

The project aims to evaluate parenting self-efficacy (PSE) as the mechanism of change through which quality home visiting predicts parent engagement can inform key outcome indicators for home visiting programs and can introduce additional mechanisms for supporting parent engagement, and ultimately child outcomes. Four goals guide this research project: Goal 1: To formulate and strengthen a collaborative partnership with the EHS program; Goal 2: To examine the mediating role of PSE on the relationship of home visiting quality and parents' engagement of their children in early learning activities; Goal 3: To collaborate with EHS families and staff to interpret the findings of this study in a manner that can inform EHS practice and future research; Goal 4: To disseminate findings from this study and advance the future development of high quality home visiting to enhance the PSE and active engagement of parents in children's early learning. Achieving project goals and objectives will meet the HS Performance Standards and the federal MIECHV regulations for enhancing empirically based home visiting for at-risk families and understanding home visiting processes that improve parenting.

Sample:

Year 1

60 Community Development Partner (CDP)-parent dyads (six CDPs and each CDP's associated 10 families) from an eastern PA EHS program. This EHS program serves a largely Hispanic community of about 170 children from 0 to 3.

Year 2

An estimated 50 families and 17 home visitors from the same EHS program as participants for Year 1. EHS families are primarily Hispanic and about 50% are Spanish speaking, and CDPs are all female and 35% are bilingual.

Measures:

Year 1

- Home Visit Rating Scales- Adapted (HOVRS-A+)
- Maternal Self-Efficacy Scale
- Parents Engagement and Provision for Toddler's Early Learning (PEPTEL)
- Home visitor and family demographics (form)

Year 2

- Questions for facilitators (form to be developed)
- Home visitor and family demographics (form)

Alana Schnitz

Project Title:

Examining the Effects of Parent Training on Parents' Use of Social Emotional Preventative Practices and the Effects on Parent-Child Interactions and Child Behavior

Mentor:

Mary Louise Hemmeter

Project Funding Years:

2013-2015

University Affiliation:

Vanderbilt University

Project Abstract:

Vanderbilt University, Metro Action Commission Head Start, and Mid-Cumberland Head Start will investigate the effects of a social-emotional parenting intervention called *Positive Solutions for Families*. *Positive Solutions for Families* is based on the *Pyramid Model* framework, which is a model for enhancing social-emotional development and addressing challenging behavior. This study has four objectives: (a) to examine the effects of training with individualized support on parent-child interactions, (b) to examine the effects of *Positive Solutions for Families* implementation on child behavior and social-emotional development, (c) to evaluate family stress and the effects stress has on implementation fidelity and child challenging behavior, and (d) to evaluate parents' perceptions and satisfaction with group training and individualized follow-up phone meetings. Findings from this study will support the use of evidence-based practices with Head Start families, inform practice related to working with and meeting the needs of Head Start families, and promote positive interactions between parents and children that support children's social-emotional development. Head Start Family Service Specialists (FSSs) will also receive training, materials, and support on this intervention so they may sustain the intervention after the study is complete.

Sample:

- Three centers from each of the 2 Head Start programs (first cohort)
- Three cohorts over the course of two years - cohort 1 will begin in the fall of 2013, cohort 2 in the spring of 2014, and cohort 3 in the fall of 2014.
- Cohorts will include approximately 67 families with half of the families assigned to the control group and half to the intervention group.
- Families with at least one child that is at least 3 and no older than 5-years-old will be eligible to participate in the intervention.

Measures:

- Center and personnel demographic questionnaire

- Parent and child demographic questionnaire
- Child Behavior Checklist (CBCL)
- Parenting Stress Index (PSI)
- Dyadic Parent-Child Interaction Coding System (DPICS)
- Interobserver agreement (IOA)