Getting Ready: Effects of a Relationship-Focused Intervention on Parent Engagement in Early Head Start Families
Susan M. Sheridan, Lisa L. Knoche, Carolyn P. Edwards, and Kevin A. Kupzyk

Introduction

The Role of Parents in Early Childhood Experiences
- *Parental engagement* is highly predictive of a child’s developing competence in cognitive, social-emotional, and behavioral domains (Englund et al., 2004; McWayne et al., 2004; Thompson, 2002).
- Three dimensions of parental engagement are known to relate to child outcomes:
  - Warmth, sensitivity and responsiveness
  - Support for a child’s emerging autonomy
  - Active and meaningful participation in learning and literacy
- Positive relationships and collaborative *partnerships among parents and educators* are considered primary protective factors (Christenson & Sheridan, 2001; Weissberg & Greenberg, 1998) or safety nets (Christenson, 2000) for children, and have been shown to be related to a host of positive developmental outcomes, including social-emotional competence (Henderson & Berla, 1994; Sheridan, Kratochwill, & Elliott, 1990).
- Partnership practices at the mesosystemic (family-school) level promote an increased focus on and engagement with families, greater provision of services in natural learning settings for children, and greater cultural sensitivity (Knitzer, Steinberg, & Fleisch, 1993; Mendoza, Katz, Robertson, & Rothenberg, 2003).
- Early education and intervention programs can promote a broad definition of school readiness by advancing children’s competencies within two relational contexts simultaneously: the *parent-child relationship* (and the quality of interaction between parent and child at the microsystemic level), and the *parent-professional relationship* (the parent in partnership with their child’s educators and other professional caregivers at the level of the mesosystem).

The ‘Getting Ready’ Intervention
- In the *Getting Ready Model* (Sheridan, Marvin, Knoche & Edwards, 2009) home visitors provided early education services for parents and children through a prevention lens that:
  - (a) guided parents to engage in warm and responsive interactions, to support their children’s autonomy, and to participate in children’s learning
  - (b) supported parents and home visitors in collaborative interactions/triadic (parent-child-professional) strategies to support children’s learning and development.

Aim of Current Study
- To test the effects of a relational, ecological intervention (the Getting Ready intervention; Sheridan, Marvin, Knoche, & Edwards, 2008) on the parenting behaviors of families involved in Early Head Start home-based programming.

Methods

Participants
- All families were part of home-based Early Head Start (EHS) programs in rural Midwest communities.

Experimental Design
Participants were enrolled in the Getting Ready Intervention Project and assigned to treatment or control condition based on home visitor assignment.

Multilevel modeling (Snijders & Bosker, 1999) was used to test univariate growth curves among dependent variables with $\alpha = .05$.

- Multilevel models included fixed effects for treatment group, the linear effect of time, and the group by time interaction for all variables in the set.
- Analyses were conducted with SAS PROC MIXED using residual maximum likelihood (REML) with Kenward-Roger degrees of freedom, to produce unbiased estimating equations for the variance parameters and evaluate the fixed effects.

One covariate was entered into the model to account for the age of the child at enrollment.

The study design is a 4-level complex sampling design (repeated observations [level 1] nested within each child [level 2], children nested within teachers or classrooms [level 3], and classrooms nested within schools or programs [level 4]).

Time was centered to reflect the number of months since randomization.

**Data Collection and Measures**

- Video-taped parent/child observational data were collected in individualized assessment sessions held at the community agency every four months for a period of up to 16 months (five assessment sessions).

**Coding of Observational Data using the Parent/Caregiver Involvement Scale**

(P/CIS; Farran, Kasari, Comfort, & Jay, 1986)

- **Each of 11 categories of parent behavior was rated across three aspects:**
  - **Quality:** the warmth and acceptance the caregiver shows, “how well,” or “how sensitively,” the caregiver carries out behaviors and with what degree of intensity;
  - **Appropriateness:** the degree of match, “how fitting,” the caregiver’s behavior is to the child’s development, interest level, and motoric capabilities for the task;
  - **Amount:** level of involvement in terms of quantity, no regard for quality.

Confirmatory factor analyses were performed with the **Getting Ready** sample at baseline. The factor analyses supported a model with three factors for **quality** items (CFI=.971, RMSEA=.052), two factors for **appropriateness** items (CFI=.947, RMSEA=.065), and one factor for **amount** items (CFI=.978, RMSEA=.076).

- **Warmth & Sensitivity – Quality:** physical involvement, responsiveness of caregiver, play interaction, directives/demands, positive statements, negative statement
- **Support for Learning – Quality:** verbal involvement, teaching behavior, relationship among activities
- **Encouragement of Autonomy – Quality:** goal setting, control of activities
- **Support for Learning – Appropriateness:** verbal involvement, responsiveness of caregiver, negative statements, relationship among activities, teaching behavior, play interaction, physical involvement
- **Guidance/Directives - Appropriateness:** directives/demands, goal setting, control of activities, positive statements
- **Constructive Behaviors – Amount:** teaching behavior, responsiveness of caregiver, verbal involvement, positive statements
Results

<p>| Table 2. Comparison of Growth Curve Model Fixed Effects for Control and Treatment Groups* |
|---------------------------------------------|--------|--------|--------|--------|--------|--------|</p>
<table>
<thead>
<tr>
<th>Effect</th>
<th>Estimate</th>
<th>SE</th>
<th>DF</th>
<th>t</th>
<th>p-value</th>
<th>Effect Size</th>
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<td>0.04*</td>
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C = Control group; T = Treatment group;
* p<.05; ** p<.01
*Time-specific sample size—Time 1: Treatment group (n=44), Control group (n=104); Time 2:
  Treatment group (n=111), Control group (n=65); Time 3: Treatment group (n=84), Control group (n=55); Time 4: Treatment group (n=56), Control group (n=42); Time 5: Treatment group (n=38), Control group (n=25)

Figure 1. Warmth & Sensitivity - Quality

Figure 2. Encouragement of Autonomy - Quality
What is the effect of the Getting Ready intervention on parenting behaviors?

- The Getting Ready intervention was effective at supporting positive change in four of the six observed P/CIS parenting behaviors. Past research has indicated these behaviors are supportive of children’s positive development across domains.
  - Parents in the Getting Ready treatment group interacted with their children using a greater degree of warmth and sensitivity than their counterparts in the control condition. They demonstrated high-quality, positive, sensitive interactions with their children.
  - Compared to parents in the control condition, parents who were involved in the Getting Ready intervention demonstrated more skills to support their children’s autonomy. That is, parents involved in the intervention were sensitive to the types of goals they set for their children, and used quality approaches to control children’s activities.
  - Parents in the treatment group provided more appropriate supports for their children’s learning than the supports offered by parents in the control group. Parents in the treatment group provided fitting supports for their children, including appropriate teaching behaviors, verbal interactions and responsiveness.
  - Parents in the treatment group were observed to provide more appropriate guidance and directives for their children than the parents in the control group. The behaviors used by these families to direct their children’s behaviors were well-matched to the children’s developmental level, interest and needs.

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