The Effects of an Early Head Start Training Program on the Observed Quality of Interactions between Child and Child Care Provider

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Early Head Start Training Program Study Description

Study Description: This pilot study examines observed outcomes of a relationship-based intervention training program for Early Head Start center-based caregivers. The intervention program, "Promoting First Relationships," [PFR] is an attachment theory-based, preventive intervention approach to promoting trust and security in infancy, and healthy identity formation during toddlerhood.

Time Line:
Pre-test observations: participants were observed at their work setting (Early Head Start childcare center) and coded with live observation procedures from the „Ways of Being with Young Children‰ (Buehlman, Kelly, Korfmacher, 2003). Participants were coded during three ten-minute intervals, with multiple items over multiple observations if they were observed to promote mutuality, promote emotional regulation, provide stimulating interactions, and provide limits and structure.

Training: Participants attended a 3-day group training, and then received 3 follow up training visits over the next three months. The follow up visits lasted two and a half hours and were done at the participantsÊwork sites. During this follow up training, participants were videotaped; tapes were then used to provide one on one positive feedback after the intervention session was completed. Following this training period, post-tests were conducted by PFR project staff. After the first post-test, providers received three implementation visits lasting 2.5 hours. Visits were designed to help participants apply the PFR intervention program, and to continue the implementation of the strategies learned during the training period.

Post-test observations: Each EHS participant (n = 11) was observed by a project evaluator in her work setting (center-based programs) at three time points (pretest, posttest A [3 months post-training] and posttest B [6 months post-training]) to determine the effects of training on the center-based services provided by the EHS participants. The caregiver-child interactions were coded live by an outside observer using the „Ways of Being with Young Children‰ coding schema.

Training Program Description

The following outline describes the reflective practice session content and format for learning.

Reflective Support and Guidance in Facilitated Group Sessions:

I. **Weekly Trainer Presentation and Facilitated Discussion of Promoting First Relationships Concepts to Promote Social and Emotional Well-Being in Early Head Start:**
    *   Joint planning and needs assessment
    *   Use of consultation strategies (reflective observation, sensitive interviewing, reflective questioning, verbal feedback)
    *   Theories of attachment and identity formation
    *   Social emotional needs of infants and toddlers
    *   Caregiving qualities that promote secure infant attachment and emotional regulation
    *   Caregiving activities that promote healthy identity formation and social competence in the toddler years; intervening with challenging behaviors
    *   Developing intervention plans, creating healthy child care provider-parent relationships

II. **Reflective process using video-taped clips of provider-parent/child interactions (Weeks 3-8)**
    Clarifying Expectations and Commitments
    *   Clarify what will happen during these reflective sessions
    *   Support participants in their work by examining thoughts and feelings about oneÊs work with families and children
    *   Engaging together in reflective observation of videotapes of the child care setting
    *   Thoughtful listening and gentle questioning
    *   Discuss how feelings of safety, acceptance, trust, and support will be created in the group
    Learning about Provider and Discussing Concerns
    *   The facilitator will introduce activities that help the group understand the unique characteristics of each participant, as well as oneÊs strengths and vulnerabilities, sense of self, and qualities of relationships with others
    *   Discuss oneÊs self in relation to the work,   Think about and offer self-reflections that you feel comfortable sharing. Here are questions to ponder:
            How does it feel to care for the children/families in your care?
   What do you need to care for the children/families in the way that you want?
            How do you feel about the relationship between yourself and the children/families in your care?
   **Learning to Engage in Reflective Observation While Viewing Videotapes As a Group**
    *   Learn how to give positive and instructive feedback to the group member of focus
    *   Pose thoughtful, open-ended questions that support the group member to reflect on her own feelings and needs around work, and the feelings and needs of the children/families in care
    *   Empathize with the feelings shared

Descriptive statistics „Ways of Being‰ measure

	Mean	Standard Deviation	Range
Promoting Mutuality			
Pre-test	12.72	3.9	6-17
Post 3 months	14.19	2.5	11-19
Post 6 months	17.44	1.6	15-20
Stimulating Interaction			
Pre-test	8.45	4.1	3-14
Post 3 months	10.72	3.1	7-15
Post 6 months	12.00	3.4	6-17
Emotional Regulation			
Pre-test	14.27	3.2	9-18
Post 3 months	15.36	3.3	7-19
Post 6 months	15.66	4.1	7-20
Limits and Structure			
Pre-test	8.45	4.1	2-16
Post 3 months	9.27	4.9	1-21
Post 6 months	9.44	3.7	4-15
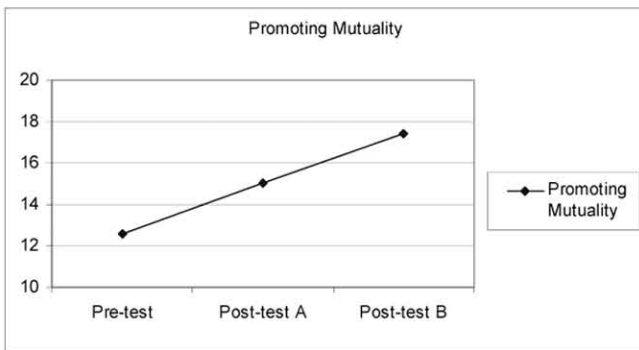


LGM model indicated that the growth in promoting mutuality was statistically significant 2.41 $p < .01$.
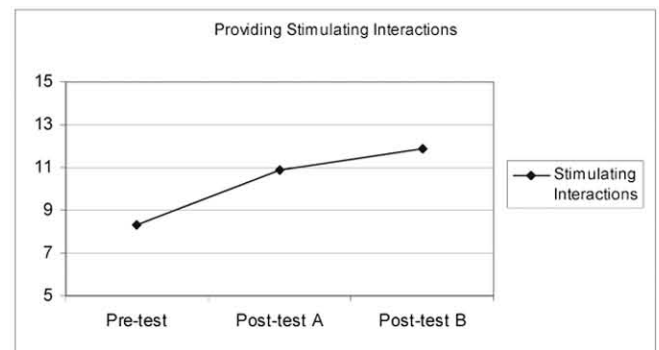
LGM model indicated that the growth in stimulating interactions was statistically significant 1.75 $p = .05$.
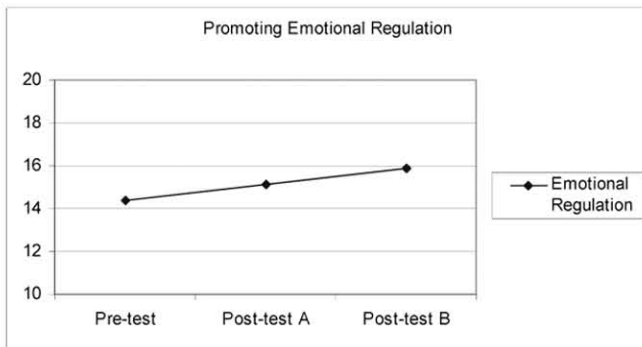
LGM model estimated the growth in promoting emotional regulation to be .75, however, with such a small sample we may not have had sufficient power to detect a smaller effect than the prior two models; the slope is still positive, showing an increase in behaviors that promote emotional regulation.
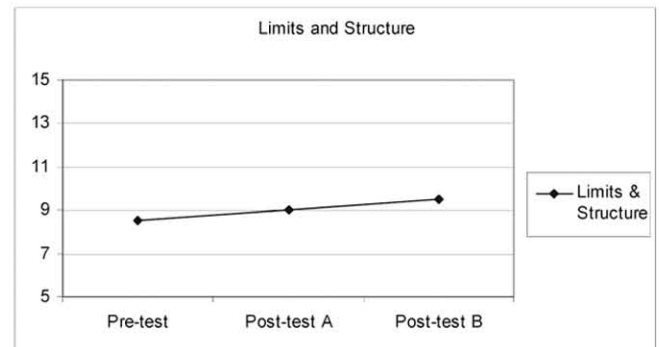
LGM model estimated the growth of limits and structure at .49, a non-significant slope, still in a positive direction.

Method

Data were collected at pre-test, 3 months post-test, and 6 months post-test. Participants were observed by an outside observer who coded behaviors of participants in ten minute intervals using the „Ways of Being with Young Children‰ schema. Seven items for each of the four constructs were coded as present or absent (yes= 1, no = 0), scores were summed over the three observation intervals for each of the seven questions (possible range 0 · 21). Below is a sample of items for each construct:

Measures (example items):
Promoting Mutuality
- Caregiver gets down on the childrenŝ level and makes eye contact when interacting with them.
- Caregiver accepts childrenŝ ideas and follows childrenŝ lead during most of the interactions.
Emotional Regulation
- Caregiver helps comfort children by using loving and gentle touch, soothing words, by being a calming presence near by, or by sensitively encouraging self-soothing.
- Caregiver welcomes children back after separations by responding quickly when they want attention or when they are distressed.
Stimulating Interactions
- Caregiverŝ pacing sustains childrenŝ interest and creates pleasure for them.
- Caregiver labels different objects the children are exploring or activities they are doing.
Limits and Structure
- Caregiver reminds children about limits and/or expectations and is patient while children practice to get it right.
- Caregiver helps children anticipate changes or transitions.

Sample Description (n= 11)
- Most were Caucasian (9 of 11), all were female, and half were parents.
- About half (5) had a Bachelor degree or more, and 5 had an Associate degree, one had some college.
- On average, they had been in their current position 1.3 years (range .25 to 2.33).
- On average, they had 7.6 yearsÊexperience working with children (range 0-40 yearsÊexperience).
- Half of the respondents had received formal training provided by their employer in the past year.
- The majority, 64% had one or fewer meetings per month with their supervisors to discuss their work.

Results

We analyzed the data using a Latent Growth Model [LGM], which was chosen because it has more power than traditional repeated measure models. The LGM model was specified with intercept coded at pretest; but due to the small sample size, the variance around the intercept and slope were not estimated. One-tailed test indicated that both Promoting Mutuality and Stimulating Interaction have statistically significant linear growth over time. Specifically, Promoting Mutuality had an estimated intercept of 12.6 (p < .001) and estimated slope was 2.41 (p < .01) the estimated intercept for Stimulating Interaction was 8.7 (p < .001) and the estimated slope was 1.75 (p = .05). Both models show significant linear increase in positive behaviors that stimulated interaction and promoted mutuality. Limits and Structure and Emotional Regulation did not demonstrate statistically significant linear growth, although both of the slopes are positive, suggesting that low power may have contributed to the finding.

Conclusion

This study demonstrates that the Promoting First Relationships intervention training program can positively alter caregiver/child interactions of center-based childcare providers.

Implications for Practice

There is increasing emphasis on improving child care environments for young children. The most important indicator of childcare quality is the quality of the interactions and relationships between the caregivers and children in care. Although the evidence is strong, there are few training programs that have shown effectiveness in promoting healthy caregiver-child relationships. These promising results indicate that Promoting First Relationships training is feasible and effective in the child care setting; thus, it is important to expand these training and evaluation efforts.

Promoting FIRST Relationships