan's Department of Education requires Part C early intervention home visitors to observe these important relationships as part of evaluation and assessment efforts with families and to use the results of their observations, when warranted, in their planning with families. However, very little evidence exists that is specific to building the capacity of home visitors to engage in these observations confidently and to then use the results. This study contributes important evidence to the literature by exploring intervention methods to meet this gap in the field.

Results from the analysis of research question one (Does professional development aimed at using new written guidance and coaching in a peer-to-peer collaborative improve parent-child observation quality?) revealed that home visitors'

observation quality significantly increased from pre- to post-intervention with a large-sized effect. The results are consistent with the reported needs of home visitors for training and support, as reported in the 2021 survey administered by the Michigan Department of Education (Mackrain, 2021). The findings are also in line with adult learning principles suggesting that to reach adult learners, you have to teach to what adults want (Lorge, 1952). The intervention format—combining short training modules, written guidance, and coaching—builds off Knowles's adult learning theory (Knowles, 1984). Participants were involved in identifying what they needed via the 2021 survey. They also helped identify dates that worked for them to attend all intervention sessions. Training and coaching provided opportunities for hands-on experience; participants used videos to practice doing observations and then received feedback from the facilitator and their peers on what they did well and what they could improve in order to meet the state's quality standards.

Additionally, because this study topic had immediate relevance to meeting their job requirements, participants seemed happy simply to have the opportunity to learn more. As one responded noted, "I feel better that I'm actually trained in what to look for and do."

When reviewing the results of this study, it is important to consider adult learning styles. The training was both visual (PowerPoint slides and videos) and auditory (some lectures); in addition, there were opportunities for hands-on practice and live coaching feedback. One could posit that bundling elements of the intervention led to the positive outcomes. Future research should explore the longevity of positive outcomes (i.e., whether participants retained their new skills). In addition, to account for any bias on my

part (as I work in the field of early childhood education and early intervention in Michigan), future interventions should be delivered by multiple trainers and facilitators.

In relation to research question two, looking at increases in participant knowledge and capacity, the present study also extends the body of research by examining the extent to which the intervention builds home visitors' use of the skills and knowledge gained in planning with families around their children's growth and development. Participants reported an increase in their frequency of verbally encouraging interaction between parents and children by describing what they observed during home visits. Participants also reported a greater frequency of observing and interacting with the parent and child as a unit versus one or the other during follow-up home visits. This change aligns with research suggesting that a lack of training and skills can stand in the way of the use of new knowledge. As Peterson et al. (2018) noted, working with caregivers to improve their parenting skills requires "sophisticated skills that allow home visitors to recognize interaction opportunities and capitalize on them" (p. 40).

Research question three, which explored home visitor's use of observation results into IFSP processes, had less clear results. Due to the study's limited time frame, which inhibited a robust data set of families from which to draw information, it is unclear if practice change led to an increase in home visitors' integration of observation results into IFSPs. In addition, due to the small size of the data set, the extent to which there are usage differences across home visitors and programs is also unclear. This analysis would require a more extended study time frame, a larger pool of programs and home visitors, and a more diverse cross-tabulation analysis across variables.

In research question four, this study aimed to explore the usefulness and

feasibility for scale of the intervention, yet the reported responses were scarce. Data did support the usefulness of the intervention and recommendations for strengthening it but did not specifically speak to how feasible the intervention was to implement. Determining this would require additional time and more robust items in the post-assessment.

**Limitations and Future Directions**

Although this study has various strengths and positive outcomes, several limitations hinder the conclusions drawn. A central limitation of the study is the sample size. Although multiple methods were used to obtain additional participants, findings from the study are driven by a small proportion of the population and limit the extent to which we can draw firm conclusions from the results.

A second limitation of the study is the generalizability of the findings. The sample was limited to a small cadre of home visitors, for whom limited demographic information was collected. It is unclear if the sample was representative of the gender, racial, and geographic diversity of populations across Michigan. Future studies should collect more robust demographics and then perform analyses to look at variability in findings based on race, ethnicity, and other critical factors to inform if changes in the intervention are warranted.

Lastly, the short duration of the study inhibited the ability to identify the correlation of the intervention with improved use of the observation results with families during the IFSP process. Future studies should extend the length of the study to allow for a wider sample of families entering early intervention through the IFSP process.

## Implications and Conclusions

Despite these limitations, results from this study add to and expand the current information available regarding methods to enhance the confidence and capacity of home visitors to observe parent-child interaction and use the results in planning with families for their children's future growth. In addition, while there is established literature on the importance of parent-child interaction and adult learning methods on how we might put forth knowledge and practice change, this study enhances the literature by specifically focusing on the opportunities within home visiting and the practice of parent-child interaction observation.

The hope was that using research to create written guidance and using adult learning principles to build training and coaching experiences would build the capacity and confidence of home visitors to not only meet the state's requirements to engage in parent-child interaction observation but also to extend that requirement by using those results to support positive parent behavior and healthy relationships between the parent and child. The findings of this study shed some light on valuable approaches to meet these goals within Michigan and underscore the importance of systemwide efforts to provide adequate support to the workforce in meeting critical requirements that impact the health and well-being of infants and young children. Future policy should include clear guidance on how to meet the required parent-child observation within Part C and also provide the necessary supports to build the competence and confidence of home visitors to complete the state's requirements for parent-child interaction observation and use the results with families to strengthen early relationships and, ultimately, the long-term development of our youngest children.

## Appendix A: Letter of Consent

**Observation of Parent-Child Interaction in Early On® Research Study**

You are being asked to participate in a research study that is being conducted by researchers at Oakland University. This study is being conducted by Mary Mackrain, supervised by Dr. Tomoko Wakabayashi, Associate Professor. This study is being conducted as part of the requirements for a Ph.D. in Early Childhood with a focus on Early Intervention. The purpose of this consent form is to let you know more about the study so you can decide if you would like to participate. Please read this form carefully. You may ask questions about why this research is being done, what you will be asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. You may talk to others within your program or school or friends and family about this research study before making your decision. When all your questions are answered, you can decide if you would like to be part of this study. This process is called "informed consent". If you decide to participate, you will be asked to sign this form and you will receive a copy of this form.

**Why is this study being done?**

The purpose of this research study is to explore the impact of **training, coaching and written guidance** on *Early On* staff's capacity and confidence in observing and addressing the quality of parent-child interactions within home settings as part of evaluation and eligibility processes. Impact will be identified through review of recorded observations, pre and post training, knowledge, satisfaction, and practice surveys.

**Who can participate in this study?**

You are being asked to participate in this study because you are a front-line provider of *Early On* services, with at least one year of experience and have the requirement of completing a parent-child observation as part of the Part C evaluation and eligibility process.

**Who is sponsoring this study?**

There are no sponsors of this study. This study is being conducted to fulfill doctoral requirements through Oakland University.

**Where is the study being done?**

This study includes up to three volunteer *Early On* programs across the state of Michigan and up to 20 participants.

**What procedures are involved in this study?**

If you agree to take part in this research study, you will be asked to complete a demographic form, a brief survey, which are either available online or in-print. Additionally, all participants will be asked to complete two observation during live training. Participants will receive new foundational guidance for completing quality observation, a 2-part virtual training on the guidance, and 2–3 short, virtual practice-based coaching sessions to support implementation. Analysis will be conducted by Mary Mackrain, the principal investigator. Your identity will not be revealed at any time within the study.

**How long will participation last?**

All participants will complete a demographic and pretest survey which should take approximately 10 minutes to complete online or in written format. All participants will complete a pre and post observation during training. The virtual observation guidance training will be a total of 2.5 hours over two sessions on different days. The coaching will occur over 2.5 hours across 1 months (two-three coaching calls). The principal investigator may stop your participation in this study at any time without your consent. This may occur if the principal investigator becomes incapacitated to a point of inability to complete the study.

**How many people will be participating in this study?**

It is anticipated that approximately three Early On programs and 20 individuals will participate in the study.

**What are the risks, side effects, or discomforts that can be expected from participating in this study?**

By taking part in this study, you may be at risk for the following:

- Slight stress at sharing your knowledge and capacity to complete quality observations as well as finding time to attend training.
- The principal investigator will remind you that the focus of the study is to find ways to best support Early On service providers in meeting the requirement of completing parent-child observations as part of Michigan's requirement for the evaluation and eligibility process.
- If stress does occur, more time will be given to complete the surveys and training. If the extra time is not sufficient, you may request to stop the survey, step out of the interview, or withdraw from the study.

A break of confidentiality is also a possible risk. It is possible that those not associated with this research may accidently gain access to the personal information of participants. Appropriate safeguards are set in place to minimize a breach of confidentiality (e.g., the researchers' offices are secure and locked), but no researcher can ever guarantee that this sort of breach would not occur.

**Are there any known benefits to taking part in this study?**

The direct benefit to you for participating in this study is access to the draft foundational guidance, and early training and coaching on how to complete quality parent-child observation. The results of this study will benefit others in the future.

**What are the alternatives to participation in this study?**

You may choose not to participate in the study.

**What are the costs for taking part in the study?**

There is no cost to you for participating in the study.

**What compensation is being provided for participation?**

There is no compensation for taking part in this study.

**What are your rights if you participate in this study?**

Your decision to participate in this study is voluntary. You may choose to leave the study at any time or refuse to answer any questions that may be asked during study. This will not impact any relationship with Oakland University or the researcher. If you are a student or employee at Oakland University, your decision about participation will not affect your grades or employment status.

If you would like to stop participating in this study, you should contact the principal investigator, Mary Mackrain, at maryannmackrain@gmail.com or 248-739-1414, who will provide instructions on how to withdraw. No consequences will occur. Any new information that may affect your willingness to participate in the study will be provided to you as soon as possible.

**What will be done to keep my information confidential?**

Every effort will be made to keep your study-related information confidential. Personal information regarding your participation in this study may be disclosed if required by law. Also, your research records may be reviewed by the following groups:

- Regulatory authorities involved in the oversight of research (Office for Human Research Protections or other federal, state, or international regulatory agencies).
- Members or representatives of Oakland University Institutional Review Board (IRB) (to ensure your rights as a research participant are being protected).

When study results are presented at professional conferences or published in professional journals, your name will not be used.

**What do you do if you have questions about the study?**

For questions about the study, you may contact Mary Mackrain at maryannmackrain@gmail.com, or Dr. Tomoko Wakabayashi, Associate Professor, Oakland University.

For questions regarding your rights as a participant in human subject's research, you may contact

the Oakland University Institutional Review Board at 248-370-2762.

**Signing the consent form**

You have read (or someone has read to you) this form. You are aware that you are being asked to participate in a research study, and you understand the possible risks and potential benefits. You have had the chance to ask questions and have them answered to your satisfaction. You voluntarily agree to participate in the study. You are not giving up any rights by signing this form. If this is an online survey, you indicate consent by clicking the "I agree" box.

_____ _____

Printed Name of Participant Signature of Participant

_____ Date and Time

_____ _____

Print Name of Person Authorized to Consent for Participant

Signature of Person Authorized to Consent for Participant

**Investigator/Research Staff**

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been shared with the participant or his/her representative.

_____ _____

Signature of Person Obtaining Consent

Date and Time (AM/PM)

_____ Print Name of Person Obtaining Consent

## Appendix B: IRB Approval Letter

**Date:** May 24, 2022

**Study #:** IRB-FY2022-299

**Study Title:** Professional Development to Improve Parent-Child Interaction Observation for Early Intervention Home Visitors

**Submission Type:** Modification

**IRB Decision:** Approved

**Research Team:**

Mary Mackrain

Tomoko Wakabayashi

The IRB has reviewed the Modification submission for the above referenced study. The modified study with the changes listed below has been determined to involve no more than minimal risk to participants and is Approved through an expedited review per federal regulations.

The approved modifications are the following:

1. Reduce sample size from 50 participants to 20 participants and records number from 100 to 40.
2. Revise the study procedure to remove the randomized control group and have all participants complete a pre-test observation during training number one and a survey. Each participant will receive new foundational guidance for completing quality observation, a 3-part virtual training on the guidance, and practice-based coaching for 1 month (3 sessions) to support implementation.
3. Expand the research location to virtually engage up to five volunteer Early On programs across the state of Michigan instead of three programs.
4. Participation time has been reduced from 2-3 months to 2 months.
5. Changing intervention, deleting the two assessments—PICCOLO and MASSIE CAMPBELL.

6. Revise the recruitment documents to reflect the above listed changes.
7. Revise the consent form to reflect the above listed changes.

The rationale for these changes is due to staff turnover in the field of early intervention, impending summer schedules for the field and high levels of caseloads for current staff.

The submission includes the following REVISED documents:

- Revised Application for Parent Caregiver observation
- Revised Application Survey
- Revised Recruitment document
- Revised Consent Form Date Stamped Version 5/24/2022
- Revised Appendices

The IRB approved (date-stamped) consent document(s) has been published under Attachments in the Submission Details page.

You are approved to implement the aforementioned modifications. Please retain a copy of this notification for your records.

This letter can also be found in Cayuse under the Letters tab in the Submission Details page.

If you have any questions, please contact the IRB office.

Thank you.

The Oakland University IRB

## Appendix C: Email Invitation

Dear Early On Coordinators,

Hello *Early On* Coordinators,
We listened to your feedback and have extended the deadline for you to apply to take part in the **Observation of Parent/Caregiver-Child Interaction in Early On® Research Study!**

Thank you for your feedback, and we hope you can take part in this important work based on the changes requested.

- The new due date for applying is May 15, 2022.
- We will hold a 30-minute orientation in late May 2022.
- Participation activities would begin in late May 2022, and we would set event dates together with participants.
- We would wrap up at the end of June 2022 before people begin leaving for family vacations.

**Who is facilitating the Study?** This study is being conducted through a partnership between the Michigan Department of Education and Oakland University. The study will be led by Mary Mackrain, a Ph.D. candidate and Michigan Department of Health and

Human Services consultant, supervised by Dr. Tomoko Wakabayashi, Associate Professor, Oakland University.
**Why Consider Joining?** Being part of the study will help strengthen service providers' observation and practice skills to support critical relationship-based attunement between infants, toddlers, and the adults that care for them.

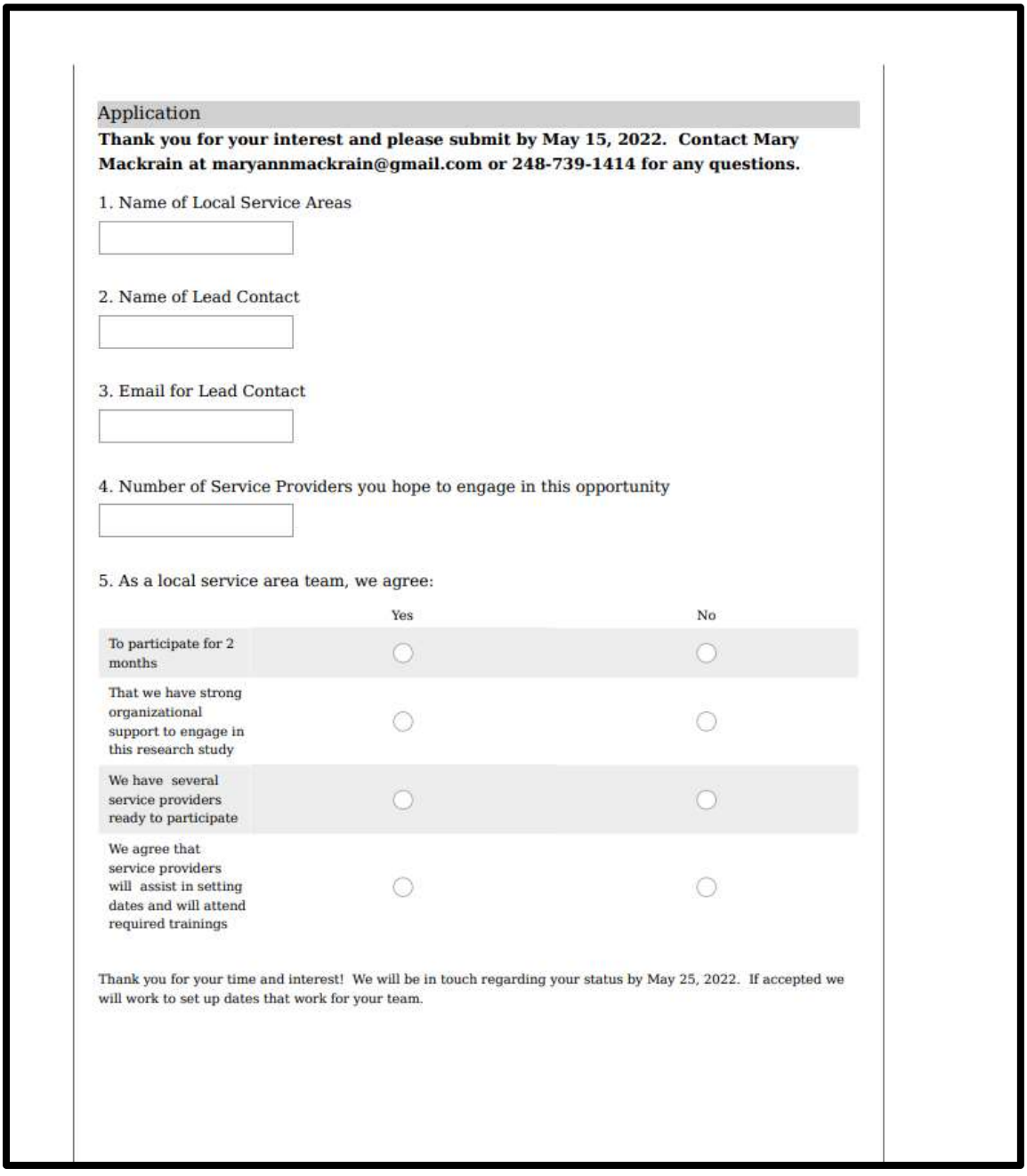
This study grew out of an April 2021 survey completed by 34 *Early On* coordinators and 194 service providers. Over 90% of all respondents felt that access to reliable and valid parent-child observation tools, training on those tools and strategies to support parent-child interaction, and reflective group support would be most helpful for strengthening parent-child observation practices. Over half of all respondents felt having access to a list of tools and aligned training would be beneficial. Therefore, this effort is the next step in testing methods identified by those in the field to see which led to outcomes that build capacity and confidence in completing parent/caregiver-child observation.

**How Long is the Commitment?** This commitment is just 1–2 months of time for service providers.

**How to Apply:** This application should not take more than 5 minutes to complete and is *due by May 15, 2022.* https://www.surveymonkey.com/r/PCIapplication

For more detailed information see the application guide attached. We look forward to embarking on this exciting new study together! Please contact Mary Mackrain at maryannmackrain@gmail.com for any questions.

## Appendix D: Online Application to Participate in the Study



Application

**Thank you for your interest and please submit by May 15, 2022. Contact Mary Mackrain at maryannmackrain@gmail.com or 248-739-1414 for any questions.**

1. Name of Local Service Areas

2. Name of Lead Contact

3. Email for Lead Contact

4. Number of Service Providers you hope to engage in this opportunity

5. As a local service area team, we agree:

| | Yes | No |
|---|---|---|
| To participate for 2 months | ○ | ○ |
| That we have strong organizational support to engage in this research study | ○ | ○ |
| We have several service providers ready to participate | ○ | ○ |
| We agree that service providers will assist in setting dates and will attend required trainings | ○ | ○ |

Thank you for your time and interest! We will be in touch regarding your status by May 25, 2022. If accepted we will work to set up dates that work for your team.

## Appendix E: Home Visitor Knowledge, Confidence, and Practice Survey

**Part 1: Home Visiting Parent-Child Observation Knowledge and Confidence Survey**
Please take 5–10 minutes to complete this survey. Data is used for learning, not judgment, so please answer transparently. Results will be confidential.

**Basic Information**

1. What is your role in *Early On*?
    a. Speech Therapist
    b. Occupational Therapist
    c. Physical Therapist
    d. Social Worker
    e. Teacher
    f. Other: Please explain

2. How many years have you been in this role?
    a. Less than 3 years
    b. 3–5 years
    c. 6–10 years
    d. More than 10 years

3. Have you had training or coaching in parent-child interaction? Yes / No
    If yes, please identify all that apply:
    a. PICCOLO
    b. Massie-Campbell
    c. Other, please list:

4. Do you currently use any tools or resources for completing parent-child interaction? Yes / No
    If yes, list here:

**Knowledge**

1. Children who experience positive and nurturing back and forth interactions with their parents (check all that apply):
    a. Are significantly better prepared for school.
    b. Are buffered from stressors' adverse effects.
    c. Are better able to explore and experience relationships, cause and effect, and problem solving.
    d. Become reliant on parent attention to meet their needs.

2. Ainsworth, a seminal attachment researcher, identified several variables as central to high-quality parent-child interaction. Check the variable that does not apply to Ainsworth's research:
    a. Keeping a distance to allow the infant space to explore.
    b. Allowing a child to cry out frustrations with minimal adult intervention.
    c. Responding sensitively and empathetically to the child's signals.
    d. Engaging in mutual enjoyable and reciprocal activities.
3. In a secure parent-child interaction, we would expect to see child behavior such as:
    a. Accepting comfort from any adult (known or unknown) when upset.
    b. Staying within proximity to the parent when exploring, using the caregiver as a safe base.
    c. Cooing, and babbling at but not with the caregiver.
4. True or false: The following are all components of quality parent-child observation. True / False
    a. Objective
    b. Complete
    c. Includes both parent and child behavior
5. The following elements can be part of what you look for in a parent-child observation:
    a. Proximity of the parent and child
    b. Responsiveness
    c. Affection
    d. Communication
    e. All the above
6. Takeaways of your observation(s) should be shared with parents.
    a. True
    b. False
7. Information from parent-child observation(s) can be used to plan IFSP functional outcomes that support families to strengthen back-and-forth interaction and healthy relationships.
    a. True
    b. False
8. In Michigan, parent-child observation is a required part of the evaluation and eligibility process.
    a. True
    b. False

**Confidence**

Please rate your confidence in the following:

1. I can define what parent-child interaction is.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

2. I can complete a quality parent-child interaction observation.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

3. I understand the critical elements of a quality parent-child observation.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

4. I can identify a quality observation from an observation that is not quality.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

5. I can confidently share my observation results with families.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

6. I use results of my parent-child observations in my IFSP assessments

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

7. I have strategies when planning with families to support parent-child interaction.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

8. Today, I would rate my overall confidence with accurately completing and using parent-child interaction observation results in IFSP planning as very high.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |

**Part 2: Home Visitor Facilitation of Parent-Child Interaction**

*Self-Survey Adapted from the Home Visit Rating Scales—Adapted and Extended to Excellence (HOVRS-A+) v2.1*

Identify one family on your current caseload that you will see in the next week. Complete this survey right after the visit. Data is used for learning, not judgment, so please answer transparently. Results will be confidential.

1. To elicit ongoing parent-child interaction during this home visit, I:
   - Did not try to facilitate parent-child interactions.
   - Tried to facilitate interactions, even if not always effective.
   - Frequently facilitated parent-child interactions.
   - Frequently facilitated parent-child interaction and supported ongoing
   - interaction as needed without interrupting.

2. To promote developmentally supportive interactions during this home visit, I:
   - Rarely encouraged developmentally supportive parent-child interactions.
   - Occasionally encouraged parents' developmentally supportive interactions
   - with the child by commenting on observed parent-child interactions.
   - Frequently encouraged parents' developmentally supportive interactions
   - with the child by describing how observed interactions support child's development.
   - Frequently encouraged developmentally supportive interactions and expanded to other ways and places to do something similar.

3. To engage parent and child together, I:
   - Interact with either the parent or the child but not both.
   - Interact with both parent and child but occasionally direct attention to
   - only parent or child when there are opportunities to interact with both.
   - Frequently interact with both parent and child, excluding neither.
   - Frequently interact with both parent and child and help sustain engagement of child with parent.

4. To support parent responsiveness to child cues, during this home visit, I:

- Rarely comment on child cues or on parent responsiveness.
- Observe and occasionally comment on child's cues or gives feedback about responsiveness.
- Observe and comment on child's cues and makes suggestions, offer feedback, or ask questions to promote responsive interactions.
- Use comments, suggestions, feedback, or questions to promote responsive interactions and describe the child's response to the parent (e.g., speaking for the child) OR link responsiveness to child's development.

5. To directly encourage generally positive parent-child interaction, during this home visit, I:
   - Rarely provide encouragement or reinforcement for positive parent-child interactions.
   - Occasionally provide encouragement or reinforcement for positive parent-child interactions.
   - Frequently provide encouragement or reinforcement for positive parent-child interactions.
   - Frequently encourage or reinforce and prompt similar positive parent-child interactions for this or other contexts.

6. To help parents use available resources to support child development during this home visit, I:
   - Bring expensive or hard-to-find materials to the home for home visit activities OR do not use routines/activities/materials in the home to support child development.
   - Bring common inexpensive materials or activities to the home to promote parent-child interactions or only occasionally use routines/activities/materials in the home to support child development.
   - Use materials already in the home and/or family routines to promote parent-child interactions that support child development.
   - Use home's materials and routines and guide parents to identify new ways to use what the family already has or does to support the child's development.

**Post-Intervention Only: Part 3: Feasibility and Satisfaction**

1. Would you recommend the guidance document to coworkers to support their completion of parent-child observations? Why or why not?

2. What changes would you suggest for the written guidance document to make it more useful, if applicable?

3. What did you like most about the written guidance? Tell us about what is most helpful:

4. Would you recommend the virtual training to coworkers to support their completion of parent-child observations? Why or why not?

5. What changes would you suggest for the virtual training to make it more useful, if applicable?

6. What did you like most about the virtual training? Tell us about what is most helpful:

7. Would you recommend the coaching sessions to coworkers to support their completion of parent-child observations? Why or why not?

8. What changes would you suggest for the coaching sessions to make them more useful, if applicable?

9. What did you like most about the coaching? Tell us about what is most helpful:

10. Would you recommend the coaching training to coworkers to support their completion of parent-child observations? Why or why not?

11. What will you use from this study in your day-to-day work?

12. How satisfied were you with the written resource? Training? Coaching?

## Appendix F: Foundational Guidance for Parent-Child Interaction Observation and Follow-Up

*By Mackrain, M., Hurshe, K., and J. Wassener*

### Purpose of This Guide

Michigan's *Early On*® program requires observation of parent-child interaction as part of the evaluation and eligibility process.[1]

The purpose of this guide is to:

1. Define and explain the importance of parent-child interaction in the healthy development of children
2. Identify critical elements of quality parent-child observations
3. Illustrate strategies for sharing results of observations with families
4. Explore tips for developing parent-child functional outcomes for IFSP planning

### How to Use This Guide

*Early On* service providers can use this guide to strengthen their understanding, skills, implementation, and use of parent-child observations when supporting critical early relationships of infants and young children. This guidance is supplemental and not a requirement.

### Importance of Parent-Child Interactions

Children who experience positive nurturing interactions with parents in infancy and early childhood develop healthy and secure attachments and are significantly better prepared to succeed in school.[2] When early relationships are reliably positive, nurturing, warm, safe, and responsive, they can buffer young children from stressors' adverse effects. The social and emotional well-being of infants and young children is directly tied to positive, simple, in-the-moment relational experiences and their caregivers and families' availability for these engaged moments in their everyday life. The parent-child relationship, which combines behaviors, emotions, and expectations, is primarily responsible for setting the stage for nearly all aspects of a child's development into adulthood.[4]

**What is Parent-Child Interaction?**

Healthy parent-child interaction is when mutual emotional connections established by positive parent-child exchanges contribute to children's overall well-being, and the source of future health, development, and social well-being.[3]

Because of the trusting relationships established between families and *Early On* service providers, services can reduce social isolation, improve relational health, and potentially buffer early childhood adversity. It is critical for home visiting programs like *Early On* to integrate and support quality parent-child observation as part of the IFSP process to maximally do so.

**For more information on the importance of early relationships:**

- **Watch:** Brain Wonders - Zero To Three Magic of Everyday Moments: https://vimeo.com/103169425
- **Read:** A Relationship-Based Approach to Early Intervention by L. Edelman: https://drive.google.com/file/d/1Fc2DLRXrPEVzp-OhGAeHlsendEF62p3T/view?usp=sharing

## Critical Elements of Quality Parent-Child Observations for Evaluation and Eligibility

Infants send signals to their parents, crying when hungry or in discomfort, and cooing to engage in emotional interactions. When parents respond in a warm, caring manner to an infant's signals, the infant quickly learns to rely on the parent. When an infant coos for the parent's affection and the parent responds with positive affect, the parent and child form an emotional bond. Healthy attachment or emotional bonds between the parent and child play a central role in regulating the infant's or child's experience of hunger, discomfort, and stress. The optimal parental response will assist the infant or child from hunger to satisfaction, discomfort to comfort, and stress-to-stress recovery.

Positive parent-child interactions are the basis from which children can explore and experience the world of relationships, objects, cause, and effect, and problem-solving. As the child explores and learns, the parent-child relationship functions as a safe and secure base and as a source of comfort for the developing child.

Observations of parent-child interactions are essential for determining the

strengths and challenges in their interactions. In early seminal work, Ainsworth, and Bell (1974) identified the responsiveness of the parent or primary caregiver as a reinforcement mechanism for infants and children.[5] Ainsworth (1969) identified five variables as central to high-quality parent-child relationships, focusing on what we expect to see the parent do in a responsive interaction.

- responding sensitively and empathically to the infant's signals
- providing frequent physical contact
- allowing the infant freedom to explore
- helping the infant derive a sense of consequence of their actions
- engaging in mutual enjoyable and reciprocal activities[6]

In secure parent-child relationships, we would expect to capture the infant or young child's behavior as well, such as:

- Accepting comfort from the familiar caregiver when upset
- Staying within proximity of the caregiver when exploring using the caregiver as a safe base
- Cooing, babbling, and engaging in eye contact with the caregiver—eliciting and responding to the interaction[3]

When observing parent-child *interaction,* you want to capture the quality of the *back-and-forth interplay* between the child and the caregiver. For example, see the observation below as seen during a home visit:

> *Jamal, three months old, is just waking up from his nap before his father must go to work. "Good morning, Jamal, my little bunny. Oh, that's a big stretch! I see your eyes opening. Daddy hears you crying, and I'm going to pick you up. There*

*we go." Jamal's father gently pats him on the back and walks to the kitchen. Jamal quiets down as his father talks and rubs his back. Jamal's dad sits with Jamal facing him. Jamal looks to him and coos, "Yes, hi, big guy!" Jamal smiles, his father smiles back.*

When reviewing the observation above, you see the capturing of the interaction as outlined in Table 1 below.

**Table 1. Child and Parent Behavior**

| **Child Behavior** | **Parent Behavior** |
|---|---|
| Jamal stretches | Dad verbalizes what he sees |
| Jamal cries | Dad picks up the baby and pats him on the back |
| Jamal quiets down | Dad talks and rubs his back |
| Jamal coos | Dad responds with words |
| Jamal smiles | Dad smiles back |

***Tips for Quality Observation of Parent-Child Interaction***

When recording an observation, try to jot down what you experience with your senses, for example, what you see and what you hear versus what you think or hypothesize. By recording objective facts, you can more easily share results with parents and uncover patterns in behavior. Recording the facts also helps us avoid biases; we all have them!

Biases stem from our upbringing and our experiences. Every interaction and every experience we have had has shaped who we are. Our biases influence our beliefs and

behaviors; they can sway our attitudes. When we engage in observation, it is a valuable exercise to self-check and examine what we record to improve our objectivity.

See Table 2 below for more information on objective observation versus subjective observation.

**Table 2. Objective and Subjective Observations**[7]

| **Objective Observation** | **Subjective Observation** |
|---|---|
| Objective observations are based on what we observed using our senses, we record exactly what we see, hear, taste, touch, and smell | Subjective observations are often influenced by our past events, personal experiences, and opinions, and can be biased based on our cultural backgrounds |
| Objective information is based on the facts we gather. If we don't see it, we don't report it. We report only details and provide vivid descriptions | Subjective information is based on our opinions, assumptions, personal beliefs, prejudiced feelings or can be based on suspicions, rumors, and guesses |
| Results are more likely to be valid and reliable from child to child | Results are often inconsistent and vary from child to child |
| Objective Terms that can be Used:<br>Seems to be, Appears to | Subjective Words to Avoid:<br>Just, because; but; always, never; can't; I |

| | |
|---|---|
| | think; happy, smart, helpful, pretty, angry, shy, likes, loves, hates, sad |

In addition to being objective, it is also essential to ensure your observation is complete, so you see a behavior or interaction all the way through. For example, the observation below does not capture the back-and-forth interaction.

> *Li, seven months old, put his hand to his eye and moved it up and down. He had furrowed brows, and his lower lip came out, and he began to cry. His grandmother walked toward him.*

Did Li's grandmother pick him up? Did he calm, or did he turn away, etc.? It is essential to get the whole scenario, so we do not make assumptions or hypotheses based on incomplete information.

***Let's Practice***

Review the observation below for quality. Check for:

- Clear facts
- Recording of the interaction back and forth between the child **and** caregiver
- Completeness

Circle any words or phrases that do not meet quality. Identify which areas of quality were or were not met. Then look at the edited version to check your work.

> *Sara, a 14-month-old, looks up happily as I arrive. She moves closer to her mother and gently puts her hand on her mother's leg. Sara anxiously puts her fingers in her mouth. Sara's mother comforts her, picks her up, and says, " Ms.*

*Jackson is new in our home. It's okay- mommy is here." As I and Sara's mom sit on the floor and talk, Sara happily begins to play close to her mother and looks at me shyly once in a while. When I get up to leave, Sara crawls into her mother's lap for safety and waves.*

***Edited Version***

*Sara, a 14-month-old, looks up as I arrive. She moves toward her mother and puts her hand on her mother's leg. Sara puts her fingers in her mouth. Sara's mother pats Sara on the back and picks her up, and says, " Ms. Jackson is new in our home. It's okay- mommy is here." As I and Sara's mom sit on the floor and talk, Sara picks up a toy and puts it in her mouth. She is close to her mother and looks at me once three times. When I get up to leave, Sara crawls into her mother's lap and waves.*

The original observation was not wholly objective. Subjective inferences included the child being shy and using terms such as lovingly, anxiously, etc. The observation did have both parent and child behavior and was complete.

**For more practice:**

**Watch:** An infant/caregiver video clip from the Pyramid Model series. Capture what you see and hear and check for objectivity, completeness, and parent and child behavior. http://csefel.vanderbilt.edu/resources/inftodd/mod1/1-2.mpg

**Read:** More about quality observation on Head Start's early childhood learning and knowledge center site: https://eclkc.ohs.acf.hhs.gov/child-screening-assessment/child-observation-heart-individualizing-responsive-care-infants-toddlers/writing-objective-accurate-observation-notes

**Access:** A sample list of healthy parent-child interaction behaviors that you may expect to see between infants, toddlers, and their familiar caregivers (Appendix A).

**Explore:** A sample list of tips for what may be included in observation notations if you engage in ongoing assessment and observation with families (Appendix B) and a few questions that you may ask families to learn more about their interactions (Appendix C).

**Sharing Results of Observations with Families**

It is important to let parents or caregivers know that sharing results of your observations (what you see and hear) is part of your routine when engaging in observation. It helps to gather information to best support the family and the child and that you engage in a brief observation with all families to learn more about the child's relationships which are part of their overall development.

Elements to Look for in the Parent-Child Interaction:

- Proximity and Referencing
- Responsiveness
- Affection
- Communication
- Affect

After you engage in a brief observation, you can share some of your takeaways with the parent. Let the parent(s) know what you observed using the facts, for example:

*Sara began cooing and looked up at you, you smiled at her, and she gave you a big smile with eyebrows raised and her arms up. When you picked her up, she put her head in your neck, and you put your arms around her. She seems to be comforted by you.*

There may be times when your observation may include behavior that does not seem to be aligned with that back and forth "dance" of the caregiver and child. If warranted, remember to share the facts, and engage in further conversation and observation to gather information for future planning.

See the observations below for examples.

*Scenario 1: Amir pushed the pop-up toy button, and a door opened. Amir smiled and pushed the button again. When the door opened, he laughed. Amir's mother looked at him and said, you love that toy, don't you? She scooted closer to him and put her hand on his back. Amir picked up the toy, moved his back to his mother, pushed the toy button, and laughed when it opened. His mother's shoulders went up and her brows furrowed, and she looked away. She got up and said she would be right back. Amir looked at his toy and continued to press the button.*

In this scenario, you can use the facts to engage in further conversation, for example, "I noticed when you scooted closer to Amir and put your hand on his back, he turned away. Your shoulder went up, and you left for a few minutes. Tell me more about this. Does this happen often? What was this like for you? I gathered that you felt uncomfortable."

*Scenario 2: Amika's mother Sherida was sitting on the couch with her eyes partly*

*closed and her body leaning on the armrest of the couch. Amika, doing tummy time on the floor, babbled and scooted her body forward and her arm reached toward a red ball on the floor. Her hand touched the ball and she squealed and looked toward her mother and her mouth turned upwards and she kicked her legs. Sherida kept her eyes closed and leaned further toward the arm rest.*

In scenario 2, you can use what you see and hear to explore the interaction further. For example:

*Sherida, I notice you are leaning toward the armrest and your eyes are closing, I am wondering if all is okay? Tell me how things are going today. I noticed Amika is beginning to scoot and reach for things, an exciting part of her development. She looked to you when your eyes were closing, does this happen often? I am gathering you have had a lot going on and you are still not getting rest as you mentioned last week. That must be challenging. Tell me how this impacts your and Amika's time together.*

**Explore Tips for Developing Parent-Child Interaction Functional Outcomes and Strategies for IFSP Planning**

With the caregiver, you may use your parent-child observation information to plan outcomes to enhance parent-child interaction.

When integrating parent-child observations into outcomes setting with families, a few helpful tips to consider include:

- The wording of the statement is jargon-free, clear, and simple
- The language emphasizes the positive
- The outcome is parent-driven and functional for the child and family's

circumstance[7]

When starting a conversation, you can weave in the objective facts you have collected and discussed with the caregiver(s). For example,

> *Over the past several weeks, we have talked about how Jamal really watches you with his eyes and how you stay close by and chat with him when he explores. You are his safe base for learning about the world! You shared with me a few times that sometimes Jamal gets upset "out of the blue," and when you use words to ask him to calm and pick him up, he arches his back. I know you mentioned this doesn't feel good to you as you want to ensure you provide comfort when he is stressed. Let's talk about some ideas for helping you recognize when Jamal is telling you he is getting upset and how he might accept comforting. How does this sound?*
>
> *I did observe Jamal cuddling into your neck when he was waking up last week, and you gently rubbed his back and rocked in a chair. Does he usually react well to gentle touch and rocking?*

In the example above, the service provider is starting with strengths and then reflecting on some behaviors observed and discussed with the caregiver, leading to parent-driven goal setting. The area being discussed relates to responsiveness (Appendix A) or the way the child engages in cues to emote their needs and how the caregiver responds. Some examples for the direction of outcomes in this area may include:

1. Recognizing how Jamal uses cues to show engagement and disengagement and narrating those day to day to Jamal to increase sensitivity to Jamal's cues or signals

2. Using gentle touch and rocking throughout daily routines to help Jamal calm.

***Strategies***

Often, you and the caregiver(s) can develop useful strategies for promoting parent-child interaction based on your own experiences and expertise.

You may use probing to help a caregiver come up with ideas, for example:

*When Jamal begins to arch his back, what do you think he is trying to tell you? What might he need?*

Once you uncover the unmet need, it is easier to develop a strategy:

*I think he is saying, "I don't want to be talked to right now; I am tired."*

*Okay, what might work instead of talking?*

*He loves it when I get down on the floor with him and rub his back, and when he calms, I pick him up and rock him. Sometimes I feel I am too late once he starts crying, so maybe I can try to see what comes before that if he starts to fuss in some way before it gets to the point that he is really upset."*

**For more ideas to promote healthy parent-child interaction:**

**Watch:** A video developed by Harvard University's Center for the Developing Child offering 5 Tips for building serve and return.

https://developingchild.harvard.edu/resources/how-to-5-steps-for-brain-building-serve-and-return/

**Read:** More about how infants and toddlers build relationships and what they need from caregivers in Zero to Three's Magic of Everyday Moments Series:

https://www.zerotothree.org/resources/1092-magic-of-everyday-moments-booklets-how-

the-brain-body-and-mind-grow-from-birth-to-3

**Access:** A list of strategies from the Devereux Early Childhood Program for Infants and Toddlers[8] and the Pyramid Model in Appendix D that caregivers can use to nurture young children's attachment and self-regulation in the context of everyday routines.

**Special Circumstances for Consideration**

When working with families, you may encounter situations where you observe stress or a parent shares information about common stressors. For example, you may notice over a course of visits that a parent or caregiver looks tired, is clenching their jaw or showing signs of tension such as sitting stiffly versus comfortable in a chair. An adult may also complain of exhaustion, restless sleep, aches or pains, or headaches.

These signs of stress are natural and can be inevitable. But stress can take a toll on health and effectiveness as a parent if it is prolonged and unattended too. It impacts the quality of care that adults can give. When adults are too stressed, it is difficult to offer the praise, nurturance, and structure children need to build strong attachments and nurturing relationships. Consider addressing stress as part of a families' plan.

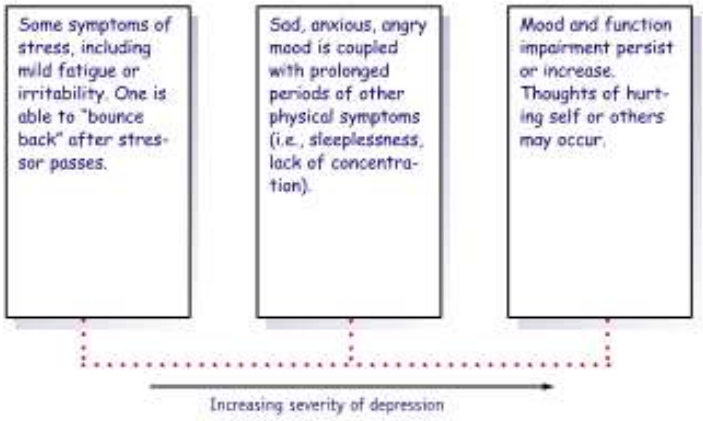
Consider other community supports to support adult well-being when necessary. For example, while roughly 15% of new mothers suffer from maternal depression, the rates are much higher in families with lower incomes: 52% of mothers in the Early Head Start research study reported high levels of depressive symptoms.[9]

Maternal depression interferes with a caregiver's ability to respond to her new babies and makes parenting toddlers more difficult. With the parent's lead, you may connect families with community-based treatment services and work to reduce stigma by

promoting awareness of depression as a common and treatable condition. It is okay to talk about depression if you or the parent is showing work. For example:

> *Sherida, you mentioned during the last few visits that you are always feeling exhausted and more irritable, and it doesn't seem to be getting better. I care about your well-being; do you want to talk? Have you shared this with your doctor? How can I help?*

**Figure 1. Increasing Severity of Depression[10]**




**Conclusions**

Observation of parent-child interaction provides an opportunity to see, discuss, and address the quality of infant, toddler, and caregiver relationships. Children who experience positive nurturing day-to-day interactions with parents in infancy and early childhood develop healthy and positive attachments and are significantly better prepared to succeed in school. When observations are accurate, objective, and complete, they can be used to share strengths with families and develop family-driven functional outcomes.

**Supplement A: Sample Behaviors for Parent-Child Interaction**

Various social and emotional processes, such as emotion regulation and recognition,

referencing, gaze following, gesturing, and communication, are first evident in parent-child interactions. See some common behaviors that constitute the back and forth serve and return below.[11,12]

| Core Elements of Interaction | Sample Infant/Toddler Behavior | Sample Familiar Caregiver Behavior |
|---|---|---|
| | | |
| Proximity and Referencing | ▪ Follows caregiver with their gaze or body (e.g., scooting toward)<br>▪ Infant/toddler explores but looks too familiar caregiver as a check-in for safety | ▪ Pays attention to what the infant or toddler is doing<br>▪ Parent is near the child and directs smiles or attention to what the child is doing |
| Responsiveness | ▪ Calms with help from familiar caregiver<br>▪ Recognized | ▪ Reacts gently to child's strong emotions or needs (e.g., physical closeness, hugs)<br>▪ Recognizes child's cues and responds safely |
| Affection | ▪ Reaches toward and touches familiar caregivers<br>▪ Rests in caregivers arms and occasionally pulls away | ▪ Gently holds and nurtures the child<br>▪ Uses a positive tone and tenderness toward child<br>▪ Share mutual smiles |
| Communication | ▪ Coos, babbles, and cries | ▪ Coos and responds with words or gestures to the child's communication efforts and interests |
| Affect | ▪ Smiles, shows pleasure with occasional moderate anxiety | ▪ Speaks in warm tone of voice<br>▪ Smiles at child<br>▪ Changes pace or activity to meet the child's needs |

## Supplement B: Tips for When You Engage in Ongoing Observation as Part of IFSP Planning and Support

1. Date – this is key in tracking development over time
2. Time – start time and end time
3. Setting – note the location (living room, outside, etc.)
4. Purpose – what is the intended goal, set your intention
5. Record only the facts – Write down exactly what you see and hear
6. Be as concise (to the point) as you can
7. Record the facts in the order as they occur and ensure there is a natural end
8. Be descriptive and provide vivid details -create a visual picture so others can "see" what is happening
9. Be specific and avoid vague or general terms – this is helpful when you go back to review your data

## Supplement C. Sample Questions for the Family to Learn More About the Quality of Interactions

1. What do you most enjoy or like about being a mother/father/caregiver?
2. What is the most challenging part about being a caregiver?
3. Tell me about what it is like caring for a newborn/toddler.
4. What things do you worry about when it comes to being a caregiver?
5. How do you feel about being alone with your child?
6. What concerns do you have about caring for your child?
7. How often does your child fuss or cry?
8. What is it like for you when your child cries or fusses?
9. What have you found to be the best way to respond to your child when they cry

or fuss?

10. Do you ever feel confused, stressed, or anxious about being a parent occasionally?
11. Overall, how confident are you in your parenting role: extremely, very, somewhat, most of the time, not at all.
12. What things does your child enjoy and what holds your child's attention? (e.g., people, places, things such as toys, dog, being outside)
13. What routines and/or activities do your child not like? What makes this routine and/or activity difficult and uncomfortable for your child? What does your child usually do during the routine/activity?
14. Who are key family members, other caregivers, or important people who spend time with your child and in what settings does this occur?
15. Are there activities you used to do before your child was born that you would like to do again?
16. Are there new activities that you and your child would like to try?

**Supplement D: Strategies to Promote Interaction**

*M. Mackrain and K. Tenney Blackwell*

Devereux ADVANCED BEHAVIORAL HEALTH | CENTER FOR RESILIENT CHILDREN

Devereux Early Childhood Assessment (DECA) Program

## Home Strategies for Infants:

# BUILDING INITIATIVE

Initiative is the child's ability to use independent thought and action to meet his needs. There are many ways infants show us they are developing initiative every day, such as cooing, sharing a smile, and reaching for a toy. When looking at a child's DECA Infant rating, you may notice that a particular element of initiative needs to be strengthened. The strategies below are organized by common elements of initiative, to include:

- Interest and engagement with other people
- Interest in new activities or experiences within the environment

The strategies below are taken from the DECA Program Infant and Toddler Strategies Guide, as well from the Promoting Resilience For Now and Forever in Infants and Toddlers Family Guide. Feel free to explore those books for more ideas, or use your own planning resources and strategies guides! These strategies are meant to give families and caregivers a sample of ideas to choose from when planning to intentionally promote the initiative of children within a classroom and/or home settings. Users should feel free to expand on these strategies, add strategies of their own, or use additional strategies from the two Devereux resources mentioned above.

| |
|---|
| **Connect During Feedings.** Look and smile at infants while holding and rocking during feedings. |
| **Show Interest.** Look at your infant and smile to let them know they have your attention. |
| **Respond.** Respond to your infants' coos, babbles and single words by smiling, copying their actions, and talking with them. "Oh yes Josh, that is a big smile. Are you saying, Ma, Ma, Ma?" |
| **Use Songs, Rhymes and Finger Plays.** Interact with your infant using songs, rhymes and finger plays. "Pat-a-cake, pat-a-cake, baker's man…" |
| **Observe and Support Style.** Watch your infant to know if they approach other babies quickly, or take more time to warm up. Take your baby's lead based on what you noticed. "Jenny, I put out some new toys for you and your brother. Would you like to sit together and see how they work?"<br><br>Additional Information<br>• CSEFEL Resource: Temperament<br>• CSEFEL Resource: Understanding Your Child's Behavior |
| **Notice and Talk.** Notice your infants' awareness of others, and talk about others' emotions. For example, "Yes, that little girl seems sad. She's crying." |

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| **Give Positive Feedback (Praise).** Praise your child. "Sarah you rolled over to get the ball! You worked hard!" Focus on effort (trying hard), not results (winning).<br><br>Additional Information<br>• CSEFEL Resource: Giving Positive Feedback and Encouragement |
| **Be Present.** Sit close and play with your infant. Avoid distractions. |
| **Celebrate.** Show pleasure in your infant's accomplishments by smiling back or clapping your hands. "Wow, Thomas, you made it across the room by yourself. You took 7 steps!" |
| **Go Back and Forth.** Respond to your infant's actions and attempts to interact. "You touched my nose, Bobby. Now I'm going to touch your nose." |
| **Notice Actions.** Notice and respond to your baby's nonverbal communication, such as how they ask for attention, toys, or food. "Stacey was rubbing her eyes today, I think she was trying to tell me she was tired." |
| **Create a Comfort Zone.** Have places to be comfortable and sit with your infant to cuddle, soothe and talk with them. "Mica. Look at your brother Devin, he is pushing a truck." |
| **Talk about What is Next.** Talk with your infant about the order of daily events. "After we change your diaper, we will have lunch." |
| **Ask for Help.** Talk about upcoming activities such as bath time, and ask for your infant's help getting things ready. "Next it's bath time. Could you help find your yellow duck for bath time?" |
| **Describe Details.** Use words to describe foods, tastes, and smells during feedings. "I smell the peaches. Don't they smell sweet?" |
| **Point Things Out.** Point to and label new sights, sounds, tastes, toys, and activities. "Kevin, do you see the rain outside? It is falling fast!" |
| **Involve Infants in your Daily Routines –** for example, washing laundry. Allow them to feel different textures, such as bumpy towels or smooth sheets. Talk about what you do together. "Ooh…this towel feels warm and soft. Let's touch it."<br><br>Additional Information<br>• CSEFEL Resource: Daily Routines |

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| **Play Hiding Games.** Use everyday objects in simple play. Hide objects under a blanket or pillow to help your infant learn things exist even when out of sight. "Joanna, where did the ball go?" |
| **Floor Play.** Play next to your infant. Show excitement for what they do. "Linda, you are putting the ball in and it pops out!" |
| **Walk and Talk.** Hold your infant in your arms while walking around, looking at, and talking about things you see. "I hear birds singing. Do you hear the bird? The blue bird is singing up in the tree." |
| **I Can Play.** Provide toys and materials that can be used in many different ways; for example, bowls for stacking, a shopping bag and blocks for dumping and pouring or a bin of sudsy water and cups for pouring and play.<br><br>Additional Information<br>• CSEFEL Resource: Development of Play Skills<br>• CSEFEL Resource: Playtime |
| **Mystery Bag.** Gather objects from around the house and put them in a paper bag or under a blanket. Let infants reach in and take out objects to explore with you. "Rebecca, you pulled out a green ball. Is it soft?" |
| **Excite the Senses.** Provide options that infants can explore through touch, taste, hear and smell; for example, play dough, rattles, and music. |
| **Safety Check-up.** Do a review or observation of your home so your infant can explore and learn safely.<br><br>Additional Information<br>• Safety Check-up |

Devereux Early Childhood Assessment (DECA) Program

# Home Strategies for Infants: BUILDING ATTACHMENT AND RELATIONSHIPS

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Attachment/Relationships is the child's ability to promote and maintain mutual, positive connections with other children and significant adults. These emotional bonds that develop in early childhood can be observed as infants calm with help, share smiles and cuddles with familiar adults, and begin to express and cope with an array of emotions. When looking at a child's DECA Infant rating, you may notice that a particular element of attachment/relationships needs to be strengthened. The strategies below are organized by common elements of attachment/relationships, to include:

- Exhibiting a sense of trust and security with familiar caregivers
- Expressing and managing emotions

The strategies below are taken from DECA Program Infant and Toddler Strategies Guide , as well as from the Promoting Resilience For Now and Forever in Infants and Toddlers Family Guide. Feel free to explore those books for more ideas, or, use your own planning resources and strategies guides! These strategies are meant to give families and caregivers a sample of ideas to choose from when planning to intentionally promote the initiative of children within a group and/or home settings. Users should feel free to expand on these strategies, add strategies of their own, or use additional strategies from the above Devereux resources.

**Respond Quickly**. Promptly pick up your infant after a nap. Gently hold and talk to them as they continue to wake. "Lakeisha, Daddy is here, you slept a long time. You must feel very rested."

**Provide a Safe Base**. Gently touch or pick up your infant when unfamiliar adults are around. This helps reassure them they are safe.

Additional Information
- CSEFEL Resource: Attachment

**Use Gentle Touch**. Model caring, nurturing behavior by stroking your infant's hair or slowly rubbing circles on his back.

Additional Information
- CSEFEL Resource: Expressing Warmth and Affection

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| **Learn about Strengths and Needs**. Learn ways to support your child's growth. Share ideas with their others that care for your child. "Sarah is starting to hold her spoon, maybe you can let her try when she is at your house tomorrow?"<br><br>Additional Information<br>• Online Temperament Tool<br>• Tips for Development<br>• CSEFEL Resource: Temperament |
| **Make Routines Special**. Understand and respond to your infant's individual personality during daily routines such as diapering, feeding and going outside. "Kevin, I know you like to stay busy, so let's change your diaper quickly so you can go and play." |
| **Cuddle and Hold**. Hold, cuddle and rock your infant throughout the day to give them the physical contact essential for their development.<br><br>Additional Information<br>• CSEFEL Resource: Expressing Warmth and Affection |
| **Do Favorites Over and Over**. Read a child's favorite story or sing their favorite song to make transitions go smoother, for example, reading a book before bedtime, singing a song before drop off at Grandma's house, etc. |
| **Share and Respond** Pay attention to a child's cues of hunger, readiness to play, sleepiness, etc. Respond gently to these cues. Talk with other adults in the infant's life to share what you notice. "Mr. Kierland, when Joshua started rubbing his eyes today I knew he was getting tired. You shared with me that is a sign of naptime!" |
| **Engage**. Use every day routines to interact with infants. Coo and babble during diaper changes, talk during mealtimes and share laughs during floor play.<br><br>Additional Information<br>• Routine poster for Families to use with Infants |
| **Use an Even Tone of Voice**. Speak calmly and gently to your infant throughout the day and avoid using a loud or abrupt voice that can startle a young child. |

**Soothe and Calm**. Rock or gently pat your infants back to calm and help them sleep. Gently lift a crying infant to your shoulder, and rock or walk. Talk softly to the infant or hum, perhaps repeating, "You're sleepy. You're sleepy."

**Support Self-Soothing**. Support your infant when they do things to calm themselves. "Adam, you are holding your blanket and you look sleepy. Can I hold you?"

**Encourage Comfort Items**. When your older infant is upset, help them find a security or comfort item. "Brady, you seem upset. Let's try to find your bear. It helps you feel better to hug him."

**Describe Emotions**. Use your face and words to show emotions. "Casey, you seem so happy. Look at your big smile."

Additional Information
- CSEFEL Resource: Emotional Literacy
- CSEFEL Resource: Teach About Feelings

**Share Your Touch**. Give your finger or thumb to your infant to hold or squeeze while rocking or holding them gently on your lap.

**Watch for Clues**. Closely watch your baby to better understand why they might be crying. For example, infants may cry when they are tired, hungry, bored, or upset.

**Tune in**. When singing songs or playing music, change the beat, pace, and volume according to your infants mood or the time of day and routine.

**Redirect**. Gently guide your infant to a more acceptable behavior or activity. Infants in particular often need redirection for their own safety. If an infant is moving toward something that is not safe, adults should remove the item or redirect the child to something safer.

Additional Information
- Redirect
- CSEFEL Resource: Challenging Behavior in Infants and Toddlers

**Explore Emotions**. It is never too early to talk about emotions and feelings. Read books or look in magazines to label different facial expressions and emotions. Or, hold your baby as you look in the mirror together and talk about what you see. "Jayden, that is a big smile on your face, you are happy!"

Additional Information
- CSEFEL Resource: Feelings Charts
- CSEFEL Resource: Social-Emotional Storybooks
- CSEFEL Resource: Identifying Emotions
- CSEFEL Resource: Teach About Feelings

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Devereux Early Childhood Assessment (DECA) Program

## Home Strategies for Toddlers:

# BUILDING INITIATIVE

Initiative is the child's ability to use independent thought and action to meet his needs. There are many ways toddlers show us they are developing initiative every day, such as sharing laughter, playing make-believe and asking for help. When looking at a child's DECA Toddler rating, you may notice that a particular element of initiative needs to be strengthened. The strategies below are organized by common elements of initiative, to include:

- Interest in and empathy for peers
- Engagement in activities or experiences within the environment

The strategies below are taken from the DECA Program Infant and Toddler Strategies Guide, as well as the Promoting Resilience For Now and Forever in Infants and Toddlers Family Guide. Feel free to explore those books for more ideas, or, use your own planning resources and strategies guides! These strategies are meant to give families and caregivers a sample of ideas to choose from when planning to intentionally promote the initiative of children within a group and/or home settings. Users should feel free to expand on these strategies, add strategies of their own, or use additional strategies from the above Devereux resources.

**Encourage Cooperation**: Invite toddlers to help pass items to the next person during mealtimes. "Sheri, can you please pass the napkins to your sister?"

Additional Information
- CSEFEL Resource: Teach Cooperation

**Make Play Suggestions**: Help your child to work together with another child, such as pulling another child in a wagon.

**Play Together**: Play games such as "Ring Around the Rosie" and "London Bridge" to help encourage interaction.

Additional Information
- CSEFEL Resource: Development of Play Skills
- CSEFEL Resource: Playtime

**Describe for Them**: Use simple and clear language to describe toddlers' interactions with others, "Your brother is happy because you let him play with your car."

**Teach about emotions**: Talk about feelings and emotions in storybooks. Ask your toddler to think about what the character is feeling. "Susie can't find her bunny, I wonder how she feels?"

Additional Information
- CSEFEL Resource: Social-Emotional Storybooks

Devereux Early Childhood Assessment (DECA) Program

# Home Strategies for Toddlers:
# BUILDING INITIATIVE

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| **Emotion play:** Ask your toddler to show what people look like when they're angry, happy, sad, etc. Practice in front of a mirror together so they can see their faces. |
| **Label Emotions**: Label and explain emotions to your toddler. "Martha, you seem frustrated. The puzzle piece won't fit there."<br><br>Additional Information<br>• CSEFEL Resource: Feelings Charts<br>• CSEFEL Resource: Emotional Literacy<br>• CSEFEL Resource: Teach About Feelings |
| **Encourage play**: Comment when you see your toddler playing nicely with another friend. "Isabella really likes to play on the slide with you!"<br><br>Additional Information<br>• CSEFEL Resource: Friendship Skills |
| **Show them how to play**: Model the words and actions you want toddlers to use to enhance their social skills. "Can I play?" |
| **Talk it out**: Help explain behaviors to your toddler during interactions. For example, if you bump into another family member while preparing dinner, say, "Oops! That was an accident. Sometimes when we are moving fast, we bump into each other." |
| **Provide encouragement**: When your child holds out their toy to show to a friend or an adult, offer encouragement but do not expect them to hand it over. "How nice of you, Jeremy, to show Tanika your bear."<br><br>Additional Information<br>• CSEFEL Resource: Giving Positive Feedback and Encouragement |
| **Follow their lead**: Understand and respond to a toddler's individual characteristics when designing and carrying out routines. "Judy, how about you stand with me and watch your friends play with the new toy. When you are ready, you can play too."<br><br>Additional Information<br>• CSEFEL Resource: Temperament |

Devereux Early Childhood Assessment (DECA) Program

# Home Strategies for Toddlers:
# BUILDING INITIATIVE

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| **Visualize the day**: Create a visual schedule your child can see and touch showing daily routines, and post this schedule at their eye level. "Yes, William, first we go outside, then we have a snack, and then it is time to go for a nap."<br><br>Additional Information<br>• Help to Visualize |
| **Comfort items**: Help your toddler transition to nap by using a doll or teddy bear. Show the toddler how to hug, rock and cover up the doll for nap time. |
| **Give choices**: Let your toddler choose a special book to read before nap time or have their own stuffed animal or blanket. |
| **Prepare for what is next**: Prepare your toddler ahead of time for new social experiences. "During our visit to the library we will sit by other friends and sing songs and listen to stories."<br><br>Additional Information<br>• CSEFEL Resource: Scripted Stories |
| **Keep their attention**: Minimize waiting time by including your toddler in transitions. "Tyler will you hold the mail while Mommy opens the door?" |
| **Discuss it**: Talk to toddlers about routines and interactions from yesterday, today, and tomorrow. "Shontaye, you played with that doll yesterday. Remember you washed her hair?" |
| **Encourage Involvement**: Ask your toddler, using one or two step directions, to help get spoons, napkins, or plates as you prepare for a meal. "Lynelle, can you get the napkins and put them on the table?" |
| **Explore the Senses**: Engage your toddler in play with things he can touch and explore, such as playing with water, silly putty, play dough, or finger paint. |
| **Ask Questions**: Ask your toddler questions about objects they are playing with, such as, "What do you see? What does it feel like?" |

Devereux Early Childhood Assessment (DECA) Program

# Home Strategies for Toddlers: BUILDING ATTACHMENT AND RELATIONSHIPS

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Attachment/Relationships is the child's ability to promote and maintain mutual, positive connections with other children and significant adults. These emotional bonds that develop in early childhood can be observed as toddlers go to familiar adults for help, share cuddles, and interact with peers. When looking at a child's DECA Toddler rating, you may notice that a particular element of attachment/relationships needs to be strengthened. The strategies below are organized by common elements of attachment/relationships, to include:

- Building a sense of trust and security with familiar caregivers
- Expressing emotions

The strategies below are taken from the DECA Program Infant and Toddler Strategies Guide, as well as the Promoting Resilience For Now and Forever in Infants and Toddlers Family Guide. Feel free to explore those books for more ideas, or, use your own planning resources and strategies guides! These strategies are meant to give families and caregivers a sample of ideas to choose from when planning to intentionally promote the initiative of children within a group and/or home settings. Users should feel free to expand on these strategies, add strategies of their own, or use additional strategies from the above Devereux resources.

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| **Create a Family Storybook**: Use paper and markers or paint to create a family storybook. Point out and label the strengths of each family member. |
| **Prepare for Time Apart**: Talk with your toddler about leaving and coming back. "Why do people go away? How does it feel to miss someone you love? How does it feel when you and that someone are back together again?" |
| **Create Special Time**: Read the same book in the same cozy area with your toddler. "Jose, let's sit on the rocker together to read your bear book." |
| **Be Sensitive During Tough Moments**: Talk gently with your toddler about using the toilet, but without pressure. Respond positively when accidents do happen. "Accidents happen, Katie. Let's go change your wet clothes so you can be comfortable." |
| **Let Them Know You Hear Them**: Repeat sounds and words used by your toddler throughout the day. This helps reassure them they have been heard and that talking is important. |
| **Quality Time**: Spend time looking at a toddler's baby book or scrapbook. Talk about the pictures, ask questions, and tell stories about fun events. |

# Home Strategies for Toddlers:
# BUILDING ATTACHMENT AND RELATIONSHIPS

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**Show Them You Care**: Smile at your toddler every day and let them know how special they are. "Devin, when you giggle, it makes me giggle and smile too."

Additional Information
- CSEFEL Resource: Expressing Warmth and Affection

**Show Them You are Interested**: Sit with your toddler while talking about their day or reading a book. "Kathleen, your day was busy. You played with water, paint, and babies today."

**Pick Them Up**: Consistently respond to or pick up your toddler when they lift their arms. "Jason, you're lifting your arms. You want me to pick you up." If you are unable to pick children up, get on their level for a hug and cuddle.

**Positive Relationships**: Help your toddler develop a close relationship with you. "Victor, look at the blue ball! Now roll the ball to me."

**Cozy Corner**: Create cozy, quiet spaces for your toddler to calm themselves, regain energy, and spend time with an adult.

**Read it, Read it Again!**: Read and retell favorite books to toddlers, and talk about what is happening in the story. Describe pictures and try to personalize ideas and events from the story. "Kristen, the girl, is swimming with her mother. Do you remember when we went swimming?"

Additional Information
- CSEFEL Resource: Books about Social Situations

**Respond to Emotions**: Respond to your toddler when they want hugs. "Josh, your face is frowning, and I see a tear. Would you like a hug right now?"

**Guide Interactions**: Use simple words to tell your toddler what is happening when he is playing, "Penny is laughing because you said a silly word."

Additional Information
- CSEFEL Resource: Friendship Skills

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# Home Strategies for Toddlers:
# BUILDING SELF-REGULATION

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Self-regulation is the child's growing ability to express emotions and manage behaviors in healthy ways. Toddlers demonstrate developing self-regulations skills in a variety of ways as they sit next to and laugh with friends, follow a flexible daily routine, cope with frustrating situations and change their energy levels. When looking at a child's DECA Toddler rating, you may notice that a particular element of self-regulation needs to be strengthened. The strategies below are organized by common elements of self-regulation, to include:

- Coping with transition and change in the daily routine
- Managing strong emotions with adult support

The strategies below are taken from the DECA Program Infant and Toddler Strategies Guide, as well as the Promoting Resilience For Now and Forever in Infants and Toddlers Family Guide. Feel free to explore those books for more ideas, or, use your own planning resources and strategies guides! These strategies are meant to give families and caregivers a sample of ideas to choose from when planning to intentionally promote the resilience of children within a group and/or home settings. Users should feel free to expand on these strategies, add strategies of their own, or use additional strategies from the above Devereux resources.

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| **Reflect Together:** Review activities with your toddler. "We had naptime, then we went outside." |
| **Talk About it**: Notice and say when your toddler seems to be remembering something. "I see you looking for the blue ball you played with yesterday." |
| **Get Organized:** Prepare materials and set up activities ahead of time. For example, have snacks packed for an outing, have a backpack ready for child care or have your list of to do's ready before leaving for errands, etc. |
| **Plan Out Your Day**: Create a poster or dry erase board with your toddler's daily schedule. Keep the schedule at their eye level and let them see and touch it. "Yes, William, first we go to grandma's house, then we pick up your brother from school, and then go home."<br><br>Additional Information<br>• Plan the Day<br>• CSEFEL Resource: Routines and Schedules<br>• CSEFEL Resource: Responsive Routines |

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| **Nap Time Transitions**: Help a toddler transition to nap by using a doll or teddy bear. Show the toddler how to hug, rock and cover up the doll for nap time. |
| **Be Consistent**: Use signals such as a simple song to help settle your toddler and prepare for a transition. |
| **Special Routines**: Create hello and good-bye routines. "Okay, Joshua, it's time for Daddy to drop you off for child care, lets sing our goodbye song." |
| **Practice Together**: During a toddler's nap or bedtime routine, look around the room and say goodnight to stuffed animals, dolls, and other objects. |
| **Cozy Spaces**: Make a cozy, quiet space for your toddler. Let her go there when she needs to settle and relax. She might use it to look at books, playing quietly, and calm herself. |
| **Talk About What They Do**: Label your toddlers' gestures, linking words to their actions. "You're pulling on my pants. Do you want me to pick you up? Say, 'Up!'" |
| **Reassure Their Safety**: Toddlers can become aggressive when they feel frightened. Talk to your toddler about what seems scary. "I know you are afraid. That was a very loud noise. I'll keep you safe." |
| **Talk About Favorite Books**: Talk about feelings and emotions in storybooks. Ask your toddler to think about what the character is feeling. Ask them to show what people look like when they're angry, happy, sad, etc.<br><br>Additional Information<br>• CSEFEL Resource: Social-Emotional Books |
| **Help Them Cope:** Label and explain emotions to your toddler. "Martha, you seem frustrated. The puzzle piece won't fit there."<br><br>Additional Information<br>• CSEFEL Resource: Feelings Chart |

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| **Support Their Need for Independence**: Remain calm and supportive during toddlers' struggles with independence. "Karina, you want to take your animals for a ride in the wagon. We need to keep the wagon on the sidewalk." Then comment when toddlers follow limits. "Karina, you remembered to keep the wagon on the sidewalk while you walked your animals. Thank you." |
| **Be Understanding, Never Harsh**: Accept mistakes as part of learning and growing. "Paul, your juice spilled. Let's get some paper towels to wipe it up." |
| **Explore the Senses**: Provide options that allow your toddler to explore how things feel; for example, finger paint, sand play or sudsy water. |

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