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Enhancing Provider-Parent Collaborations: Understanding Home Visitors' Awareness of their Families' Beliefs About Play and Child Development

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Enhancing Provider-Parent Collaborations: Understanding Home Visitors' Awareness of their Families' Beliefs About Play and Child Development

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Abstract

Home visiting is a service delivery method often used to support young children of low socioeconomic status (SES) and their families. The support provided to families' early in their children's lives is designed to buffer some of the risk that is present for children of low SES across developmental areas. Unfortunately, despite the large amount of funding that has been invested and the great need for effective home visiting services, home visiting research has produced inconsistent findings regarding its effectiveness. Further research is needed to determine which home visiting factors are associated with the effectiveness of home visiting programs. One key factor often explored through the home visiting research is the home visitor-parent relationship. Published literature across other fields demonstrates that an important facet of the development of the practitioner-client relationship is practitioners' knowledge and understanding of clients' beliefs. Unfortunately, the importance of home visitors' awareness of and adjustment to families' beliefs has not been discussed despite the discussion of this concept in other disciplines. Furthermore, despite the association between parents' play beliefs and children's play involvement and the fundamental role that play has in child-development focused home visiting programs, the home visiting literature does not discuss home visitor knowledge of parents' play beliefs. Given these limitations of the home visiting literature, the present study examined the extent to which Early Head Start (EHS) home visitors (child development partners; CDPs) were knowledgeable about the play beliefs of the parents they served and whether their level of awareness of their parents' play beliefs was associated with home visiting quality. Additionally, the present investigation examined the ways in which CDPs reported adapting their practice based on the play beliefs of the parents they serve.

Findings demonstrated that there was large variability in CDPs' awareness of the play beliefs of the families they served. The participating CDPs and parents reported on their personal play beliefs and tended to respond similarly. The relation between the match between the CDPs' and parents' personal play beliefs and the CDPs' accuracy in predicting the parents' play beliefs approached significance. Neither the duration of families' enrollment nor the number of visits conducted between families and CDPs significantly predicted the CDPs' awareness of the parents' beliefs about play. The consistency between the CDPs' predictions and parents' reported beliefs was not a significant predictor of home visiting quality. Every CDP reported that she adjusts her practice based on the play beliefs of the parents she serves.

Chapter I: Introduction

Children from low socioeconomic (SES) families living in the United States are at-risk for challenges in development across domains. For example, Fernald, Marchman, and Weisleder (2013) found significant differences in vocabulary and language processing in 18-month-old toddlers from higher- versus lower-SES families. At 24 months, there was a six-month difference in language processing ability between toddlers from lower-SES versus higher-SES families. These early disparities in development seem to persist as first time kindergartners living in poverty perform lower than first time kindergartners not living in poverty across domains including reading, mathematics, science, cognitive flexibility, and approaches to learning (U.S. Department of Education, National Center for Education Statistics, 2010). Furthermore, in summarizing the literature, Hoff (2013) demonstrated that children from low SES backgrounds exhibit lower oral language ability on assessments of language processing, language comprehension, and language production across age groups. Children from low SES backgrounds also tend to have poorer narrative skills, phonological awareness, and speed of language processing, less knowledge of grammar, and smaller vocabularies compared to their peers from higher SES families.

Home visiting is a service delivery mechanism often employed to support expectant women and families with children ages birth to five years who are of low SES. Best practice in home visiting calls for home visitor support of developmental parenting or parenting that is warm, responsive, encouraging, and communicative. Home visitors support developmental parenting through an attitude and approach that is flexible, encouraging, culturally sensitive, and strengths-based. Additionally, they use behaviors that promote collaboration with both parents and other family members and that support positive parent-child interaction and developmental

parenting behaviors. Additionally, home visitors promote developmental parenting through content that includes comprehensible child development information, appropriate curricula, and assessment geared toward enhancing child development and parenting (Roggman, Boyce, Innocenti, 2008). The United States' Health and Human Services has recently provided financial support for home visiting efforts. In February of 2015, the United States' Health and Human Services specifically committed 386 million dollars in grant funding to support the Maternal, Infant, and Early Childhood Home Visiting Program. This Home Visiting Program, which began in 2010, was initially supported with 1.5 billion dollars (U.S. Department of Health and Human Services, 2015).

Unfortunately, despite the large amount of funding that has been invested in the Maternal, Infant, and Early Childhood Home Visiting Program, research investigating the impact of home visiting programs has produced inconsistent findings. For example, of the 44 home visiting models examined to date through the Home Visiting Evidence of Effectiveness project (HomVEE; Avellar, Paulsell, Sama-Miller, Del Grosso, Akers, & Kleinman, 2016), only 19 were determined to be evidence-based. Furthermore, only 7 of these 19 models produced evidence of positive impacts on the same outcome across two or more samples. Additionally, for 8 of the models reviewed, there was at least one study that produced a negative or ambiguous outcome. Given the large amount of money being invested in home visiting programs in our country and the need for effective services for infants and toddlers of low SES, research efforts must continue to be dedicated to improving home visiting practices.

The home visitor-parent relationship is often explored through research efforts and is a crucial aspect of home visiting intervention, as it is the primary mechanism through which home visiting services are delivered. This relationship has been shown to be significantly related to key

home visiting outcomes including engagement in the home visiting program (Harden, 2010; Heinicke et al., 2000; Korfmacher, Green, Spellman, & Thornburg, 2007; Roggman, Boyce, Cook & Jump, 2001), parenting quality (Elicker, Wen, Kwon, & Sprague, 2013; Heinicke et al., 2000; Korfmacher, Kitzman, & Olds, 1998), and positive child outcomes (Elicker, Wen, Kwon, & Sprague, 2013; Heinicke et al., 2000). While factors such as the number of visits provided to a family and the duration of a family's enrollment in a home visiting program have been explored and shown to be associated with a more positive home visitor-parent relationship (Heinicke et al., 2000; Korfmacher, Green, Spellman, & Thornburg, 2007; Sharp, Ispa, Thornburg, & Lane, 2003), other factors that may be related to the home visiting relationship have not been examined. One such factor that has been demonstrated to be crucial for the practitioner-client relationship by research in other fields is practitioner understanding of client beliefs.

Published literature across disciplines demonstrates that an important aspect of developing the practitioner-client relationship is practitioners' knowledge and understanding of clients' beliefs (Ahn & Wampold, 2001; Baird & Peterson, 1997; Cowley, 1991; Falender & Shafranske, 2012; García Coll & Magnuson, 2000; Hammer, 1998; Huang and Isaacs, 2007; Ibrahim, 1985; Kruijsen-Terpstra et al., 2013; Lieberman & Van Horn, 2008; Madsen, 2009; McCabe, 2002; Nock, Ferriter, & Holmberg, 2007; Norcross & Wampold, 2010; Rivers, 2000; Robinson, Tyler, Jones, Silburn, & Zubrick, 2012; Smith, Rodriguez, & Bernal, 2011; Sternin & Weiss, 2014). Specifically, such discussions of the importance of practitioners' understanding of clients' beliefs are found throughout the culturally responsive practice (García Coll & Magnuson, 2000; Huang & Isaacs, 2007; McCabe, 2002; Rivers, 2000; Robinson et al., 2012), family-centered practice (Baird & Peterson, 1997; Hammer, 1998; Kruijsen-Terpstra et al., 2013; Madsen, 2009), and psychotherapy (Ahn & Wampold, 2001; Cowley, 1991; Falender &

Shafranske, 2012; Ibrahim, 1985; Lieberman & Van Horn, 2008; Nock et al., 2007; Norcross & Wampold, 2010; Smith, Rodriguez, & Bernal, 2011; Sternin & Weiss, 2014) bodies of literature. These discussions center on the idea that tailoring intervention to clients is crucial (Ahn & Wampold, 2001; Norcross & Wampold, 2010; Smith, Rodriguez, & Bernal, 2011) and that practitioners must understand clients' beliefs to ensure that the goals developed and intervention strategies implemented are in line with families' beliefs (Baird & Peterson, 1997; Cowley, 1991; Falender & Shafranske, 2012; García Coll & Magnuson, 2000; Huang & Isaacs, 2007; Ibrahim, 1985; Lieberman & Van Horn, 2008; Robinson et al., 2012; Rivers, 2000). When goals and intervention strategies are consistent with clients' beliefs, there is an increased likelihood that an intervention will be effective (Baird & Peterson, 1997; Cowley, 1991; García Coll & Magnuson, 2000; Ibrahim, 1985; Kruijsen-Terpstra et al., 2013; Lieberman & Van Horn, 2008; McCabe, 2002; Nock et al., 2007; Robinson et al., 2012). Additionally, authors assert that practitioners' knowledge of clients' beliefs decreases the chance of strains in the practitioner-client relationship as a result of working against clients' beliefs (Falender & Shafranske, 2012; Ibrahim, 1985).

Unfortunately, despite the discussion of the importance of practitioners' understanding of clients' beliefs in other disciplines, the importance of home visitors' awareness of and adjustment to families' beliefs has not been discussed. In the field of home visiting, one set of beliefs that would be crucial for home visitors to understand is play beliefs. The fundamental belief that children learn from play and that parents are the primary facilitators of young children's play is at the core of many child-development-focused home visiting programs (Great Kids, Incorporated, 2014; Levenstein, Levenstein, & Oliver, 2002).

Home visiting programs' use of play is due to the well-established association between play and child development. Types of and stages of play have been described in several ways. The

two main types of play are interpersonal types of play and object-focused play. Children's interpersonal pretend play (also knows as social pretend play) has been associated with cognitive, language, and social skills development (Garner & Bergen, 2006; Nicolopoulou, de Sá, Ilgaz, & Brockmeyer, 2010; Sumaroka & Bornstein, 2009). For infants and toddlers in particular, play is associated with cognitive growth overall and the development of language and communication knowledge specifically (Lyytinen, Laakso, Poikkeus, & Rita, 1999; Poon, Watson, Baranek, & Poe, 2012; Roggman, Boyce, Cook, Christiansen, & Jones, 2004; Unhjem, Eklund, & Nergard-Nilssen, 2014). For example, Lyytinen, Laakso, Poikkeus, and Rita (1999) found that symbolic play at 14 months was significantly related to a measure of overall cognitive and language development as well as vocabulary production and expressive language scores at two years of age. Symbolic play was measured by the Symbolic Play Test (Lowe & Costello, 1976), an observational measure of children's interactions with three sets of miniature toys (e.g., a doll with a bed). Symbolic play accounted for more variance in the overall cognitive and language development measure scores than scores on any of the language measures examined. Additionally, symbolic play at 18 months was correlated with vocabulary production and the measure of cognitive and language development at two years. Furthermore, children who engaged in a high level of other-directed activities (such as "feeding" a doll or moving a truck around) on the symbolic play measure at 14 months produced more words, longer sentences, and higher expressive language scores at 2 years.

More recently conducted studies have yielded similar results, demonstrating the relation between play and child development. Unhjem, Eklund, and Nergard-Nilssen (2014) conducted an investigation of children during toddlerhood and over half of their sample had a parent or close relative with a reading disorder. Unhjem and colleagues examined symbolic play as

measured by the Symbolic Play Test (Lowe & Costello, 1988) and parent reported play was measured by three subtests of the MacArthur-Bates Communicative Development Inventories (Kristoffersen & Simonsen, 2012). Specifically, the subtests of interest included the actions with objects, pretending to be a parent, and imitating other adult actions subtests. The authors found that observed symbolic play and parent reported play when children were 12 months was significantly associated with their language production at 24 months. Also, symbolic play at 12 months was significantly correlated with receptive communication at 24 months for the group of children who had family histories of reading disorder. For the control group, symbolic play at 12 months was significantly related to expressive communication at 24 months. While Unhjem and colleagues focused on symbolic play, Poon, Watson, Baranek, and Poe (2012) examined object play in young children with Autism Spectrum Disorder. Poon and colleagues measured object play using the Object Play Coding Scale (Baranek, Barnett, Adams, Wolcott, Watson, & Crais, 2005) and recorded the number of intervals in which children engaged in play with objects. Poon and colleagues found that the mean level of object play during infancy was significantly associated with communication scores when children were between 3 and 7 years. Additionally, the mean level of object play during infancy was also related to childhood intellectual ability.

Parent-child play is particularly influential for infants and toddlers as parents enrich their children's play. While playing with parents, young children are more likely to be engaged in higher-level play (Farver & Wimbarti, 1995). Roggman, Boyce, Cook, Christiansen, and Jones (2004) conducted an investigation of young children and their fathers, about half who were enrolled in an Early Head Start (EHS) program. The participating EHS program delivered the majority of services through home visiting and worked to promote parent-child play and parent sensitivity to child cues in interactions. Roggman and colleagues found that father-child social

toy play, as measured by observations of father-child play coded based on the quantity and quality of interaction initiation, was significantly related to cognitive development, language development, and emotional regulation at both 24 and 36 months. Furthermore, Roggman and colleagues demonstrated the impact that the EHS home visiting program specifically can have on parent-child play. They found that EHS fathers participated in more complex social interactions with their children at 24 months than fathers in the comparison group.

Despite the emphasis of child-development focused home visiting programs such as EHS on play and despite the documented relation between play and children's development, the home visiting literature has not discussed parent beliefs around play. Additionally, the home visiting literature has not addressed how parent play beliefs may impact the implementation of the play-based interventions and curricula employed through home visiting. Parent play beliefs are likely to impact the implementation of play-based programming as the significance of parent play beliefs is well established. Parents' beliefs about play and its importance for young children's development have been demonstrated to be associated with the type of and amount of this vital developmental process in which children engage (Farver & Howes, 1993; Farver & Wimbarti, 1995; Fasoli, 2014; Fisher, Hirsh-Pasek, Golinkoff, & Gryfe, 2008; Haight, Parke, & Black, 1997; Parmar, Harkness, & Super, 2004). This is true of play in general as Fasoli (2014) found that patterns in European- and Latino-American parents' beliefs about play as examined through an interview and two measures were associated with higher or lower amounts of observed engagement in play with their children. Similarly, Fisher, Hirsh-Pasek, Golinkoff, and Gryfe (2008) found that, among a diverse group of families from across the United States, significant differences were found in how much structured versus unstructured activity children were involved in.

Additionally, parents' beliefs about play are associated with the amount of pretend, educational, and rough and tumble play specifically, in which children are involved (Farver & Howes, 1993; Farver & Wimbarti, 1995; Haight, Parke, & Black, 1997; Parmar, Harkness, & Super, 2004). Regarding pretend play, parents' play beliefs have been shown to be associated with the amount of pretend play in which White American and Mexican working-class mothers, European-American middle-class parents, and "highly educated" European-American and Asian parents engage their children. Specifically, parents who view play as significant tend to engage their children in more pretend play as measured through coded observations and by a checklist of daily activities (Farver & Howes, 1993; Haight, Parke, & Black, 1997; Parmar, Harkness, & Super, 2004). Similarly, Farver and Wimbarti (1995) found that White American, middle- to upper-SES fathers who viewed play as having an educational impact, were more likely to engage their children in educational play (e.g. reading books, constructing puzzles). Conversely, those who viewed play as amusement reported more often involving their children in rough and tumble play (e.g., wrestling or playing games with balls). The amount of involvement in these types of play was measured by an open-ended question measure through which fathers reported the most common activities in which they engaged their children (Farver & Wimbarti, 1995).

In addition to the demonstrated relation between parent play beliefs and the amount and type of play in which infants and toddlers engage, there is emerging evidence that parent play beliefs are also associated with important child outcomes (Fogle & Mendez, 2006). For example, Fogle and Mendez (2006) found that among African-American parents of children enrolled in Head Start, parent-reported support for play was associated with children's level of prosocial peer interaction and adaptable temperament.

Despite extensive evidence of the association between parents' play beliefs and children's play involvement and the central role that play has in child-development focused home visiting programs, the home visiting literature does not discuss home visitor knowledge of parents' beliefs around this significant developmental activity. Furthermore, the home visiting literature does not address the impact that knowledge of parents' play beliefs has on the home visitor-parent relationship, or whether important variables such as the number of visits conducted with families impacts home visitors' knowledge of parents' play beliefs.

Given these limitations of the home visiting literature, the present examination investigated the extent to which home visitors are knowledgeable about the play beliefs of the parents they serve. The investigation also examined whether home visitor knowledge of parents' play beliefs is associated with home visit quality and to what extent home visitors report adjusting their practice based on the play beliefs of the parents they serve. The following research questions were explored through the study: 1) To what extent do home visitors' judgments about parents' beliefs about the developmental significance of play agree with parents' actual, reported beliefs?; (1a) To what extent do home visitors' judgments about parents' beliefs about the developmental significance of play agree with parents' reported beliefs when parent and home visitor responses are collapsed to eliminate the gradations of agreement?; (1b) Is the level of agreement between home visitors' judgments about parents' beliefs about play and the parents' reported beliefs significantly related to home visitor characteristics? (1c) Is the level of agreement between home visitors' judgments about parents' beliefs about play and the parents' reported beliefs significantly related to family characteristics? (1d) Is the level of agreement between home visitors' judgments about parents' beliefs about play and the parents' reported beliefs significantly related to home visitor-parent match in personal play beliefs? (1e) Is the

level of agreement between home visitors' judgments about parents' beliefs about play and the parents' reported beliefs significantly related to program participation variables (i.e., the number of visits conducted with families, the duration of families' enrollment in the EHS program)?; (2) Is the extent to which home visitors' judgments about parents' beliefs about play agree with parents' reported beliefs significantly related to the quality of the home visitor-family interaction? (3) To what extent do home visitors report adjusting their practice based on their understanding of the play beliefs of the parents they serve?

Given the lack of research in this area, research questions 1 and 3 were exploratory. For research question 2, based on Ibrahim's (1985) and Falender and Shafranske's (2012) assertions that a lack of understanding of clients' beliefs can lead to a strain in the practitioner-client relationship, a significant relationship between the extent to which home visitors are knowledgeable about families' beliefs and the quality of the home-visitor family interaction was hypothesized.

Chapter II: Literature Review

The Importance of the Home Visitor-Parent Relationship

Home visiting is a service delivery method that can be used to support parent-child play (Kenney, 2012) and has been demonstrated to be effective in doing so (Roggman et al., 2004). The quality of the home visitor-parent relationship has been shown to be significantly related to key home visiting outcomes (Elicker, Wen, Kwon, & Sprague, 2013; Harden, 2010; Heinicke et al., 2000; Harden, 2010; Korfmacher, Green, Spellman, & Thornburg, 2007; Roggman, Boyce, Cook & Jump, 2001). Harden (2000) asserts that the practitioner-family relationship is vital to behavior change. Specifically, he states that home visitors' ability to cultivate a positive helping relationship with families is associated with the families' level of engagement with the home visiting program.

One metric of engagement that has been examined through empirical investigations is the number of home visits completed with a family. Heinicke and colleagues (2000) studied the University of California, Los Angeles Family Development Project intervention, which targeted children from 0-12 months and their mothers. They found significant relations between a measure of home visitor-parent relationship quality and the number of visits conducted with families. Specifically, Heinicke and colleagues found that the mothers' average rating of their ability to work with a home visitor was significantly correlated with the total number of home visits completed. Additionally, they found significant associations between measures of home visitor-parent relationship quality and other important outcomes including parent trust of the home visitor, child secure response to separation, mothers' responsiveness to infant need, and child expectation of care.

Further evidence of the importance of the home visitor-parent relationship has been demonstrated by research that investigates the impact of Early Head Start (EHS) programs in particular. Regarding engagement, Korfmacher, Green, Spellman, and Thornburg (2007) found that across 13 EHS programs, there was an association between a measure of home visitor-parent relationship quality and several indicators of family engagement. Specifically, Korfmacher and colleagues found that higher Helper-Client Relationship Inventory scores at 26 months were associated with the number of home visits completed per month, the length of the family's enrollment in the program, and the family's involvement in the program as rated by staff. Additionally, Roggman, Boyce, Cook, and Jump (2001) found that the home visitor rating of the quality of his or her relationship with mothers was positively associated with the number of visits in which parents were actively engaged.

The EHS literature also demonstrates the relation between the quality of the home visitor-parent relationship and child outcomes. Specifically, Elicker, Wen, Kwon, and Sprague (2013) investigated the relationship quality of EHS caregivers (52% were home visitors) with parents and children. They found that overall, the relationship quality of EHS caregivers with children and parents was moderately positive. Caregiver-parent relationship quality was significantly associated with an early learning composite, the child's parent-rated social competence, and the level of positive parenting behaviors observed. There are likely other important factors that have not been explored by the home visiting literature that are associated with home visitor-parent relationship quality. For example, parent beliefs about child development (e.g. parent play beliefs) have been shown to be significantly related to parenting behaviors (Fasoli, 2014; Fisher, Hirsh-Pasek, Golinkoff, and Gryfe, 2008; Parmar, Harkness, & Super, 2004; Wong,

Mangelsdorf, Brown, Neff, & Schoppe-Sullivan, 2009), but have not been discussed within the published home visiting literature.

Parent Play Beliefs

Parent play beliefs are described as parents' views about the importance of play to their children's development and the significance of parents' role in their children's play. Parents' views about the importance of play for their children vary greatly. While some parents view play as important, others view play as simply entertainment for young children and may instead focus on more direct academic instruction (Fasoli, 2014; Fisher, Hirsh-Pasek, Golinkoff, & Gryfe, 2008; Fogle & Mendez, 2006; Nicolopoulou, 2010; Parmar, Harkness, & Super, 2004; Shiakou & Belsky, 2013). Parents' beliefs around play and its impact on their young children are powerful, as parents' play beliefs are associated with the type and amount of time in which infants and toddlers engage in this crucial process (Farver & Howes, 1993; Farver & Wimbarti, 1995; Fasoli, 2014; Fisher, Hirsh-Pasek, Golinkoff, and Gryfe, 2008; Haight, Parke, & Black, 1997; Parmar, Harkness, & Super, 2004). Furthermore, parent play beliefs have been shown to be related to child outcomes (Fogle & Mendez, 2006; Parmar, Harkness, & Super, 2004).

Parent play beliefs and the types of child play. Several investigations have demonstrated the relation between parent beliefs about play and the type of play in which children are involved (Farver & Howes, 1993; Farver and Wimbarti, 1995). For example, Farver and Wimbarti (1995) investigated the play beliefs of 32 middle- to upper-SES, White American fathers of 18- and 24-month old toddlers. They found that most fathers (41%) believed that the purpose of play is for educational value, while smaller percentages believed that play was for children's amusement (34%) or to imitate adults (25%). Farver and Wimbarti also assessed the level of the children's involvement in educational play versus rough and tumble play through a

measure consisting of open-ended questions through which fathers indicated the activities in which they engaged their children most often. Educational play was defined as including activities such as reading books and constructing puzzles and rough and tumble play included wrestling or playing games with balls. Consistent with their beliefs about the purpose of play, Farver and Wimbarti found that fathers who viewed play as having educational benefits more frequently reported engaging their children in educational play. Conversely, fathers who viewed play as amusement for children reported more often participating in rough and tumble play with their children at home.

Through their study of working class, European-American and Mexican mothers of children ages 18 to 36 months, Farver and Howes (1993) found that overall, European-American mothers tended to view play as important, particularly to a child's education. Mexican mothers viewed the purpose of play to be more for a child's entertainment and therefore did not view it as crucial or having educational value. Farver and Howes also coded videotaped play interactions using a scale that was created based on the work of O'Connell and Bretherton (1984). The types of play behaviors coded included exploratory play, combinational play, and symbolic play. Exploratory play was defined as play involving manipulating such as throwing, banging, or mouthing objects. Combinational play was defined as "putting objects together, stacking the shapes, making spatial configurations, or grouping shaped by function or color". Symbolic play was coded when the children "used the shapes to represent other objects or activities, and included conventional or functional uses of the shapes". Additionally, the videotaped observations were coded for mutual involvement in play and for joint involvement in social pretend play. Joint involvement in social pretend play was defined as instances of play that involved symbolic play in which both play partners were involved. Consistent with the patterns

found in parent play beliefs, Farver and Howes found that during videotaped play interactions, a greater proportion of the observations of European-American dyads involved symbolic play with objects, collaborative pretend play, and mutual engagement in play compared to the Mexican families. Furthermore, during the observations, European-American mothers more often employed implicit guidance, supported child's efforts, and suggested pretend play than the Mexican mothers. The Mexican mothers used more explicit guidance during the observations.

Parent play beliefs and the amount of child play. Through the interviews conducted, which included a question about who was the child's most frequent play partner, Farver and Howes (1993) also found that Mexican mothers did not frequently report engaging their children in play, which was consistent with their views of play as unimportant. This finding is consistent with other studies that demonstrate that the amount of play in which young children engage is associated with the play beliefs of their parents (Farver & Howes, 1993; Fasoli, 2014; Fisher, et al., 2008; Haight, Parke, and Black, 1997; Parmar, Harkness, & Super, 2004). For example, Haight, Parke, and Black (1997) investigated the impact of the play beliefs of a group of European-American, middle class parents on the amount of play in which their children were involved. The participants in Haight and colleagues' study included first-time mothers and fathers of toddlers. Haight and colleagues focused on beliefs around and involvement in pretend play, which they defined as "make-believe or pretend play" such as engaging in a tea party or caring for dolls. They found that mothers who rated pretend play as developmentally important, spent a larger portion of the observed play period in pretend play and a longer average amount of time engaged in pretend play. Additionally, mothers' ratings of the importance of their involvement in pretend play were significantly related to the percentage of the observed play session that was spent in pretend play. Interestingly, Haight and colleagues found that fathers'

ratings of their preference for pretend play were negatively, significantly correlated with the percentage of the observed play session they spent engaging their toddlers in pretend play.

More recently conducted investigations have also demonstrated the impact of parent play beliefs on the amount of play in which children are involved. Fisher, Hirsh-Pasek, Golinkoff, and Gryfe (2008) investigated the play beliefs of a large sample of mothers from across the United States with children who ranged in age from birth to five years. The participating mothers rated the level of playfulness of a list of activities. Fisher and colleagues defined unstructured play as play involving "imaginative or creative processes, often lacking clearly delineated rules or goals" and structured play as activities with "inherent goal-oriented structure". The unstructured activities listed included pretending, exploring outside, and using toy vehicles. The structured activities included listening to a book, using flash cards, and going to the library, museum, or zoo. Fisher and colleagues categorized the responses of the mothers regarding the level of playfulness of the activities listed into three clusters. The clusters included: "All Play", which represented parents who often viewed unstructured and structured activities as play; "Traditional", which included parents who tended to view unstructured activities as being more like play than structured activities; and "Uncertain", which represented parents who responded that unstructured activities were moderately playful and structured activities were not play. Overall, Fisher and colleagues found that there were significant differences in the degree to which mothers viewed unstructured or structured activities as play based on the three clusters. Additionally, the mothers in the "all play" group viewed unstructured activities as having more academic benefit than mothers in the "traditional" or "uncertain" groups. Also, mothers in the "traditional" group tended to see unstructured activities as more academically beneficial than mothers in the "uncertain" group. Similarly, mothers in the "all play" group also viewed

structured activities as having more academic value than mothers in the "traditional" group. Mothers in the "uncertain" group viewed structured activities as having less academic benefit than mothers who were within the "traditional" cluster. Furthermore, Fisher and colleagues found that the participating mothers' beliefs about play were associated with how often they engaged their children in play. They measured involvement in play by requiring the participating mothers to indicate how often the target child participated in each of the listed activities. Fisher and colleagues found that children whose mothers were in the "all play" group were involved significantly more frequently in unstructured play than children whose mothers were placed in the "uncertain" or "traditional" groups. Regarding structured play, children whose mothers were placed in the "all play" group engaged in significantly more structured play than children whose mothers demonstrated "traditional" or "uncertain" views about play. Additionally, children whose mothers were classified as having "uncertain" views were engaged more often in structured play than children of mothers with "traditional" play beliefs.

Fasoli (2014) also demonstrated how differences in parent beliefs are associated with the amount of play in which parents engage their children. Fasoli conducted an investigation involving European-American and Latino parents of children ages 2 to 4 years visiting a museum. Through observations, Fasoli coded live the level of child- versus adult-directed play. Adult-directed play was defined as play in which "parents engaged in ways that directly structured the activity (e.g., asking closed-ended questions and redirecting the child)," while child-directed play was coded when parents "contributed to the structuring of the activity more indirectly (e.g., asking open-ended questions, enacting a complementary pretend role)". Fasoli found that the European-American parents were engaged in child-directed play for significantly longer than the Latino parents. This finding was consistent with the result that most of the

European-American parents who stated that children learn from playing in the museum mentioned that children learn through self-directed play with the museum activities. Fasoli also found that during the observations Latino children spent significantly more time playing with other children, while European-American children passed more of their time engaged with an adult. This finding was consistent with the higher proportion of Latino parents who referenced the impact of their child playing with other children (30%) compared to European-American parents (3%) who indicated this belief. Interestingly, Fasoli also examined the within-group trends in the data collected by developing sub-groups based on patterns in the behaviors and responses of parents. Two sub-groups that emerged provided support for the common finding that parents who view play as crucial for learning are more likely to engage their children in play. Specifically, a sub-group including a large portion of the European-American parents and a sub-group of the Latino parents reported that their children learn from play and also interacted with their children in the museum. However, Fasoli's findings also revealed that other patterns in beliefs might lead parents to engage in high rates of play with their children. For example, one sub-group of Latino parents viewed play as amusement instead of as key for children's learning, but still engaged in high rates of play with their children (Fasoli, 2014).

Parmar, Harkness, and Super (2004) described "highly educated" European-American and Asian parents of children ages 3 to 6 years in terms of two categories of play beliefs based on whether play was viewed as important or academic experiences were believed to be most significant. Parmar, Harkness and Super did not describe their definition of play, but the participating parents indicated their play beliefs through the Education Attitude Scale (EAS) created by Rescorla (1991) and through the Preschool Play and Learning Questionnaire (PPLQ) and Parental Beliefs Interview, which were created for Parmar, Harkness, and Super's

investigation. The EAS was used to assess parents' beliefs and values around preschool children's development in academic skills, athletic skills, artistic/musical skills, peer relations, and compliance. The PPLQ assessed parents' beliefs about play, learning, and a parent's role in child development. Through the Parent Beliefs Interview, the parents' beliefs around the significance of play, play's impact on development and learning, parents' role in supporting play and learning at home, and parents' beliefs about early childhood childcare settings were assessed. Based on parent responses to the two measures and the interview, the authors found that European-American parents viewed play as more important for their children's development than the Asian parents and also viewed themselves as an important part of their children's play. Conversely, the participating Asian parents believed more strongly in the significance of early academic experiences. Additionally, during interviews, the European-American parents mentioned significantly more that play is vital specifically to children's cognitive development and development as an individual. The Asian parents mentioned significantly more often that play is important to their children's physical and social development. Although based on daily activities checklists, the European-American and Asian children did not spend significantly different amounts of time in play overall, European-American children were engaged in pretend play for significantly more time than the Asian children. Additionally, the Asian children spent significantly more time participating in pre-academic activities than the European-American children. Specifically, the Asian children learned about letters, numbers, and basic math concepts, and played games about letters and numbers as well as with computers for significantly longer than the European-American children. Interestingly, some of the differences in the amount of time spent in activities across cultures were particularly large. For example, while the

Asian children spent an average of one hour per week learning basic mathematics concepts, the European-American children spent an average of seven minutes in this type of activity.

Parent play beliefs and child outcomes.

In administering the Parent Play Beliefs Scale to African-American mothers of children enrolled in Head Start, Fogle and Mendez (2006) also found a relation between parent play beliefs and child outcomes. Similarly to Parmar and colleagues (2004), Fogle and Mendez found that parents' responses fell into two categories. The authors determined that the Parent Play Beliefs Scale was composed of two factors, one that indicated that play is important for children's development (labeled "Play Support") and one that reflected more negative beliefs about play's significance (labeled "Academic Focus"). The "Play Support" factor included items such as "Play can help my child develop better thinking abilities" and "Play helps my child learn to express his or her feelings." Items on the "Academic Focus" factor included items such as "I do not think my child learns important skills by playing" and "Playtime is not a high priority in my home." Fogle and Mendez found that the Play Support factor correlated significantly with parents' ratings of their children's interactive peer play and level of adaptability based on a measure of child temperament. The Play Support factor was also negatively correlated with parents' and teachers' ratings of children's disruptive play. Similarly, the Academic Focus factor was negatively correlated with parents' rating of children's interactive play and positively correlated with parents' ratings of children's disruptive and disconnected play. Additionally, Academic Focus was negatively correlated with parents' ratings of children's adaptability. Furthermore, Fogle and Mendez found that the Play Support factor was a significant positive predictor of the Play Interaction factor on the rating of peer play. Similarly, the Academic Focus factor was a significant, negative predictor of Play Interaction. Academic Focus also

significantly predicted Play Disconnection. Furthermore, Play Support was a significant predictor of Play Disruption.

Overall, Fogle and Mendez's (2006) findings indicate that parents' level of support for play is related to children's level of prosocial peer interactions and flexibility. While Fogle and Mendez explored the play beliefs of African-American mothers of children enrolled in Head Start, overall the literature on parent play beliefs has focused on middle- and upper-class families (Farver & Howes, 1993; Farver & Wimbarti, 1995; Haight, Parke, & Black, 1997; Parmar, Harkness, & Super, 2004). Therefore, little is known about the play beliefs of parents of low SES such as those served by EHS.

The Importance of Home Visitor Understanding of Parent Play Beliefs

Despite the main goals of home visiting programs such as EHS being centered on supporting caregivers in enriching the development of their children (U.S. Department of Health and Human Services, Administration for Children & Families, 2014), the home visiting literature does not address the impact of parents' beliefs around the crucial developmental process of play. Additionally, the home visiting literature does not discuss the importance of home visitors' understanding of parents' play beliefs in their work to support parenting. However, other bodies of literature including the culturally responsive practice, family-centered practice, and psychotherapy literatures address the importance of practitioners' understanding of the beliefs their clients. Specifically, these bodies of literature demonstrate that an important aspect of developing the practitioner-client relationship is practitioners' knowledge and understanding of their clients' beliefs (Baird & Peterson, 1997; Cowley, 1991; Falender & Shafranske, 2012; García Coll & Magnuson, 2000; Huang & Isaacs, 2007; Kruijsen-Terpstra et al., 2013; Madsen, 2009; McCabe, 2002; Nock, Ferriter, & Holmberg, 2007; Rivers, 2000; Robinson, Tyler, Jones,

Silburn, & Zubrick, 2012). This understanding is vital to ensure that goals and intervention strategies are consistent with individuals' or families' beliefs (Cowley, 1991; Falender & Shafranske, 2012; García Coll & Magnuson, 2000); Ibrahim, 1985; Lieberman & Van Horn, 2008; Rivers, 2000). When goals and interventions are aligned with clients' beliefs, there is an increased likelihood that intervention will be effective (García Coll & Magnuson, 2000; Kruijsen-Terpstra et al., 2013; McCabe, 2002; Nock, Ferriter, & Holmberg, 2007; Robinson, Tyler, Jones, Silburn, & Zubrick, 2012) and a decreased chance that there will be strains in the practitioner-client (Falender & Shafranske, 2012; Ibrahim, 1985).

Culturally-Responsive Practice. In discussing culturally-responsive practice, many scholars have addressed the importance of practitioners across disciplines understanding clients' beliefs. For example, Huang and Isaacs (2007) focus on early childhood practitioners working in centers. They assert that these practitioners should understand the diversity present in the early childhood centers and the discontinuities or continuities between the homes of the children served and the centers. Specifically, they state that staff should understand families' belief systems, identify the dynamics of difference, and make adaptations as necessary.

Rivers (2000) also discusses culturally responsive practice within early childhood services. Specifically, Rivers addresses the provision of early education and early intervention services to infants, toddlers, and their caregivers from culturally and linguistically diverse groups. He states that educators and interventionists should be knowledgeable about factors such as families' child rearing beliefs as this awareness assists practitioners in delivering interventions that are consistent with the ideals of families. Additionally, Rivers mentions the importance of being aware that caregivers may not have the same beliefs as others from their cultural or linguistic group.

García Coll and Magnuson (2000) also discuss early intervention services and state that when there is cultural mismatch between parents' beliefs regarding child development and the principles of the intervention, the intervention may be less effective. They assert that this challenge can be avoided by tailoring the intervention so that it is aligned with parents' goals and values or by helping parents to better understand the intervention. García Coll and Magnuson state that aspects of culture that are important for child developmental outcomes and early intervention services include child rearing beliefs and practices, ideas about children's growth and development, and definition and role of family members.

The findings of empirical examinations have also demonstrated the importance of considering clients' beliefs. For example, McCabe (2002) conducted a study of 50 Mexican-American families of children ages 6 to 12 years seeking treatment at an outpatient mental health clinic. McCabe found that the belief that increased discipline should be used to address behavioral and emotional difficulties, which contradicted the principles of the intervention, was a significant predictor of treatment dropout. As a result, McCabe asserts that therapists should assess families' commonly held beliefs through an interview or questionnaire and if needed, directly address the beliefs in treatment.

Like McCabe (2002), Robinson, Tyler, Jones, Silburn, and Zubrick (2012) demonstrate the importance of assessing client beliefs before beginning intervention. In discussing the impact of the Let's Start intervention on families in Australia, Robinson and colleagues address challenges regarding the fit of the intervention. Specifically, the authors found that in Aboriginal families, "acting out" by boys is often reinforced, as boys are encouraged to be independent. Additionally, mothers frequently give male relatives the responsibility of addressing boys'

behavior and therefore an intervention involving mothers is not going to be as effective as it could be if others were included.

Family-Centered Practice Literature. Like the culturally responsive practice literature, scholars in family-centered practice also address the importance of practitioner understanding of clients' beliefs. In describing the tenets of collaborative, family-centered practice, Madsen (2009) discusses that collaborative helping requires cultural curiosity and valuing family wisdom in addition to other behaviors and skills. Specifically, cultural curiosity is described as assessing what is important to each family instead of forcing one's professional perspective upon a family.

Discussions of the application of family-centered practice to a range of disciplines have also addressed the importance of understanding families' beliefs. In their discussion of the application of family-centered practice to early intervention, Baird and Peterson (1997) assert that the principles of family-centered practice have become best practice in early intervention. The principles they discuss include the need to respect differences in culture, beliefs, values, and coping style. The authors describe the issues that arise when incorporating principles of family-centered practice into early intervention including the match or mismatch between the professional team and family. However, Baird and Peterson assert that instead of match, trusting, respectful relationships are key and families have the right to this type of relationship and understanding of their beliefs, values, and culture. Baird and Peterson also describe that an issue that arises when incorporating family-centered practice into early intervention is the degree to which family beliefs and goals are taken into consideration in assessment and intervention processes. The authors suggest that practitioners ask families about their "great expectations" or goals for their child to help teams in being sensitive to families' cultural values and ways of life. Kruijsen-Terpstra and colleagues (2013) discuss the application of the principles of family-

centered practice to physical and occupational therapy services, specifically for young children with Cerebral Palsy. Kruijsen-Terpstra and colleagues assert that parents' beliefs about treatment impact treatment participation and consequently outcomes. Therefore, understanding the beliefs of parents of young children with Cerebral Palsy is vital.

Furthermore, Hammer (1998) addresses the application of family-centered practice to speech-language services for young children. Specifically, she discusses how to use the tools of ethnography to gain an understanding of families' beliefs, values, and styles of interaction. After gaining an understanding of these important characteristics through literature, interviews of community leaders and service providers and semi-structured interviews of family members can be carried out at the first meeting. Hammer asserts that then, through analyzing notes taken, speech-language pathologists can begin to identify families' beliefs, values, and styles of interaction.

Psychotherapy Literature. The psychotherapy literature also reflects the importance of understanding clients' beliefs. A major tenant of this literature is the need to adapt psychotherapy for each individual (Norcross & Wampold, 2010) and specifically to the beliefs and values of clients (Ahn & Wampold, 2001; Smith, Rodriguez, & Bernal, 2011). Smith, Rodriguez, and Bernal include in their description of cultural adaptation of therapeutic services that they should be adapted to clients' beliefs. Similarly, Sternin and Weiss (2014) assert that, in conducting parent-child psychotherapy in homes, families should be considered within the context of their culture as culture impacts families' beliefs and traditions.

Lieberman and Van Horn (2008) discuss psychotherapy for young children and their families after trauma and in crisis situations. They assert that family beliefs may be based in culture, religion, or SES and may go against the assumptions of the mental health field. As a

result, in crisis situations in particular, knowledge of families' cultural background is important, as decisions often must be made quickly. Lieberman and Van Horn state that due to the short amount of time in which decisions can be made in crisis situations, there may be a higher likelihood of going against families' beliefs.

Ibrahim (1985) discusses cross-cultural counseling and psychotherapy and asserts that frustration and anxiety can be the result if the therapist does not understand his or her own and clients' worldview. Also, Ibrahim states that the goals developed for therapy may not be meaningful to clients if therapists do not understand their own worldviews. As a result, Ibrahim states that to avoid guessing or assuming what clients' beliefs may be, therapists should explicitly examine those beliefs and use that information to develop goals for treatment.

Like Ibrahim (1985), Falender and Shafranske (2012) state that in psychotherapy, strain in the therapeutic relationship can come from therapists blatantly disregarding or accidentally devaluing clients' beliefs, traditions, or values. Also, similarly to Ibrahim, Falender and Shafranske state that goals should be related to clients' beliefs, attitudes, and experiences. Additionally, an understanding of clients' beliefs around therapy, whether it will be successful, the treatment goals, the therapist-client relationship, and the targeted outcome is essential in gaining an understanding of whether clients are ready to engage in therapy, according to Falender and Shafranske.

Cowley (1991) discusses the development of a therapeutic alliance or the "getting to know" process described by health visitors. Based on Cowley's examination, this process involved identifying the "basic beliefs" of the client so that suggestions or the way in which the health visitors handled situations were consistent with those beliefs. Nock, Ferriter, and Holmberg (2007) discuss the importance of understanding parent beliefs specifically and assert

that in treatment of children, parent beliefs are key. Their study involved parents and guardians of children ages 2 to 13 years with oppositional, aggressive, and antisocial behavior. Nock and colleagues state that treatment credibility and expectancies are crucial and clients' beliefs about an intervention impact the intervention's effectiveness. Nock and colleagues found that parents' expectancies about treatment effectiveness significantly predicted treatment adherence.

Conclusion. Although the therapeutic alliance and the factors that support its development are frequently discussed within the published literature, the process of developing this alliance within the home visiting context has not been addressed. As home visiting programs such as EHS focus on parent-child interactions such as play, an examination of the importance of home visitors understanding parents' play beliefs would be a key initial step towards understanding the development of the home visitor-parent relationship. However, the home visiting literature has neither examined parent beliefs about play and its importance nor the impact of home visitors' knowledge of parents' play beliefs on the home visitor-parent relationship.

Chapter III: Method

The present study examined the extent to which Early Head Start (EHS) home visitors are aware of the beliefs that the parents they serve hold about the key process of play. Additionally, the study explored whether the level of agreement between home visitors' judgments about the parents' beliefs about play and the parents' reported beliefs is associated with home visitor characteristics, home visitor-parent match in personal play beliefs, family characteristics, or program participation variables. The study also investigated whether home visitor awareness of parent play beliefs is related to home visiting quality. The present study determined the extent to which home visitors report adjusting their practice based on their understanding of the play beliefs of the parents they serve.

Participants and Setting

The participants in the present study included 29 parents of children ages birth to three years and their 7 Child Development Partners (CDPs; the participating program's term for home visitors) from an Early Head Start (EHS) home visiting program in an urban/suburban area in eastern Pennsylvania. As there is not a uniform enrollment date for the EHS program, the participating families enrolled in EHS at various times. Therefore, the families had been enrolled in EHS for varying amounts of time when the present study was conducted. The demographic information for the parent sample is presented in Table 1. Overall, participants included 28 mothers and 1 father who ranged in age from 18 to 41 years of age with a mean age of 29.38 years. The majority of the parents (48.3%) identified as Hispanic/Latino, while the smallest subgroup was Black/African American (6.9%). About one-fifth of the parents (20.7%) who responded indicated that they belonged to another racial or ethnic group including two who self-identified as bi-racial (6.9%). The majority of the parents reported either English (44.8%) or

Spanish (41.4%) as their primary language. Approximately half of the parents (51.7%) were born in the United States. On average, the parents born outside of the United States had been living within the United States for 9.54 years. Equal numbers of the participating parents completed high school (27.6%) or some college (27.6%). Smaller percentages of parents received less than a ninth grade education (10.3%), completed some high school (17.2%), received their GED (3.4%), completed a four year college (6.9%), or continued their education after college (6.9%).

The demographic information for the children of the participating parents is presented in Table 2. The children ranged in age from 7 months to 42 months, with the mean age being 24.97 months. The majority of the children (62.1%) were identified as Hispanic/Latino, with smaller percentages identifying as White (13.8%), Black/African American (6.9%), Asian (3.4%), and multi-racial (13.6%). The participating parents reported the native language of the majority of the children as English (58.6%), while 24.1% of the children's native language is Spanish. Smaller percentages of parents identified their children's native language as both Spanish and English (10.3%) or another native language (e.g. Marathi; 6.9%). Most of the children (82.8%) were not identified as having special needs. Of the children with special needs, all of the children had a speech and language impairment, one of whom also had another type of disability.

To be eligible for EHS, families must have a total income that is at or below the federal poverty threshold for their family size (U.S. Department of Health and Human Services, Administration for Children & Families, 2015). The average annual income of EHS families in the program from which participants were sampled is $13,000 (Community Services for Children, 2010). As reflected in the demographic profile of the study's sample, the EHS program in which the participants were enrolled primarily serves families who identify as Hispanic, with smaller percentages of White, Black, Bi-racial, and Asian families. Most of the families report

that their primary language is English. Approximately one-third of the families identify their primary language as Spanish (Community Services for Children, 2013).

Seven CDPs participated in this investigation. The CDPs were all women and ranged in age from 24 to 57 years. There was a wide range in the number of years they had worked with the participating EHS program (0 to 19 years of experience). Most of the CDPs held Bachelor's degrees (85.71%), while one held a Master's degree (14.29%). Equal numbers of CDPs identified as Hispanic/Latino (42.86%) and White (42.86%). One CDP identified as Black/African American. The majority of the CDPs (85.71%) reported English as their native language, while one CDP reported that Spanish is her native language. Two of the CDPs (28.57%) were bilingual and spoke both English and Spanish.

The participating families and CDPs were involved in a larger study, Little Talks (Manz, Roggman, & Power, 2012), which examined the impact of an empirically-supported book sharing intervention that was coupled with implementation supports. This study consisted of two randomized controlled trials (RCTs). For each RCT, a group of CDPs from the participating EHS program was randomly selected and randomly assigned to either the intervention or comparison condition. The CDPs invited each of the families on their caseload to participate in the Little Talks study. The present study utilized data that were collected during the fourth and final assessment phase of the second RCT. Of the 29 participating families, 17 were part of the intervention group and 12 were part of the comparison group. The Little Talks and comparison groups are discussed as one group because for most variables examined, no significant differences were found in the data collected between the two groups.

Measures and Materials

Play beliefs. The Toddler & Play Scale (Manz & Bracaliello, 2016; Appendix A) was administered to obtain information about parents' and CDPs' beliefs about the importance of play to their children's development of social, linguistic, and school readiness competencies. The measure also assesses information about parents' role in their young child's play. The Toddler & Play scale items reflect a conceptualization of play that is broad as the measure most often simply references "play" or toys", but also includes a reference to pretend play specifically and to books. The 13-item Toddler & Play Scale is available in both English and Spanish translations, enabling families to complete the scale in their preferred language. The scale uses a 4-point Likert scale and the response options are strongly disagree, disagree, agree, and strongly agree (Manz & Bracaliello, 2016).

The total Toddler & Play scale scores were calculated based on both the non-collapsed (i.e. strongly disagree, disagree, agree, strongly agree) and collapsed (i.e. disagree, agree) response options. For the collapsed response options, the Toddler & Play Scale data were re-coded. "Strongly agree" and "agree" responses were combined into one "agree" category and "strongly disagree" and "disagree" responses were combined into one "disagree" category. The total scores were calculated by summing the responses to the 13 items. The responses based on the non-collapsed response options were assigned the following values: strongly disagree=1, disagree=2, agree=3, and strongly agree=4. The responses based on the collapsed response options were assigned the following values: disagree=1, agree=2.

The Toddler & Play Scale was developed collaboratively by Manz and Bracaliello (2016) in partnership with staff from a home visiting program serving toddlers from diverse backgrounds in an urban area. The measure was translated from English to Spanish through a process utilizing a professional translator and a Spanish-speaking staff member from the home

visiting program with which the measure was developed. The English and Spanish translations of the scale were analyzed independently. The English and Spanish translations of the Toddler & Play scale have been demonstrated to contain a single factor and to be psychometrically sound based on a process involving a combination of Classical Test Theory and Item Response Theory. This combined analytical approach indicated 9 reliable items for the English translation and 11 reliable items for the Spanish translations, with 7 items in common to both versions. Specifically, the English version demonstrated internal consistency of α=0.77, item reliability of 0.93, and person reliability of 0.69. The Spanish version of the Toddler & Play scale was found to demonstrate internal consistency of α=0.76, item reliability of 0.94, and person reliability of 0.74 (Manz & Bracaliello, 2016). The 13-item version used in this study contains all items that were maintained in English and Spanish translations. Internal consistency for the final 13-item measure was adequate (α = 0.83).

The Toddler & Play Scale was administered in three manners to capture various perceptions. Parents completed the Toddler & Play scale based on their personal play beliefs. CDPs also completed the Toddler & Play scale in order to assess what the CDPs' perceived were the play beliefs of the parents they served. The CDPs were instructed to complete one measure per family based on their perception of how the family would respond to the items. Finally, CDPs responded to the Toddler & Play scale based on their personal play beliefs to gather information about the CDPs' beliefs about play and child development. This information was necessary to determine CDP-parent match in personal play beliefs.

Adjustments in practice question. CDPs responded to a statement that assessed whether they adjust their practice based on each parent's play beliefs. The question was: "When appropriate, I consider the parent's beliefs about play when planning my visit." The CDPs were

instructed to respond to this question using the same four-point Likert-type scale as the Toddler & Play scale (i.e. strongly disagree, disagree, agree, or strongly agree). If the CDPs responded "agree" or "strongly agree" to the question, they were prompted to provide an example by the following statement: "Please provide an example of how you plan your home visits around this parent's beliefs about play."

Home visit quality. Home visit quality was assessed using the Home Visitor Facilitation of Parent-Child Interactions scale of the Home Visit Rating Scales- Adapted & Extended (HOVRS-A+; Roggman et al., 2012). The HOVRS-A+ is an observational measure that was developed to assess the quality of home visiting with families of infants and young children. The measure is based on the developmental parenting support approach, which involves consideration of families' backgrounds and strengths. The HOVRS-A+ was developed collaboratively with input from home visitors and supervisors and has been used by home visiting programs for implementation improvement. The HOVRS-A+ consists of seven scales, four of which assess process quality (Home Visit Practice Scales) and three focused on the involvement of parents and children (Family Engagement Scales).

For the present study, the Home Visitor Facilitation of Parent-Child Interactions scale was used to represent home visit quality. This scale assesses the degree to which the home visitor is responsive to both the parent and child while supporting the parent in positive interactions with his or her child. This scale was chosen to represent home visit quality because it addresses the key purpose of the EHS home visiting program, which is to support the parent in facilitating the child's development through his or her interactions with that child (Office of Head Start, 2011). The six items within the scale are rated on a seven-point Likert scale with four anchor points (i.e. inadequate, adequate, good, and excellent; Roggman et al., 2012).

Roggman et al. (2010) showed that the version of the HOVRS-A+ examined demonstrated good internal consistency overall (α=0.88) and for both the Home Visit Process (α=0.84) and Home Visit Effectiveness scales (α=0.74). Additionally, the internal consistency for the Home Visitor Facilitation of Parent-Child Interaction scale was α=0.86. The HOVRS-A+ has also demonstrated good interrater reliability with agreement falling within one point for all scales on ten home visit observations (Roggman et al., 2010). Psychometric data from the first Little Talks RCT also demonstrate acceptable levels of inter-rater agreement for the HOVRS-A+ Home Visitor Facilitation of Parent-Child Interaction scale. A randomly selected 20% of the videos were double-coded. The intra-class correlation (ICCs) for the Home Visitor Facilitation of Parent-Child Interaction scale was fair (i.e., ICC=66%; Eisenberg, 2015).

The CDPs recorded 30 minutes of a typical child development discussion during their home visits. A team of trained Utah State University graduate students using the HOVRS-A+ then scored these videotapes. Co-principal investigator of Little Talks, Dr. Lori Roggman, supervised the team. The team members rated each item using statements provided to represent each anchor point of the Likert scale. The item level scores were then averaged to create the scale score. In averaging the item level scores, a score of 1 was given a value of -1 to represent the low level of quality that a score of 1 reflects. Training was provided as necessary to maintain 85% agreement amongst coders.

Number of visits conducted with a family. The number of visits completed between the CDP and the parent was determined by a review of the electronic records maintained by the participating EHS program. The CDPs' supervisors provided the researcher with the number of visits for each CDP-family dyad.

Duration of families' enrollment in the EHS program. The duration of each family's enrollment in the participating EHS program (in months) was determined by a review of the program's records. Enrollment was determined from the point at which the family enrolled in EHS to the date of the Toddler and Play Scale administration.

Procedures

The Toddler & Play Scale (Manz & Bracaliello, 2016) was administered to CDPs and families near the conclusion of their participation in the Little Talks study. The CDPs completed one Toddler & Play scale and the Adjustments in practice question for each participating family on their caseload. When a family was three weeks to one week from completing the final Little Talks assessments, the researcher met with or contacted that family's CDP via email to provide the Toddler & Play Scale instructions using the script included in Appendix B. This communication included an introduction of the procedures that the CDP was to use to complete each Toddler & Play Scale and an opportunity to ask questions about the procedures. The researcher also asked the CDP when that family was scheduled to receive their next home visit so that the researcher could schedule the Toddler & Play scale and follow-up questions to be received by the CDP immediately following her visit with that family as often as possible. The CDPs received the Toddler & Play scale and follow-up questions immediately after a visit with the family who was the target of that scale so that the target family was at the forefront of the CDP's mind when she completed the measure. When the Toddler & Play scale could not be sent to a CDP following a home visit with the target family, the measure was sent to the CDP as soon as possible before the target family was to complete assessment 4. As some CDPs typically assisted parents in completing questionnaires if the parent had a low literacy level, the CDP was also asked during communication whether they regularly assisted that family in completing

questionnaires. The researcher asked about CDP assistance so that the researcher or a Little Talks team member could accompany the CDP when she administered the assessments to that family if the family and CDP agreed. The researcher or a Little Talks team member assisted the families whenever they were given permission to ensure that the CDP did not assist the parent in completing the Toddler & Play scale. Assistance from the researcher or a Little Talks team member was expected to reduce the chance that the CDPs influenced the parents' responses or gained further understanding of parent play beliefs while helping families to complete the measure.

The Toddler & Play Scale and Adjustments in practice question were sent by electronic mail through the Qualtrics survey platform to the CDPs. The template for the email message that was sent to CDPs is included in Appendix C. The email reminded the CDPs of the instructions and included the name of the family that the CDPs should consider when completing that Toddler & Play Scale and set of follow-up questions. The email also included the link to the Qualtrics page with the Toddler & Play Scale and follow-up questions. The Qualtrics page that the CDPs used to complete the measures is included in Appendix D. If the target family was scheduled to complete assessment 4 and the CDP had not completed the Toddler & Play scale electronically through Qualtrics, a paper version of the measure was provided to CDPs to complete at that time. Each family then completed the Toddler & Play Scale during assessment 4.

As part of the larger, Little Talks project, CDPs collected the HOVRS-A+ video data at all four assessments; their recording at the final assessment was utilized in this study. At the start of the Little Talks project, CDPs were provided with a two-hour training session on administering assessment measures. During this training the HOVRS-A+ was described, an

example of what the video recording for the HOVRS-A+ should capture was provided, the CDPs were given time to practice using the video cameras, and CDP questions were addressed. Additionally, frequently asked questions regarding the HOVRS-A+ measure and videotaping procedures were discussed. The CDPs were also provided with a sheet with guidelines for videotaping and a reminder sheet that included how long the HOVRS-A+ video recording should be, what portion of the home visit should be videotaped, and who should be included in the recording.

After the CDPs gave the recorded portions of the home visit to the Little Talks team, the videos were saved on a password-protected drive and sent via postal mail to the team of graduate students at Utah State University who score the videotaped observations. The team of graduate students was trained by Dr. Roggman to assess the observations using the HOVRS-A+ scale and was also supervised. Additionally, the graduate student scorers were blind to the condition in which the families were assigned and to the purpose of the proposed study and the larger study, Little Talks.

A second, independent observer scored a randomly selected 20% of the videotaped observations to establish inter-observer agreement (IOA). Agreement was determined based on whether the two coder's ratings were within 1 point for the scales or within 2 points for the items. When there was disagreement that was greater than a 1-point difference on a scale or a 2-point difference on an item, the coders discussed their ratings and collaboratively agreed on a new rating. When there was a 1-point difference on the overall score, the score of the original coder was used.

The number of disagreements overall was calculated. Additionally, IOA based on the intraclass correlation (ICC) was calculated using the IBM SPSS Statistics 23 software. A One-

Way Random Effects model ICC was calculated. This model determines the consistency between the ratings of the two raters and is based on the assumption that the two raters are a random selection from the collection of all possible raters (Shrout & Fleiss, 1979). The ICC value was interpreted using the guidelines provided by Cicchetti (1994; below .4 poor, .40–.59 fair, .60–.74 good, .75–1.00 excellent).

Of the 29 HOVRS-A+ videos, 7 (24.14%) were coded independently by two coders. Of the seven videos scored, there were six agreements (scores within one-point of each other; 85.71%) and one disagreement (14.29%) of three points. This video was re-scored and after the second scoring process, there was a one-point difference in the scores. The Average Measures ICC value based on the final set of scores provided was 0.75 (excellent).

After all of the participating families on a CDP's caseload completed the Toddler & Play Scale and recorded the HOVRS-A+ observation, the CDPs completed the Toddler & Play Scale based on their personal beliefs about play. The link to complete the Toddler & Play Scale through the Qualtrics platform was sent by electronic mail to the CDPs. The template for the email message that was sent to CDPs is included in Appendix E. The email reminded the CDPs of the instructions and included the link to the Qualtrics page with the Toddler & Play Scale. The Qualtrics page that the CDPs used to complete the measures is included in Appendix F. The CDPs completed the Toddler & Play Scale in English. For the CDPs who did not complete the Toddler & Play scale based on their personal beliefs using the Qualtrics page, paper versions of the measure were provided and collected by a research assistant.

The data collected from the Toddler & Play scales completed by the CDPs both based on their families' play beliefs and based on their personal play beliefs were uploaded from the Qualtrics platform to the IBM SPSS Statistics 23 software. Following uploading, the researcher

reviewed the SPSS spreadsheet and compared the uploaded data to each of the responses provided on each of the scales completed by the CDPs to ensure that there were no discrepancies between the responses that the CDPs entered into the Qualtrics software and the responses recorded on the SPSS data sheet.

A trained graduate student who is a member of the Little Talks team entered the Toddler & Play scales completed by the parents into SPSS. Following data entry, the researcher also entered the Toddler & Play scales completed by parents into a separate SPSS spreadsheet. The researcher then compared the data entered into the two SPSS spreadsheets using the Beyond Compare software. As discrepancies were noted, the researcher changed the SPSS entry so that it was consistent with the family's recorded response.

Research Design and Data Analysis

A passive, cross-sectional, correlational research design was employed to address the research questions. This design was used so that the data collected will reflect one point in time. Additionally, previous examinations of parent play beliefs have employed a cross-sectional, correlational research design (Fasoli, 2014; Fisher, Hirsh-Pasek, Golinkoff, & Gryfe, 2008; Fogle & Mendez, 2006; Parmar, Harkness, & Super, 2004)**.** Given the design of the study, a group effect (i.e. intervention versus comparison groups) was not expected. However, analyses were conducted to explore the possibility that group assignment was a confounding variable.

Preliminary data analysis. Descriptive analyses were conducted for the Toddler & Play Scales completed by the parents based on their personal beliefs and by the CDPs based on their personal play beliefs. The range, mean, and standard deviation for the total scores for each of these groups was calculated using IBM SPSS Statistics 23. The total scores were calculated

based on the non-collapsed (i.e. strongly disagree, disagree, agree, strongly agree) and collapsed (i.e. disagree, agree) responses.

Agreement between CDP-perceived and Parent-reported Play Beliefs (Research Question 1). To determine the extent to which the CDPs' ratings of the parents' play beliefs were consistent with the parents' reported beliefs, percentage of agreement was calculated for each CDP-parent dyad. Percentage of agreement is the number of items on which the CDP's prediction and the parent's responses agree divided by 13 (the total number of items) and then multiplied by 100 to determine the percentage of agreement. For each dyad, the researcher determined percentage of agreement based on both the non-collapsed and collapsed response categories using IBM SPSS Statistics 23 software.

The researcher also calculated Intraclass Correlations (ICCs) using the IBM SPSS Statistics 23 software to determine the level of agreement between CDPs' predictions of parents responses to the Toddler & Play scale and the parents' actual response. The ICC statistic measures the consistency between raters who provide ratings on variables from the same measurement class. The ICC approaches 1.0 as the variance across ratings decreases. The Two-Way Mixed Model and One-Way Random (Average Measures) Intraclass correlation coefficients were calculated. The Two-Way Mixed Model ICC was calculated for each CDP-parent dyad to represent the level of agreement between the CDPs' predictions and the parents' actual, reported play beliefs for each dyad. The One-Way Random Intraclass correlation coefficient, or ICC(1), was calculated to determine the CDPs' ability to predict the responses of her group of families as a whole (Field, 2005; Shrout & Fleiss, 1979). The ICC was calculated in addition to percentage agreement because ICC is generally viewed as a more stringent measure of agreement than percentage of agreement. Percentage of agreement is often criticized because

it does not correct for agreement due to chance (Hallgren, 2012; Suen & Lee, 1985; Watkins & Pacheco, 2000). The guidelines provided by Cicchetti (1994) were used to interpret the ICC values. Specifically, the guidelines used were as follows: below .4 poor, .40–.59 fair, .60–.74 good, .75–1.00 excellent.

Relation between variables and CDP-parent agreement (Research questions 1b through 1e). The researcher conducted analyses to determine if there was a significant relation between the percentage of agreement values representing CDP awareness of parent play beliefs and CDP characteristics, family characteristics, CDP- parent match in personal play beliefs, or program participation variables. The CDP characteristics explored included the number of years served as a CDP with EHS, total number of years in home visiting, age, race/ethnicity, and intervention or comparison group assignment. The family characteristics considered included whether the child had special needs, parent race/ethnicity, child race/ethnicity, parent level of education received, and parent native language variables. CDP- parent match in personal play beliefs was determined by calculating the percentage of agreement between the Toddler & Play scale items completed by CDPs based on their personal play beliefs and by parents based on their personal play beliefs. The collapsed response options were used to calculate this percentage of agreement between CDP and parent personal play beliefs. The program participation variables explored included the number of visits conducted between a CDP-parent dyad and the families' duration of enrollment in the EHS program.

The statistical analyses were conducted using correlation for variables that were continuous and the one-way ANOVA test for variables that were categorical. When an assumption of one-way ANOVA was not met, the Kruskal-Wallis test was used. The Kruskal-Wallis test is a non-parametric test that can be utilized when the assumptions of ANOVA are

violated (Field, 2009). Hierarchical regression was employed to determine whether CDP-parent beliefs match significantly predicted percentage of agreement between CDPs' predictions and parents reported beliefs, controlling for group assignment. Due to the small sample size, descriptive analyses were also conducted. To conduct the descriptive analyses, the researcher reviewed the percentage of agreement values for each CDP-parent dyad to determine whether certain dyads tended to have higher or lower percentages and whether the variables considered were associated with the percentage of agreement values. Additionally, the researcher determined the mean percentage of agreement value for each CDP by averaging the percentages across the subgroup of families served by the CDP. These average percentage of agreement values were then examined to determine if CDPs tended to have higher or lower mean percentage of agreement values based on the demographic characteristics considered.

To determine whether the number of visits completed by a CDP-family dyad or the duration of a family's enrollment in the participating EHS program is associated with the level of agreement between the CDP's prediction of a parent's play beliefs and the parent's reported beliefs, two simple linear regression analyses were conducted. Simple linear regression was employed as this method of analysis is used to predict an outcome based on a predictor (Field, 2009). The number of visits a CDP has conducted with a family served as the predictor or independent variable for the first regression analysis and the percentage of agreement values generated for each CDP-parent dyad were included as the dependent variable. For the second linear regression analysis, the number of months that families had been enrolled in the participating EHS program served as the independent variable. The percentage of agreement values representing the agreement between the CDPs' predictions and the parents' reported play beliefs served as the dependent variable. A power analysis using the G*Power software (Faul,

Erdfelder, Buchner, & Lang, 2009) indicated that to achieve adequate power (0.8) for the simple linear regression analyses with a medium effect size, a sample of 55 families is required. Given the expected sample size of 29 families, the present study was underpowered, with a power level of 0.52. Furthermore, due to the small sample size, the nested nature of the data (families within CDPs) could not be accounted for.

Simple linear regression analyses were conducted using the IBM SPSS Statistics 23 software. The assumptions of simple linear regression were first checked including the assumptions of normality, linearity, homoscedasticity of the residuals, and normality of the residuals. Additionally, the data were checked for univariate and multivariate outliers. First, the researcher checked for univariate outliers by calculating the standard residual value and Cook's *D*. A case with a standard residual value of 3 or more was considered to be an outlier. A Cook's *D* value of less than one was considered acceptable and indicates that an outlier does not have undue influence (Cook & Weisberg, 1982). Next, the researcher checked for multivariate outliers by calculating the Mahalanobis distance or the distance of each case from the remaining cases. A χ^2 of 9.21 (the χ^2 value at which $p<0.01$ for a model with two 2 variables in total) was considered unacceptable for the Mahalanobis distance. Skewness and kurtosis values were also determined to check the assumption of normality. Acceptable skewness and kurtosis values are between ±2 (Lomax, 2001). The assumption of linearity was checked through visual examination of the X-Y scatterplot to confirm that the scatterplot demonstrated a linear pattern. The X-Y residuals scatterplot was examined to check for evidence of homoscedasticity of the residual errors. A random pattern in the X-Y residuals scatterplot provides evidence of homoscedasticity. The normality of residuals assumption was checked by examining the histogram of the residuals for the dependent variable to confirm that the histogram had a shape similar to the normal curve.

Additionally, the normal probability plot was examined to confirm that the plot was approximately a straight line. After the assumptions were checked, the simple linear regression analysis was conducted. Hierarchical regression was employed to determine whether the dosage variables significantly predicted percentage of agreement between CDPs' predictions and parents reported beliefs, controlling for group assignment.

The researcher also examined item-level patterns in the CDPs' predictions of their families' responses. The researcher totaled the number of agreements and disagreements that were observed for each Toddler & Play scale item across dyads. The researcher then examined these totals to determine if there tended to be higher or lower levels of CDP-parent agreement on certain items.

Relation between CDP-parent agreement and home visit quality (Research question 2). The second research question regarding the extent to which the consistency between the CDPs' predictions' of parents' play beliefs and the parents' reported beliefs is related to home visit quality was also addressed using a simple linear regression. The percentage of agreement values generated for each CDP-parent dyad to represent the level of agreement on the Toddler & Play scale served as the predictor and the HOVRS-A+ Home Visitor Facilitation of Parent-Child Interactions scale scores served as the dependent variable. To achieve adequate power (0.8) for this analysis with a medium effect size, a power analysis using the G*Power software (Faul, Erdfelder, Buchner, & Lang, 2009) indicated that a sample of 55 families is required. This study's sample size of 29 restricted the power of this analysis as well. Furthermore, due to the small sample size, this analysis did not account for the nested nature of the data.

The assumptions of simple linear regression including the assumptions of normality, linearity, homoscedasticity of the residuals, and normality of the residuals were checked and the

data were examined for univariate and multivariate outliers as is described above in the description of the data analysis for research question 1. Hierarchical regression was employed to determine whether percentage of agreement between CDPs' predictions and parents reported beliefs significantly predicted home visiting quality, controlling for group assignment.

CDP-reported adjustments to practice (Research question 3). To determine the extent to which CDPs report adjusting their practice based on the play beliefs of the parents they serve, descriptive statistics including the frequency and mode were calculated based on the responses of the CDPs to the Adjustments in practice question.

The researcher also qualitatively examined the examples provided by CDPs who responded, "agree" or "strongly agree" to the third follow-up question. The researcher first considered whether each example truly demonstrated that the CDP considered that parent's play beliefs. The examples were categorized into two categories, "example" or "not an example". Next, two graduate students in school psychology also independently categorized the examples. The researcher then reviewed the categorizations of the three coders (the researcher and the two graduate student research assistants). The researcher identified the examples that did not have a classification that was agreed upon by all three coders. Following this review, a meeting of the three coders was held. Through this meeting, the examples that had not elicited full agreement were discussed until complete agreement was achieved. The percentage of examples that were categorized by the three coders as true examples and not true examples was calculated.

Next, for the examples that were determined to be true examples by the three coders, the main ideas of these examples were discussed by the coders. The coders decided upon descriptive categories for these examples and an operational definition for the categories. Next, the coders jointly decided on the category for each example. Following the meeting, the researcher sent a

written description of each category and a list of the categories decided upon for each example to the two research assistants. The research assistants were asked to confirm that they agreed with the descriptions and categories. After the agreement was confirmed, the descriptions of the categories, the examples provided by the CDPs, and the categories assigned to each example were sent to a doctoral-level faculty member in school psychology. The faculty member provided her feedback including disagreements with the categories assigned to the CDP responses. The comments were sent to the two research assistants for their consideration and they were asked to provide their final categorization for each CDP response. The final codes were based on the coding agreed upon by at least two out of three of the coders. The number and percentage of responses that were assigned to each category were calculated by the researcher.

Chapter IV: Results

Preliminary Data Analyses

Toddler & Play Scale. The Toddler & Play Scale was completed by the participating parents and CDPs based on their personal play beliefs. Additionally, the CDPs completed the Toddler & Play Scale and predicted how the parents would respond by completing the measure as if they were each of the parents on their caseloads.

Parent Toddler & Play Scale scores. The total Toddler & Play Scale scores based on the non-collapsed categories (i.e. strongly disagree, disagree, agree, strongly agree) for the 27 participating parents who responded to each item ranged from 36 to 50, with a mean of 42.85 and a standard deviation of 4.43. Based on the collapsed categories (i.e. disagree and agree), the total Toddler & Play Scale scores for the 27 participating parents who responded to every item ranged from 22 to 26, with a mean of 24.56 and a standard deviation of 1.09.

Over 90% of parents agreed with items 1 ("Young children learn a lot by playing alone or with others"), 2 ("Children should be given time to play every day"), 4 ("Play helps prepare young children for school"), 5 ("I like to pretend play with my child"), 8 ("I can show my child how to play nicely while playing with him or her"), 9 ("Playing with other adults or children teaches my child how to get along with others"), 10 ("Adults should join children when they are playing"), 11 ("Children's language skills improve by playing"), 12 ("One of the most important things I can do for my child is play with her or him"), and 13 ("It is natural for toddlers to play all the time"). Approximately three quarters of parents agreed with item 6 ("I wish I had more time to play with my child") and 82.8% agreed with item 7 ("When my child becomes upset, offering a toy or book will calm him or her"). Few parents agreed with item 3 ("Children should play with one toy at a time"; 24.1% agreed).

CDP Toddler & Play Scale scores. In completing the Toddler & Play Scale based on their personal play beliefs, two of the seven CDPs did not respond to item 10. To preserve the sample size as there were only seven CDPs in total and because the present study is exploratory, mean imputation was used to replace the missing values in these two cases. Mean imputation was used because only two values were missing (van Buuren, 2012). The total Toddler & Play Scale scores based on the non-collapsed categories for all seven CDPs after mean value imputation was used ranged from 41 to 51, with a mean of 46.14 and a standard deviation of 3.58. Based on the collapsed categories, the total Toddler & Play Scale scores for the seven CDPs ranged from 25 to 26, with a mean of 25.14 and a standard deviation of 0.38.

The majority of the CDPs agreed with items 1 ("Young children learn a lot by playing alone or with others"), 2 ("Children should be given time to play every day"), 4 ("Play helps prepare young children for school"), 5 ("I like to pretend play with my child"), 6 ("I wish I had more time to play with my child"), 7 ("When my child becomes upset, offering a toy or book will calm him or her"), 8 ("I can show my child how to play nicely while playing with him or her"), 9 ("Playing with other adults or children teaches my child how to get along with others"), 10 ("Adults should join children when they are playing"), 11 ("Children's language skills improve by playing"), 12 ("One of the most important things I can do for my child is play with her or him"), and 13 ("It is natural for toddlers to play all the time"). Few CDPs agreed with item 3 ("Children should play with one toy at a time"; 14.29% or 1 CDP agreed).

Agreement of CDPs' Predictions and Parent Report

Research question 1 examined the extent to which CDPs' judgments about parents' beliefs regarding the developmental significance of play agreed with parents' actual, reported

beliefs. The level of agreement was examined through percentage of agreement and intraclass correlation analyses.

Percentage of agreement. Table 5 contains the percentage of agreement values for each participating family, grouped by CDP. Agreement values for all families, irrespective of CDP grouping, ranged from 15.4% to 92.3% with a mean of 54.26% and a standard deviation of 21.60.

Percentage of agreement based on collapsed categories. Table 5 also contains the percentage of agreement values based on the collapsed categories (e.g., agree and disagree) for each participating family, grouped by CDP. The percentage of agreement values for all families, irrespective of CDP grouping, ranged from 69.2% to 100%, with a mean of 90.93% and a standard deviation of 9.88.

CDP-parent dyad intraclass correlations. The Two-Way Mixed Model ICCs calculated for each CDP-parent dyad are presented in Table 6. The ICCs ranged from -0.01 (poor) to 0.89 (excellent), with a mean of 0.31, indicating that the CDPs demonstrated a wide range in their ability to predict how parents would respond to the Toddler & Play Scale. Overall, across dyads, the CDPs' predictions and the parents' reported beliefs tended to have a poor level of agreement (Cicchetti, 1994). Three of the ICC values were negative, indicating that more variation was observed than would be expected by chance.

CDP intraclass correlations. The One-Way Random (Average Measures) ICCs for each CDP are presented in Table 6. The Average Measures ICCs ranged from -0.18 (poor) to 0.60 (good) with a mean of -0.02 (poor). These ICCs indicate that considering CDPs' predictions for the parents on their caseload overall, there was a wide range in their overall ability to predict

how parents would respond. Overall, the CDPs' predictions of the parents' responses were poor (Cicchetti, 1994).

CDP characteristics and percentage of agreement. The mean percentage of agreement values for the CDPs (based on the non-collapsed response categories) were examined to determine whether there were significant relations between the mean percentage of agreement values and key CDP demographic characteristics including the number of years serving as a CDP with EHS, total number of years in home visiting, age, race/ethnicity, and intervention or comparison group assignment. The relations were examined both statistically and descriptively due to the small sample size. The relation between mean percentage of agreement and the number of years with EHS, total number of years in home visiting, and CDP age variables was examined through correlation analyses. The relation between mean percentage of agreement and race/ethnicity was examined through a one-way ANOVA analysis. The relation between mean percentage of agreement and the group assignment variable was examined through the Kruskal-Wallis test.

Number of years with EHS. Descriptive analysis demonstrated that there was not a trend in mean percentage of agreement based on the numbers of years the individual worked as a CDP with EHS. Specifically, among the group of four CDPs with the highest mean levels of percentage of agreement, there was a wide range in the number of years with EHS (i.e., 1 year, 0.83 years, 0 years, and 19 years). Similarly, among the group of CDPs with the lowest mean percentage of agreement values, there was a wide range in the number of years with EHS (i.e., 0.08 years, 0.33 years, 1 year). This observation was confirmed by the correlation analysis which demonstrated a non-significant correlation between the number of years as an EHS CDP and the mean percentage of agreement value, $r(5)=0.10$, $p=0.84$.

Number of years in home visiting. Descriptive analysis demonstrated that there was not a trend in mean percentage of agreement based on the number of years the CDP spent in home visiting overall. Specifically, the three CDPs with the lowest mean percentage of agreement values had worked in home visiting for 0.08 years, 2.33 years, and 4 years. The group of CDPs with the highest mean percentage of agreement values had worked in home visiting for 6 years, 0.83 years, 0 years, and 19 years. This observation was confirmed by the correlation analysis, which demonstrated a non-significant correlation between the number of years in home visiting and the mean percentage of agreement value, $r(5)=0.07$, $p=0.88$.

CDP Age. Through descriptive analysis, no patterns were revealed in the mean percentage of agreement values based on age. Specifically, the CDPs with the highest mean percentage of agreement values were ages 43, 26, 24, and 57 years and those with the lowest mean percentage of agreement values were ages 37, 29, and 33 years. This observation was confirmed through the correlation analysis, which demonstrated a non-significant correlation between the CDP age and the mean percentage of agreement value, $r(5)=-0.04$, $p=0.94$.

***CDP Race/Ethnicity*.** Descriptive analysis did not reveal a pattern in the mean percentage of agreement values based on CDP race/ethnicity. There was a wide range in the racial/ethnic identification of the CDPs whose mean percentage of agreement values were among the highest and the lowest in the sample. Specifically, of the four CDPs with the highest mean percentage of agreement values, one identified as Hispanic/Latina, two identified as White, and one identified as Black. Among the group of CDPs with the lowest mean percentage of agreement values, two identified as Hispanic/Latina and one identified as White.

A one-way ANOVA was conducted to confirm this observation. First, the assumptions of ANOVA were checked including the assumptions of normality and of homogeneity of variances.

The assumption of independence was ensured through the study design. Normality was confirmed as the skewness and kurtosis values were within the acceptable limits of -2 to +2 (see Table 3). The assumption of homogeneity was confirmed by Levene's test, p=0.26. The one-way ANOVA analysis demonstrated that there is not a significant difference in percentage of agreement value based on CDP race/ethnicity, $F(2, 4)=0.49$, p=0.65.

CDP Group Assignment. Descriptive analysis demonstrated that there was a pattern in mean percentage of agreement based on whether the CDP was assigned to the comparison or intervention group. Specifically, the three CDPs with the highest mean percentage of agreement values were all assigned to the intervention group. Of the CDPs with the lowest mean percentage of agreement values, three of the four were assigned to the comparison group.

This relation was also examined statistically. The assumption of homogeneity was confirmed by Levene's test, p=0.81. However, this analysis could not be conducted through one-way ANOVA because the assumption of normality was violated. Specifically, the kurtosis value for the group assignment variable was not within the acceptable limits of -2 to +2 (Table 3). For this reason, the Kruskal-Wallis Test was conducted (Field, 2009) and determined that there was not a significant difference in mean percentage of agreement based on group assignment, $H(1)=02.00$, p=0.16.

Family characteristics and percentage of agreement. The percentage of agreement values for the CDP-parent dyads were examined to determine whether there were significant relations between the percentage of agreement values and the child special needs, parent race/ethnicity, child race/ethnicity, level of education received, or parent native language variables. The data were examined both statistically and descriptively due to the small sample size. For the descriptive analysis, the CDP-parent percentage of agreement values were arranged

in order from highest to lowest value. The values were then examined to determine if there were any patterns. The relation between the percentage of agreement values and the parent race/ethnicity and parent level of education variables was examined statistically through one-way ANOVA analyses. The relation between the percentage of agreement values and the child special needs, child race/ethnicity, and parent native language variables was examined through the Kruskal-Wallis test.

Child Special Needs. No trends were observed in the percentage of agreement values based on whether the EHS child was identified as having special needs. This observation was confirmed by the one-way ANOVA analysis. The assumption of normality was met for this analysis because the skewness and kurtosis values for the child special needs and percentage of agreement values were within acceptable limits (Table 3). The assumption of homogeneity was also met through Levene's test, p=0.49. The one-way ANOVA analysis demonstrated that there is not a significant difference in percentage of agreement value based on whether the child had special needs, $F(1, 27)=0.002$, p=0.96.

Parent Race/Ethnicity. No trends were observed in the percentage of agreement values based on parent race/ethnicity. This observation was confirmed by the one-way ANOVA test. The assumption of normality was met for this analysis because the skewness and kurtosis values for the parent race/ethnicity and percentage of agreement values were within acceptable limits (Table 3). The assumption of homogeneity was also met through Levene's test, p=0.34. The one-way ANOVA analysis demonstrated that there is not a significant difference in percentage of agreement value based on parent race/ethnicity, $F(4, 24)=0.91$, p=0.48.

Child Race/Ethnicity. No trends were observed in the percentage of agreement values based on child race/ethnicity. This observation was confirmed by the one-way ANOVA test. The

assumption of normality was met for this analysis because the skewness and kurtosis values for the child race/ethnicity and percentage of agreement values were within acceptable limits (Table 3). The assumption of homogeneity was also met through Levene's test, p=0.10. The one-way ANOVA analysis demonstrated that there is not a significant difference in percentage of agreement value based on child race/ethnicity, $F(7, 21)=0.82$, p=0.58.

Parent level of Education Received. No trends were observed in the percentage of agreement values based on parent level of education. This observation was confirmed by the one-way ANOVA test. The assumption of normality was met for this analysis because the skewness and kurtosis values for the parent level of education and percentage of agreement values were within acceptable limits (Table 3). The assumption of homogeneity was also met through Levene's test, p=0.31. The one-way ANOVA analysis demonstrated that there is not a significant difference in percentage of agreement value based on parent level of education, $F(6, 22)=1.38$, p=0.27.

Parent Native Language. No trends were observed in the percentage of agreement values based on parent native language. This observation was confirmed by the one-way ANOVA test. The assumption of normality was met for this analysis because the skewness and kurtosis values for the parent native language and percentage of agreement values were within acceptable limits (Table 3). The assumption of homogeneity was also met through Levene's test, p=0.35. The one-way ANOVA analysis demonstrated that there is not a significant difference in percentage of agreement value based on parent native language, $F(3, 25)=0.74$, p=0.54.

CDP-parent match in personal play beliefs and percentage of agreement. Simple linear regression was used to determine whether CDPs whose play beliefs were similar to those of the parents they served were more likely to more accurately predict the play beliefs of the

parents. The degree to which the CDPs' personal play beliefs agreed with the parents' play beliefs was first examined by calculating the percentage of agreement between the CDP and parent responses to the Toddler & Play Scale items (based on collapsed categories) for each CDP-parent dyad. The percentage of agreement values for the match in personal beliefs are included in Table 4 and ranged from 76.92% to 100%, with a mean of 92.77% and a standard deviation of 7.16.

The assumptions for this regression analysis were met. Specifically, the skewness and kurtosis values for the CDP-parent beliefs match and the CDP prediction of parents' beliefs variables were within acceptable limits (see Table 3). The standard residual values ranged from -2.32 to 1.84 and therefore no values exceeded the cutoff of 3. Additionally, the Cook's D values ranged from 0 to 0.91 and therefore no values exceeded the cutoff of 1. The Mahalanobis distance values were acceptable as the values ranged from 0.004 to 4.90 and therefore did not exceed 9.21. Visual examination of the X-Y scatterplot confirmed that the scatterplot demonstrates a roughly linear pattern. The normality of residuals assumption was also met as the histogram of the residuals for the dependent variable demonstrated a shape that roughly resembled the normal curve. Additionally, the assumption of homoscedasticity of the residual errors was met because the standardized residual plot demonstrated a random pattern.

The match between the CDPs' and parents' play beliefs was not a significant predictor of the percentage of agreement between the CDPs' predictions of parents' play beliefs and their actual, reported beliefs, $F(1, 27)=3.76$, $p=0.06$. However, it is noted that the relation approached significance. The match in personal play beliefs explains 12.2% of the variance in percentage of agreement between the CDPs' predictions of parents' beliefs and their reported beliefs ($R^2= 0.122$).

The relationship between group assignment and percentage of agreement between the CDPs' predictions of parents' beliefs and their reported beliefs was explored through a one-way ANOVA to determine if group assignment should be explored as a confounding variable for this analysis and subsequent analyses. The assumption of independence for this one-way ANOVA analysis was ensured through the study design. Regarding the assumption of normality, the skewness value was within the acceptable values of -2 to +2 (see Table 3). However, the kurtosis value was slightly outside of the acceptable range (-2.01). The assumption of homogeneity was confirmed by Levene's test, p=0.65. The one-way ANOVA analysis demonstrated that there is a significant difference in percentage of agreement value based on group assignment, F(1, 27)=4.50, p=0.04. The mean percentage of agreement value was higher for the intervention group (M=61; SD=19.58) compared to the comparison group (M=44.72; SD=21.44). The group assignment variable was therefore explored as a confounding variable for this analysis and subsequent analyses.

Hierarchical regression was employed to determine if the match in play beliefs explained additional variance in the percentage of agreement between the CDPs' predictions of parents' beliefs and their reported beliefs after controlling for group assignment. Group assignment alone explained 14.3% of the variance in percentage of agreement values, F(1, 27)=4.50 , p=0.04. Adding the match in play beliefs, 10.2% additional variance is explained, ΔR^2= 0.10, p= 0.07.

Program participation variables and percentage of agreement. The researcher examined whether the level of agreement between CDPs' judgments about their parents' beliefs about play and the parents' reported beliefs was related to the number of visits conducted with a family or the duration of a family's enrollment in the EHS program.

The number of visits completed by a CDP-family dyad. The assumptions for the regression analysis examining whether the number of visits completed by a CDP-family dyad significantly predicts the level of agreement between the CDPs' predictions of parents' play beliefs and the parents' reported beliefs were met. The skewness and kurtosis values for the number of visits completed and percentage of agreement variables were within acceptable limits (see Table 3). The standard residual values ranged from -1.93 to 1.84 and therefore no values exceeded the cutoff of 3. Additionally, the Cook's D values ranged from 0 to 0.09 and therefore no values exceeded the cutoff of 1. The Mahalanobis distance or the distance values were acceptable as the values ranged from 0 to 6.78 and therefore did not exceed 9.21. Visual examination of the X-Y scatterplot confirmed that the scatterplot demonstrated a roughly linear pattern. Additionally, the assumption of homoscedasticity of the residual errors was met because the standardized residual plot demonstrated a random pattern. The normality of residuals assumption was also met because the histogram of the residuals for the dependent variable demonstrated a shape that resembled the normal curve.

The number of visits conducted between a CDP and family was not a significant predictor of the percentage of agreement between the CDPs' predictions of parents' play beliefs and their actual, reported beliefs, $F(1, 27)= 2.86$, $p=0.10$. The number of visits conducted explains 9.6% of the variance in percentage of agreement between the CDPs' predictions of parents' beliefs and their reported beliefs ($R^2= 0.096$).

Hierarchical regression was also employed to determine if the number of visits conducted explained additional variance in the percentage of agreement between the CDPs' predictions of parents' beliefs and their reported beliefs after controlling for group assignment. As noted previously, group assignment alone explained 14.3% of the variance in percentage of agreement

values, F(1,27)= 4.50, p= 0.04. Adding the number of visits conducted, 4.7% additional variance is explained, ΔR^2=0.05, p= 0.23.

Duration of families' enrollment in EHS. The assumptions for the regression analysis examining whether the duration of families' enrollment in EHS significantly predicts the level of agreement between the CDPs' predictions of parents' play beliefs and the parents' reported beliefs were met. Specifically, the skewness and kurtosis values for the duration in EHS and percentage of agreement variables were within acceptable limits (see Table 3). The standard residual values ranged from -1.65 to 1.92 and therefore no values exceeded the cutoff of 3. Additionally, the Cook's D values ranged from 0 to 0.10 and therefore no values exceeded the cutoff of 1. The Mahalanobis distance values were acceptable as the values ranged from 0.01 to 3.94 and therefore did not exceed 9.21. Visual examination of the X-Y scatterplot confirmed that the scatterplot demonstrates a roughly linear pattern. The normality of residuals assumption was also met as the histogram of the residuals for the dependent variable was skewed, but demonstrated a shape that roughly resembled the normal curve. Additionally, the assumption of homoscedasticity of the residual errors was met because the standardized residual plot demonstrated a random pattern.

Duration of family enrollment in Early Head Start was not a significant predictor of the percentage of agreement between the CDPs' predictions of parents' play beliefs and their actual, reported beliefs, $F(1, 26)=2.52$, $p=0.12$. Duration of family enrollment in Early Head Start explains 8.8% of the variance in percentage of agreement between the CDPs' predictions of parents' play beliefs and their reported beliefs ($R^2=0.088$).

Hierarchical regression was also employed to determine if the duration of enrollment explained additional variance in the percentage of agreement between the CDPs' predictions of

parents' beliefs and their reported beliefs after controlling for group assignment. Group assignment alone explained 12.9% of the variance in percentage of agreement values for this analysis, $F(1,26)= 3.85$, $p= 0.06$. Adding the duration of enrollment, 7.5% additional variance is explained, $\Delta R^2=0.08$, $p= 0.14$. For this analysis, the data for only 28 of 29 participants was available.

Item-level patterns. Table 7 contains the number of disagreements per item across the 29 dyads. Additionally, table 7 includes the percentage of parents who were predicted to agree with each item by the CDPs and the percentage of parents who were actually in agreement with each item. Items 3 ("Children should play with one toy at a time"; 10 disagreements), 6 ("I wish I had more time to play with my child"; 7 disagreements), and 10 ("Adults should join children when they are playing"; 5 disagreements) had the most disagreements. For items 3 and 6, more CDPs predicted that parents would agree with the item than the number of parents who actually agreed with these items. For item 10, CDPs predicted that fewer parents would agree with the item than the number of parents who actually agreed with the item. There were 0 disagreements for items 1 ("Young children learn a lot by playing alone or with others"), 2 ("Children should be given time to play every day"), 5 ("I like to pretend play with my child"), and 9 ("Playing with other adults or children teaches my child how to get along with others").

Relation between Accuracy of CDP Predictions and Home Visiting Quality

Research Question 2 assessed whether there was a relation between the extent to which CDPs' judgments about parents' beliefs about play agreed with parents' reported beliefs and the quality of the CDP-family interaction.

The assumptions of linear regression for the second research question were met. The skewness and kurtosis values were within acceptable limits (see Table 3). The standard residual

values ranged from -1.56 to 2.04 and therefore no values exceeded the cutoff of 3. Additionally, the Cook's D values ranged from 0 to 0.18 and therefore no values exceeded the cutoff of 1. The Mahalanobis distance or the distance values were acceptable as the values ranged from 0 to 3.24 and therefore did not exceed 9.21. Visual examination of the X-Y scatterplot confirmed that the scatterplot demonstrates a roughly linear pattern. The normality of residuals assumption was met as the histogram of the residuals for the dependent variable demonstrated a shape that roughly resembled the normal curve. Additionally, the assumption of homoscedasticity of the residual errors was met because the standardized residual plot demonstrated a random pattern.

The consistency between the CDPs' predictions and parents' reported beliefs was not a significant predictor of home visit quality, $F(1, 27)= 0.50$, $p=0.48$. The consistency between the CDPs' predictions and parents' reported beliefs explains 1.8% of the variance in home visit quality ($R^2= 0.018$).

The relationship between group assignment and home visit quality was explored through a one-way ANOVA to determine if group assignment should be explored as a confounding variable for this analysis. The assumption of independence for this one-way ANOVA analysis was ensured through the study design. Regarding the assumption of normality, the skewness value for the group assignment variable and the skewness and kurtosis values for the home visit quality variable were within the acceptable range of -2 to +2 (see Table 3). However, the kurtosis value for the group assignment variable was slightly outside of the acceptable range (-2.01). The assumption of homogeneity was confirmed by Levene's test, $p=0.61$. The one-way ANOVA analysis demonstrated that there is not a significant difference in home visit quality based on group assignment, $F(1, 27)=0.05$, $p=0.83$. Therefore, group assignment was not examined as a confounding variable for this analysis.

CDP Responsiveness to Parent Play Beliefs

Research Question 3 examined the extent to which CDPs reported adjusting their practice based on their understanding of the play beliefs of the parents they served. The CDPs provided responses to the follow-up question, "When appropriate, I consider the parent's beliefs about play when planning my visit", for 28 of 29 families. All CDPs agreed with this statement, with 60.7% (n = 17) reporting "agree" and 39.3% (n = 11) reporting "strongly agree". The researcher and two research assistants independently categorized each of the 28 responses to the prompt, "Please provide an example of how you plan your home visits around this parent's beliefs about play". During the independent coding processes completed by each of the coders, the responses were categorized into either the "example" or "not an example" categories. Of the initial independent categorizations, there were ten instances in which all three coders agreed. In five of these instances, all three coders agreed that the CDP response was an example and in five instances the coders agreed that the CDP response was not a true example. There were ten CDP responses that two of three coders agreed was not an example, while one coder believed that the response was an example. There were eight instances in which two coders agreed that the response was an example and one believed that the response was not an example of the CDP planning her home visits around the parents' beliefs about play.

During the meeting of the three coders, each of the 18 responses that did not have a classification eliciting full agreement from all three coders was discussed until complete agreement was achieved. Following this discussion, the coders agreed that 8 of the 28 (28.57%) responses reflected an example of the CDP planning her home visits around the parents' beliefs about play.

Through the discussion, the coders decided upon four categories that descriptively represented the responses according to two dimensions: 1) home visitors' adaptations of activities, and 2) specificity of the nature of parental belief. The category, "Play Context & Play Belief", was assigned when the CDPs' responses included reference to both dimensions (i.e. adapted activity and acknowledged parent belief). Play was assumed to be the context when a context was not specifically mentioned because the prompt instructed CDPs to consider play beliefs. An example of a response that fell into the Play Context & Play Belief category was, "For art activities, I slowly introduce the parent/child to crayons on visits, then markers and then paint. The parent tends to feel that these materials are too messy, but relaxes once she sees how much her child enjoys using the materials. I also ask the parent what they would like to do on the next visit and discuss what materials we will need." For this response, the identified play belief that the CDP was responding to was the parent's belief that art materials are too messy.

A second category, "Play Context & Unspecified Belief" included CDP responses that referenced: (1) adaption within the context of play due to (2) a characteristic of the child and/or parent or a general belief of the parent (not specifically a play belief). A response that fell into this category was, "Sometimes, [Mother's name], [Child's name]'s mom, will get overwhelmed when all three of her sons are trying to play together. I will usually plan the visit by including different play activities for the three sons in order to avoid fights and allow all three to play at the same time together." For this response, the CDP described responding to the mother becoming overwhelmed when her sons played together (characteristic of the family). The context was explicitly identified as play.

The "Unspecified Context & Belief" category included CDP statements about (1) adaption of activity to the family overall (not specifically within the context of play) due to (2) a

characteristic of the child and/or family or a general belief of the parent (not specifically a play belief)". A response that fell into this category was, "[Mother's name] likes for things to be changed up often because [Child's name] gets distracted very quickly. I have personally learned that I have to plan how I present things because [Child's name] will want to keep looking in my bag and take everything out. Sometimes I have to move through activities quickly and revisit to keep [Child's name] engaged and interested." For this response, the CDP describes "activities", but does not specifically identify the context as play. She is responding to the child's tendency to look through her bag and his or her desire to remove items from her bag (characteristic of the child).

A final category as "General Practice" was formed to include CDP responses that did not clearly assert a change related to a parent belief or child characteristic. For example, the following response fell into this category: "I always get parent input before leaving the visit to see what [Mother's name] would like to do for the upcoming home visit."

A doctoral-level faculty member in school psychology reviewed the category definitions and codes for each of the CDP responses following the coders' meeting. The faculty member agreed with the coding for 24 of the 28 CDP responses (85.71 %). For the four disputed codes, the faculty member provided the three coders with comments to consider. The three coders then reviewed the codes for the four responses for which the faculty member disagreed on the coding, taking the faculty member's comments into consideration. The final codes were based on the coding agreed upon by at least two out of three of the coders. Based on the review of the coders, one code was changed from an Unspecified Context & Belief category code to a code Play Context & Unspecified Belief.

Of the 28 CDP responses provided, 8 were within the Play Context & Play Belief category (28.57%), 8 were within the Play Context & Unspecified Belief category (28.57%), 5 were within the Unspecified Context & Belief category (17.86%), and 7 were within the General Practice category (25%). Table 8 includes the de-identified CDP responses listed by category.

Chapter V: Discussion

The present study investigated the extent to which Early Head Start (EHS) home visitors (CDPs) were aware of the play beliefs of the parents they served and whether their level of awareness of the parents' play beliefs was associated with home visiting quality. Additionally, the present investigation examined the ways in which CDPs reported adjusting their practice based on the play beliefs of the parents they serve. Given the lack of published research in this area, the study was largely exploratory. Based on published literature, the researcher hypothesized that a significant relation between the extent to which CDPs were knowledgeable about parents' beliefs and the quality of the home-visitor family interaction would be found.

The participating CDPs and parents reported on their personal play beliefs through the Toddler & Play Scale. CDPs and parents tended to respond similarly. Over 90% of CDPs and parents agreed with items representing beliefs that play helps children to learn and develop and that children should engage in play often. Both CDPs and parents tended to disagree with the belief that children should play with only one toy at a time.

The CDPs also completed the Toddler & Play Scale based on how they believed each of the parents on their caseloads would respond. The findings revealed that there was large variability in CDPs' awareness of the play beliefs of the families they served. Based on the non-collapsed categories, the percentage of agreement between CDPs' predictions and the parents' reported beliefs ranged from 15.4% to 92.3% with a mean of 54.26%. When the collapsed categories were used, the percentage of agreement values ranged from 69.2% to 100%, with a mean of 90.93%. Few published studies have used percentage of agreement to examine the consistency between a professional's prediction of a client's response and the client's actual response. However, Le Gales and colleagues (1999) used percentage of agreement in adapting a

health status classification system to be used with French children with cancer. Le Gales and colleagues asked child patients, parents, and physicians to rate the child's health status. They then examined the percentage of agreement between the child and parent and child and physician ratings. Percentage of agreement values below 70% were considered low. Similarly, in developing a German, children's version of the same health status instrument, Felder-Puig and colleagues (2000) administered the measure to nurses, physicians, and patients or parents. They considered percentage of agreement values of greater than 75% to be acceptable. When the standards used by these researchers are applied to the present study, the values are low overall, with the values falling below 70% for 23 of 29 dyads (79.31%).

The intraclass correlation (ICC) values were similar to the percentage of agreement values and tended to be poor. The ICCs both for the CDP- parent dyads and for each CDP (average measures ICCs) were poor overall. Specifically, 17 of the 29 (58.62%) ICC values fell below the acceptable value of 0.4 (based on the standards described by Cicchetti, 1994). Of the seven CDP average measures ICC values, two were acceptable (above 0.4.).

The percentage of agreement data were examined descriptively and statistically to determine which CDP, family, CDP-family dyad, and program participation variables were associated with higher consistency between CDPs' predictions and the parents reported beliefs. Results demonstrated that none of the variables examined were significantly related to percentage of agreement with the exception of group assignment. Through descriptive analysis, a trend in the CDP mean percentage of agreement values was observed (although this was not confirmed through the statistical analysis). Through the descriptive analysis, the researcher observed that the CDPs assigned to the intervention group tended to have higher mean percentage of agreement values than those assigned to the comparison group. Similarly, when

the percentage of agreement values for all CDP-parent dyads were considered, there was a significant difference in percentage of agreement based on group assignment. While the mean percentage of agreement value for the intervention group was 61, the mean percentage of agreement value for the comparison group was 44.72. Additionally, while not significant, the relation between the match between the CDPs' and parents' personal play beliefs and the CDPs' accuracy in predicting the parents' play beliefs approached significance.

The results also demonstrated that the number of visits conducted between families and CDPs was not significantly related to the CDPs' awareness of the parents' beliefs about play. Similarly, the duration of families' enrollment in EHS did not significantly predict the CDPs' awareness of the parents' beliefs about play. The present study also revealed that the consistency between the CDPs' predictions and parents' reported beliefs was not a significant predictor of home visiting quality.

Every CDP reported that she adjusts her practice based on the play beliefs of the parents she serves. The examples provided by the CDPs fell into four categories, the Play Context & Play Belief, Play Context & Unspecified Belief, Unspecified Context & Belief, and General Practice categories. The responses for eight families (28.57%) fell into the Play Context & Play Belief category and reflected the ways in which CDPs adjust their practice based on the play beliefs of the families they serve. The responses in this category reflected CDPs' responsiveness to a wide range of beliefs including beliefs that: art materials are too messy; concepts should be taught through play; play is beneficial for young children; the professional should engage the child in interactive play; creative and active play activities are valuable; toys, books, and music help children learn new words; learning should be interesting and fun; and both Spanish and English should be incorporated into play. Many of the CDPs' responses reflected that they adjust

their overall practice (not specifically related to play) based on a wide range of other types of beliefs and in response to a variety of child and family characteristics. The CDP responses reflected that they aim to be responsive to beliefs and family characteristics including: challenges around having multiple children present during visits; hesitancy to engage actively in play; mother's desire that the child have educational experiences that she did not have; desire that the child learn new words; preference that the child be constantly stimulated; knowledge of the types of toys and activities that the parent likes; child's developmental delays and desire to touch items; preference that new activities frequently be introduced; child's energy level during visit; parent desire to learn how various activities facilitate development; and the parent's ability to carry out activities with the child.

Implications for Future Research

The present study explores an area of research in which there is little published literature. Therefore, the study reveals many implications for future research. First, as was described previously, few published studies have investigated the play beliefs of parents of low SES. For this reason, little is known about the play beliefs of parents of low SES such as those served by EHS. Future research should seek to gain a better understanding of the play beliefs of families of low SES to determine whether the published literature on parent play beliefs can be generalized to these families.

Additionally, future research should continue to explore cultural differences in parent play beliefs. Interestingly, two of the seven CDPs did not respond to item 10 ("Adults should join children when they are playing") when reporting on their personal play beliefs. The reason for this is unknown, but perhaps CDPs were hesitant to respond to this item if they did not feel they knew the "correct" answer or how they were expected to respond. This may be true

particularly because differences based on ethnicity have been observed in parents' views on whether children benefit most from play with other children or with adults (Fasoli, 2014). Future research should continue to explore culturally- and ethnically-based patterns in parent play beliefs.

The finding that there were significant differences in the percentage of agreement between CDP predictions and parents' reported beliefs based on group assignment also has important implications for future research. Perhaps there was something about the book sharing intervention and/or implementation supports provided through the intervention that increased the CDPs' understanding of parent play beliefs. A better understanding of which aspect(s) of the intervention may have increased CDP understanding of parent beliefs could have great implications for home visiting practice.

Another interesting finding of the present study was also that the relation between match in CDP and parent personal play beliefs and CDP ability to predict parents' play beliefs approached significance. Within the published literature, the importance of practitioner-client match is debated. Within the psychotherapy literature in particular, the findings regarding whether client-practitioner beliefs match is associated with positive outcomes are inconsistent. The finding of the present study is consistent with the findings of some other published studies, which have demonstrated that client-practitioner beliefs match is associated with positive client outcomes (Kim, Ng, & Ahn, 2005). The positive client outcome in the present study was a high level of knowledge of parent play beliefs. However, other researchers have found that client-practitioner beliefs match is not significantly associated with positive outcomes. For example, Dumas, Moreland, Gitter, Pearl, and Nordstrom (2008) examined the factors that were associated with positive outcomes for parents enrolled in a group parent management training program for

parents of children ages 3 to 6 years. Dumas and colleagues examined parent-group leader beliefs match on a measure of beliefs about child rearing and on a measure of beliefs about parenting values. Beliefs match was not associated with attendance, point of dropout, or quality of participation. Some early published research in this area also points to match on certain beliefs being associated with positive outcomes, while mismatch on other types of beliefs is significantly related to positive outcomes (Arizmendi, Beutler, Shanfield, Crago, & Hagaman, 1985; Beutler, Pollack, & Jobe, 1978). Considering the finding of the present study in conjunction with the published literature in this area, further research is necessary to determine which type of beliefs are important for client-practitioner beliefs match and whether beliefs match is only significant for certain types of interventions and populations.

The importance of duration in intervention also requires further exploration in research in home visiting. The finding that the duration of families' enrollment in EHS did not significantly predict the CDPs' awareness of the parents' beliefs about play is not surprising given the inconsistency in the home visiting literature around whether or not duration significantly impacts home visiting outcomes. For home visiting programs with specific objectives, there is evidence to suggest that shorter duration, such as six months or less, leads to greater outcomes (Harden, 2010; van Ijzendoorn, Bakermans-Kranenburg, & Juffer, 2005). For home visiting programs with more wide-ranging goals such as EHS, families have demonstrated particularly positive outcomes after receiving two years of services (Harden, 2010; Love et al., 2005 & Olds et al., 2004). However, of the participating 29 families in the present study, only 8 of the families had been enrolled in EHS for two or more years at the time that the present study was conducted. Therefore, because the majority of the families had been enrolled for fewer than two years, the impact of duration on outcomes may not yet be detectable within this sample. Similarly, for a

group of families participating in EHS, Korfmacher and colleagues (2007) found that the duration of a family's enrollment in the program was associated with the quality of the helping relationship at some time points, but not at others. Specifically, duration in the program was significantly correlated with the quality of the helping relationship at 26 months, but not at 6 or 15 months. Overall, there are inconsistent findings on whether duration in a home visiting program is related to outcomes.

Similar to the home visiting literature exploring the impact of duration, the literature on the effect of the number of visits is also inconsistent. For example, Korfmacher and colleagues (2007) found that the average number of home visits conducted in one month was significantly correlated with home visitor-parent relationship quality at some time points, but not at others. The present study demonstrated that the number of visits conducted between families and CDPs was not significantly related to the CDPs' awareness of the parents' beliefs about play. Overall, considering the published literature and the findings of the present study, further research is needed to understand the impact of dosage (both duration and number of visits) on home visiting outcomes.

Every CDP reported that she adjusts her practice based on the play beliefs of the parents she serves. The CDP practice of individualizing one's work based on characteristics of the families served is in line with published material on best practice in home visiting. For example, in their guide on home visiting for families of young children with special needs, Cook and Sparks (2008) discuss the importance of adjusting one's practice based on the family being served. In addition, in discussing evidence-based models for home visiting, Daro (2010) states that all evidence-based programs involve the home visitor delivering services in a way that is responsive to each family and individualized.

The response that one CDP provided regarding adapting her practice based on the parent's wish to learn more about how various activities impact child development is consistent with the findings of Allen (2007). Allen interviewed 90 parents receiving services through a home visiting program for families of infants and toddlers who were at-risk for developmental delays or maltreatment. The children were determined to be at-risk if they had at least four risk factors such as low birth weight, low income, parent drug or alcohol addiction, and parent history of suspected abuse or neglect. In analyzing the interview data, Allen found that one of the four categories that parents' response fell into was related to parent education. Specifically, parents expressed a desire to learn strategies to support their babies' development and to gain answers to parenting questions. Similarly, Jack, DiCenso, and Lohfield (2005) conducted an investigation with mothers of children less than six years of age participating in an early intervention home visiting program. Jack and colleagues found that the mothers who developed trust with their public health nurses or family visitors were motivated to discuss and advance their parenting knowledge and abilities. Several CDP responses also reflected that CDPs work to plan home visits collaboratively with parents. Jack and colleagues also found that the participating mothers valued developing common goals with their public health nurses or family visitors. Future research should continue to examine the practices that CDPs' use to adapt their work to the families they serve. Additionally, research should examine whether certain practices are associated with higher home visiting quality.

Implications for Practice

The present study contributes to the home visiting literature in several key ways. First, the wide range in percentage of agreement between the CDPs' predictions of parents' play beliefs and their actual, reported beliefs in combination with the low percentage of CDP

examples that reflected an adaptation of practice to the beliefs of families, has implications for home visitor training and supervision. CDPs may require support in gaining awareness of parents' play beliefs. Additionally, once they have this awareness, they may require support to adapt their practice based on the parents' beliefs. Enhancing parents' understanding of child development while also honoring their beliefs is a challenging task. Korfmacher and Marchi (2002) describe the difficulties that arose when home visitors directly challenged teen parents' parenting beliefs or life choices. Home visitors may require additional training and support in balancing the tasks of increasing parents' understanding of child development while also honoring and adapting their practice to the parents' play beliefs.

Limitations of the Present Study

In discussion of the results of the present study, the limitations should also be considered. First, the sample size of the study was small and therefore the power of the analyses was limited. In addition, the nested nature of the data could not be reflected in the analyses due to the small sample size. Therefore, there is a possibility that significant relations amongst the variables examined could not be detected due to limited power.

An additional limitation is that within the larger study, Little Talks, once the CDPs were selected randomly, they invited the families on their caseloads to participate in the present study. While there was randomization at the CDP level, there was not randomization at the family level. Families were required to agree to participate in the larger study. As a result, the sample may not be representative of EHS families overall. Families who agreed to participate are possibly those with the highest quality relationship and/or the most trust in their CDPs as they trusted their recommendation to participate. If the families who chose to participate are not representative of EHS families overall, this limits the generalizability of the findings.

Other factors may limit the generalizability of the findings. One of these factors is that the sample included families of EHS children who were mostly girls (i.e., 9 boys and 20 girls). However, there is published literature that demonstrates that within EHS programs, families with boys drop out sooner (Roggman, Cook, Peterson, & Raikes, 2008), Therefore, this difference in the number of boys versus the number of girls may be representative of EHS programs.

Additionally, the fact that the Toddler & Play Scale is early in its development is a limitation of the present study. This scale was developed in collaboration with a single home visiting program. Also, the items were developed in collaboration with home visitors and therefore may not reflect the ways in which parents conceptualize play. The scale also fails to differentiate between the various types of play (e.g., social pretend play) and parents may have a range in beliefs on play depending on what type of play is being considered. Additionally, the home visiting program with which the measure was developed was in a different geographic location serving a different population of families (Manz & Bracaliello, 2016). The generalizability of the measure to other communities and programs has not yet been assessed. Although this scale is limited, it is the only available measure to address the important construct of parents' play beliefs for infants and toddlers.

An additional limitation related to measurement is due to the use of the Adjustments in Practice question. Through the qualitative analysis of the CDPs' responses to this question, the researcher and research assistants noted that while some CDPs seemed to understand what information the researcher was interested in, others provided vague responses and/or responses about their general practices in working with families. Also, some CDPs provided responses that were similar across the families they served. As a result, information about the practices of the CDPs who provided these more general responses is missing. CDPs may adapt their practice in

ways that were not evident through their responses. Perhaps a fill in the blank format like the following would have supported the CDPs in providing more detailed information about their practice: "I adapt my practice with this family by _____ due to this play belief _____."

Future Analysis

Consistent with the Participatory Action Research (Greenwood, Whyte, & Harkavy, 1993) and Participatory Intervention models (Nastasi et al., 2000), the results of the present study will be presented to the participating CDPs, their supervisors, and the program administration during a meeting. The findings will be presented using the handout provided in Appendix G. After the findings are presented, the researcher will solicit the CDPs' perspectives on the findings and their interpretations of the results. The researcher will record notes on each interpretation shared and summarize the interpretations. The CDPs' perspectives will be used to inform the interpretation of the results found.

Conclusion

Despite its limitations, the present study contributes to the home visiting literature in several key ways. First, the study provides information about the play beliefs of parents of low SES, which is rare in the published literature on play beliefs. Additionally, the present study demonstrates the potential importance of home visitor-parent play beliefs match. Furthermore, the participating CDPs provided examples of how home visitors can adapt their practice to the families they serve. Overall, the findings have important implications for practice and demonstrate key areas for future research.

Table 1

Parent Demographic Information

	Overall Sample	Little Talks Group	Comparison Group
	n (%)	*n* (%)	*n* (%)
Gender			
Male	1 (3.4%)	1 (5.9%)	0 (0%)
Female	28 (96.6%)	16 (94.1%)	12 (100%)
Native Language			
English	13 (44.8%)	10 (58.8%)	3 (25.0%)
Spanish	12 (41.4%)	6 (35.3%)	6 (50.0%)
Spanish and English	1 (3.4%)	0 (0%)	1 (8.3%)
Other	3 (10.3%)	1 (5.9%)	2 (16.7%)
Race/Ethnicity			
Hispanic/Latino	14 (48.3%)	7 (41.2%)	7 (58.3%)
Black/African-American	2 (6.9%)	1 (5.9%)	1 (8.3%)
White	6 (20.7%)	5 (29.4%)	1 (8.3%)
Asian	1 (3.4%)	1 (5.9%)	0 (0%)
Other	6 (20.7%)	3 (17.6%)	3 (25%)
Birth Country			
Mainland United States	15 (51.7%)	9 (52.9%)	6 (50.0%)
Puerto Rico	3 (10.3%)	2 (11.8%)	1 (8.3%)
Dominican Republic	1 (3.4%)	0 (0%)	1 (8.3%)
Ecuador	1 (3.4%)	1 (5.9%)	0 (0%)
Honduras	1 (3.4%)	0 (0%)	1 (8.3%)
India	2 (6.9%)	1 (5.9%)	1 (8.3%)
Liberia	1 (3.4%)	1 (5.9%)	0 (0%)
Mexico	4 (13.8%)	3 (17.6%)	1 (8.3%)
Other (African country)	1 (3.4%)	0 (0%)	1 (8.3%)
Education Completed			
Less than 9th grade	3 (10.3%)	0 (0%)	3 (25.0%)
Some high school	5 (17.2%)	4 (23.5%)	1 (8.3%)
High school graduate	8 (27.6%)	6 (35.3%)	2 (16.7%)
Received GED	1 (3.4%)	0 (0%)	1 (8.3%)
Some college or trade school	8 (27.6%)	4 (23.5%)	4 (33.3%)
Four-year college degree	2 (6.9%)	1 (5.9%)	1 (8.3%)
College+	2 (6.9%)	2 (11.8%)	0 (0%)
Marital Status			

Married	12 (41.4%)	9 (52.9%)	3 (25.0%)
Never married	14 (48.3%)	7 (41.2%)	7 (58.3%)
Separated or divorced	1 (3.4%)	0 (0%)	1 (8.3%)
Common law marriage	2 (6.9%)	1 (5.9%)	1 (8.3%)
Primary Language Spoken in Home			
English	18 (62.1%)	11 (64.7%)	7 (58.3%)
Spanish	5 (17.2%)	3 (17.6%)	2 (16.7%)
English and Spanish	4 (13.8%)	2 (11.8%)	2 (16.7%)
Marathi	2 (6.9%)	1 (5.9%)	1 (8.3%)

Table 2

Child Demographic Information

	Overall Sample	Little Talks Group	Comparison Group
	n (%)	*n* (%)	*n* (%)
Gender			
Male	9 (31.0%)	5 (29.4%)	4 (33.3%)
Female	20 (69.0%)	12 (70.6%)	8 (66.7%)
Native Language			
English	17 (58.6%)	11 (64.7%)	6 (50.0%)
Spanish	7 (24.1%)	5 (29.4%)	2 (16.7%)
English and Spanish	3 (10.3%)	0 (0%)	3 (25.0%)
Marathi	2 (6.9%)	1 (5.9%)	1 (8.3%)
Race/Ethnicity			
Hispanic/Latino	18 (62.1%)	9 (52.9%)	9 (75.0%)
Black/African-American	2 (6.9%)	1 (5.9%)	1 (8.3%)
White	4 (13.8%)	3 (17.6%)	1 (8.3%)
Asian	1 (3.4%)	1 (5.9%)	0 (0%)
Hispanic/Latino and Black/African-American	1 (3.4%)	1 (5.9%)	0 (0%)
Hispanic/Latino and White	1 (3.4%)	1 (5.9%)	0 (0%)
Black/African-American and White	1 (3.4%)	1 (5.9%)	0 (0%)
White and Native American Indian/Alaskan Native	1 (3.4%)	0 (0%)	1 (8.3%)
Special Needs			
No special needs	24 (82.8%)	14 (82.4%)	10 (83.3%)
Speech and language impairment	4 (13.8%)	3 (17.6%)	1 (8.3%)
Speech and language impairment and Other	1 (3.4%)	0 (0%)	1 (8.3%)

Table 3

Skewness and Kurtosis Values for Select Variables

	Skewness	Kurtosis
Preliminary Analyses		
Total Toddler & Play Scale score (non-collapsed categories; comparison group)	-0.68	-1.41
Total Toddler & Play Scale score (non-collapsed categories; intervention group)	0.79	-0.05
Total Toddler & Play Scale score (collapsed categories; comparison group)	-1.53	3.39
Total Toddler & Play Scale score (collapsed categories; intervention group)	0.01	-1.23
Research Question 1		
CDP-parent beliefs match	-0.71	-0.29
CDP group assignment	0.37	-2.8
CDP race/ethnicity	0	-2.60
Child race/ethnicity	3.13	10.07
Child special needs	-1.83	1.44
Mean percentage of agreement by CDP	-0.44	-1.61
Family group assignment	-0.37	-2.01
Parent level of education received	-0.21	-0.68
Parent native language	2.17	3.23
Parent race/ethnicity	0.87	-0.76

Percentage of agreement for CDPs' predictions	-0.95	-0.20
Research Question 1a		
Duration in Early Head Start	0.77	-0.69
Number of visits completed by a CDP-family dyad	0.84	1.29
Research Question 2		
HOVRS-A+ Home Visitor Facilitation of Parent-Child Interaction scale scores	0.44	-0.28

Table 4

Percentage of Agreement Between CDPs' and Parents' Personal Play Beliefs

CDP	Family	Percentage of Agreement Value
1	1	84.62
	2	92.31
	3	100
	4	84.62
	5	92.31
CDP 1 Mean		90.77
2	6	84.62
	7	92.31
	8	100
	9	84.62
CDP 2 Mean		90.39
3	10	92.31
	11	92.31
	12	100
	13	100
CDP 3 Mean		96.16
4	14	76.92
	15	100
	16	100
	17	91.67
CDP 4 Mean		92.15
5	18	92.31
	19	92.31
	20	92.31
	21	100
	22	92.31
CDP 5 Mean		93.85
6	23	92.31
	24	100
CDP 6 Mean		96.16
7	25	76.92
	26	100

	27	100
	28	83.33
	29	100
CDP 7 Mean		92.05

Table 5

Percentage of Agreement Between CDPs' Predictions and Parents' Responses to Toddler & Play Scale

CDP	Family	Percentage of Agreement (Non-Collapsed Responses)	Percentage of Agreement (Collapsed Responses)
CDP 1	1	69.2	76.9
	2	69.2	100
	3	53.8	100
	4	92.3	100
	5	38.5	76.9
CDP 2	6	61.5	92.3
	7	76.9	100
	8	69.2	84.6
	9	61.5	76.9
CDP 3	10	69.2	92.3
	11	46.2	92.3
	12	30.8	92.3
	13	30.8	92.3
CDP 4	14	69.2	76.9
	15	30.8	100
	16	84.6	100
	17	83.3	91.7
CDP 5	18	61.5	100
	19	46.2	69.2
	20	38.5	92.3
	21	15.4	100
	22	76.9	100
CDP 6	23	53.8	92.3
	24	61.5	92.3
CDP 7	25	23.1	69.2
	26	38.5	100
	27	15.4	84.6
	28	75	91.7
	29	30.8	100

Table 6

CDP-Parent Dyad and CDP Average Measures Intraclass Correlations (ICCs)

CDP	Family	CDP-Parent Dyad ICCs	CDP Average Measures ICCs
1	1	0	0.60
	2	0.61	
	3	0.50	
	4	0.89	
	5	0.27	
		CDP 1 Mean 0.46	
2	6	0.33	0.58
	7	0.58	
	8	0.40	
	9	0.44	
		CDP 2 Mean 0.44	
3	10	0.52	-0.29
	11	0.25	
	12	-0.10	
	13	0.07	
		CDP 3 Mean 0.23	
4	14	0	-0.25
	15	0	
	16	0.71	
	17	0.58	
		CDP 4 Mean 0.32	
5	18	0.30	-0.18
	19	-0.01	
	20	0.44	
	21	0.26	
	22	0	
		CDP 5 Mean 0.20	
6	23	0.28	-0.84
	24	0.37	
		CDP 6 Mean 0.32	
7	25	0.16	0.24
	26	0.34	
	27	-0.15	
	28	0.42	
	29	0.58	
		CDP 7 Mean 0.33	

Table 7

Toddler & Play Scale Item Disagreements

Item	Number of disagreements across CDP-parent dyads	CDP predicted percentage of parents who would agree with item	Percentage of parent responses that were in agreement with item
1. Young children learn a lot by playing alone or with others.	0	100%	100% [a]
2. Children should be given time to play every day.	0	100%	100%[a]
3. Children should play with one toy at a time.	10	37.9%	24.1%
4. Play helps prepare young children for school.	2	96.6%	96.6%
5. I like to pretend play with my child.	0	100%	100%
6. I wish I had more time to play with my child.	7	86.2%	75.9%
7. When my child becomes upset, offering a toy or book will calm him or her.	4	89.7%	82.8%
8. I can show my child how to play nicely while playing with him or her.	1	100%	96.6%
9. Playing with other adults or children teaches my child how to get along with others.	0	100%	100%
10. Adults should join children when they are playing.	5	86.2%	96.6%
11. Children's language skills improve by playing.	3	96.6%	93.1%
12. One of the most important things I can do for my child is play with her or him.	2	89.7%	96.6%
13. It is natural for toddlers to play all the time.	1	100%	96.6%

a=1 parent did not respond to this item

Table 8

CDP Responses by Category

Category	Definition	Response
Play Context & Play Belief	Home visitor response includes reference to both: (1) home visitor adapting or changing something about her work with the family within the context of play due to (2) identified parent play belief	For art activities, I slowly introduce the parent/child to crayons on visits, then markers and then paint. The parent tends to feel that these materials are too messy, but relaxes once she sees how much her child enjoys using the materials. I also ask the parent what they would like to do on the next visit and discuss what materials we will need. [Child's name]'s mom is a strong believer in our program and works hard with him every day to teach him things through play. We plan visits together. Examples would be: Through play we can count things with him, labels shapes and colors, and read books. [Child's name]'s mom is very "hands-on" and sits on the floor and participates in imaginary play activities with [Child's name]. This parent has taught preschool and school aged children before and is knowledgeable about the benefits of play. We usually try to co-plan activities together to help [Child's name] to accomplish the goals that he is working on through different play activities. This parent believes in reading books, singing songs, and talking with their child, however he is sometimes hard to engage in interactive play activities. He seems to think that this should be up to [Child's name] and the "teacher". There are definitely some cultural differences to take into account as well. I try to plan activities that respect this and also try to provide new books for him to share during visits. [Mother's name] likes to incorporate both Spanish and English in the home visit so I plan accordingly and bring materials with both languages when possible. I also focus on utilizing words in both English and Spanish throughout the home visit. During visits we sing and dance to songs, and always do art activity or play doh because creative and active play are very important to [Mother's name] for [Child's name]. [Mother's name] likes to use toys, books, and music to help [Child's name] in learning new

		words. CDP will plan the visits activities in order to encourage [Mother's name] and [Child's name] to play, sing and read books together. [Child's name] has been having a lot of problems participating in any activities that her older brother has not been around to model for several months. [Child's name]' mother has requested different activities to help spark interest and fun and learning. As their CDP I regularly bring different items such as colorful puzzles, counting and language cards along with other items to pique her interest and show her that she can play without her brother and how it can be fun.
Play Context & Unspecified Belief	Home visitor response includes reference to both: (1) home visitor adapting or changing something about her work with the family within the context of play due to (2) a characteristic of the child and/or family or general belief of the parent (not specifically a play belief)	Sometimes, [Mother's name], [Child's name]'s mom, will get overwhelmed when all three of her sons are trying to play together. I will usually plan the visit by including different play activities for the three sons in order to avoid fights and allow all three to play at the same time together.
		When planning for our visit, I take into account that [Mother's name], [Child's name]'s mom, does not always participate right away. Especially if there is a play activity that cannot be completed by sitting on the couch. To prepare, I will usually bring two options for play and encourage [Mother's name] and [Child's name] to engage together. I try to incorporate interactive puzzles, toys, and books to help [Child's name]'s mom to interact with [Child's name] and help to teach her things at the same time. This parent wants her children to have educational and learning opportunities that she never had. She is not always sure how to go about playing until I model different ways of playing and interacting with toys, books, ... I know it's important for [Mother's name] to help [Child's name] learn new words so I focus play around having her help him try to accomplish that, for example using puzzles to name animals or blocks to name colors. [Mother's name] likes for [Child's name] to be

		entertained and stimulated all the time. I like to bring lots of different types of toys that have different colors, textures and sound to keep him engaged. Sometimes when planning for the home visit, I bring toys that I know the parent will like to play with her child. The parent and I plan for the following home visit together. [Child's name] has severe delays in all areas of development and receives many services. I work within his capabilities and requests of the mom. For example [Child's name] likes to touch everything so I plan lots of different textures items. If [Mother's name] shares that [Child's name] has a lot of energy that day that I will do activities to get him moving with her, such as dancing to different nursery rhymes.
Unspecified Context & Belief	Home visitor response includes reference to both: (1) home visitor adapting or changing something about her work with the family overall (not specifically within the context of play) due to (2) a characteristic of the child and/or family or general belief of the parent (not specifically a play belief)	[Mother's name] likes for things to be changed up often because [Child's name] gets distracted very quickly. I have personally learned that I have to plan how I present things because [Child's name] will want to keep looking in my bag and take everything out. Sometimes I have to move through activities quickly and revisit to keep [Child's name] engaged and interested.
General	Home visitor response does	I plan my home visits with activities that I know the parent will enjoy doing with the child and will have the time to do them. This parent is interested in knowing and learning the area of development each activity would help. I plan home visits around active activities that focus on cognitive skills because parent and child both enjoy. Also, involve music and crafts. In planning for [Child's name]'s home visit, I think of activities that [Mother's name] (parent) can do at home with her. [Mother's name] likes to be involved in the home visit and she enjoys seating with her on the floor. When planning the home visit with this parent, I take into consideration the child parent activity that this mom can do with her daughter at home. I ask the parent if there any activities that she

Practice	not clearly assert a change related to a parent belief or child/family characteristic	would like to do with the child. I have observed how [Mother's name] interacts with [Child's name]. I plan parent/child activities to keep parent involved during the home visit. I always get parent input before leaving the visit to see what [Mother's name] would like to do for the upcoming home visit I always talk to [Mother's name] about what she would like to work on with [Child's name] During each visit, we talk about things [Child's name] is learning and what [Mother's name] would like to continue working on with [Child's name] [Mother's name] and CDP discuss what to work on with [Child's name] together. CDP encouraged [Mother's name] to help plan the visit I always make an effort to include parental input in my visits because I feel that it is important for their voice to be heard. Parents will suggest specific toys such as play-dough, bubble, or finger painting etc and I will incorporate it into the visit to meet individualized child plan.

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Appendix A

Toddler & Play Scale

Child's Name: _____ Your Name: _____

Your Relationship to Child: _____ Date: _____ CDP: _____

Toddlers & Play

Circle how strongly you agree or disagree with the following statements.

1.	Young children learn a lot by playing alone or with others.	Strongly Disagree	Disagree	Agree	Strongly Agree
2.	Children should be given time to play every day.	Strongly Disagree	Disagree	Agree	Strongly Agree
3.	Children should play with one toy at a time.	Strongly Disagree	Disagree	Agree	Strongly Agree
4.	Play helps prepare young children for school.	Strongly Disagree	Disagree	Agree	Strongly Agree
5.	I like to pretend play with my child.	Strongly Disagree	Disagree	Agree	Strongly Agree
6.	I wish I had more time to play with my child.	Strongly Disagree	Disagree	Agree	Strongly Agree
7.	When my child becomes upset, offering a toy or book will calm him or her.	Strongly Disagree	Disagree	Agree	Strongly Agree
8.	I can show my child how to play nicely while playing with him or her.	Strongly Disagree	Disagree	Agree	Strongly Agree
9.	Playing with other adults or children teaches my child how to get along with others.	Strongly Disagree	Disagree	Agree	Strongly Agree
10.	Adults should join children when they are playing.	Strongly Disagree	Disagree	Agree	Strongly Agree

11.	Children's language skills improve by playing.	Strongly Disagree	Disagree	Agree	Strongly Agree
12.	One of the most important things I can do for my child is play with her or him.	Strongly Disagree	Disagree	Agree	Strongly Agree
13.	It is natural for toddlers to play all the time.	Strongly Disagree	Disagree	Agree	Strongly Agree

Appendix B

Script for Introducing the Proposed Study to Child Development Partners

We are interested in how your work with parents provides you with an understanding of how they feel about play and its importance to their child's development. Following the 22nd visit with each of your families, you will receive an email link to complete the Toddler & Play Scale and three follow-up questions. You will complete one questionnaire for each of your families and parents will later complete this questionnaire during assessment four. Please answer each question as you believe the parent who is most involved in your home visits would. If you are not sure, please take your best guess. If you believe family members may disagree on an item, please respond as you think the parent who completes the questionnaires would respond. Please do not complete the questionnaire when you are still at the family's home or ask the parent how he or she would respond. You will indicate how strongly each family would agree or disagree with the questions. The response options are: strongly disagree, disagree, agree, and strongly agree. Do you have any questions?

When will your next visit with this family take place?

Thank you. You will receive the email with the link to complete the questionnaire following the visit at _____(*time*) on _____(*date*). Please remember to not complete the questionnaire while you are still with that family, but instead following the visit with the family.

Do you typically assist this parent in completing the paper measures by reading the items and recording the parent's response or by sitting with the parent as he or she completes the questionnaires?

Thank you!

Appendix C

Emailed Instructions for Child Development Partners to Predict Parent Play Beliefs

Hello [*CDP's name*],

Below is the link to complete the Toddler & Play Scale and follow-up questions for [***Child's first name's***] family.

Play beliefs are beliefs that play is related to children's early learning and ultimately readiness for school. Please answer each question as you believe [child's name]'s parent(s) would respond. Please consider the beliefs of the parent who is most involved in your EHS home visits and completes the questionnaires. If you are not sure, please take your best guess. You will indicate how strongly the parent would agree or disagree with the questions. The response options are: strongly disagree, disagree, agree, and strongly agree.

Please respond to these questions following your visit with this family, but after you have left their home. Please do not ask the family how they would respond to the questions.

Please email Little Talks team member, Jacqueline Faison (jdf211@lehigh.edu), with any questions.

Thank you!

[*Qualtrics link*]

Appendix D

Qualtrics Page for Child Development Partners to Predict Parent Play Beliefs

The following questions ask about the play beliefs of the parent(s) of the family indicated in the emailed instructions. Play beliefs are beliefs that play is related to children's early learning and ultimately readiness for school.

Please answer each question as you believe the parent(s) of the family indicated in the email would respond. Please consider the beliefs of the parent who is most involved in your EHS home visits. If you are not sure, please take your best guess. You will indicate how strongly the parent would agree or disagree with the questions. The response options are: strongly disagree, disagree, agree, and strongly agree.

Please email Little Talks team member, Jacqueline Faison (jdf211@lehigh.edu), with any questions.

Thank you!

Toddler & Play Scale (Manz & Braciello, 2014)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Young children learn a lot by playing alone or with others.	○	○	○	○
2. Children should be given time to play every day.	○	○	○	○
3. Children should play with one toy at a time.	○	○	○	○
4. Play helps prepare young children for school.	○	○	○	○
5. I like to pretend play with my child.	○	○	○	○
6. I wish I had more time to play with my child.	○	○	○	○
7. When my child becomes upset, offering a toy or book will calm him or her.	○	○	○	○
8. I can show my child how to play nicely while playing with him or her.	○	○	○	○
9. Playing with other adults or children teaches my child how to get along with others.	○	○	○	○
10. Adults should join children when they are playing.	○	○	○	○
11. Children's language skills improve by playing.	○	○	○	○
12. One of the most important things I can do for my child is play with her or him.	○	○	○	○
13. It is natural for toddlers to play all the time.	○	○	○	○

Follow-Up Questions

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am knowledgeable about this parent's play beliefs.	○	○	○	○
The parent and I have similar beliefs about the vale of play to children's learning.	○	○	○	○
When appropriate, I consider the parent's beliefs about play when planning my visit.	○	○	○	○

>>

Appendix E

Emailed Instructions for Child Development Partners to Report Their Personal Play Beliefs

Good morning,

We want to thank you again for your participation in Little Talks. I am writing to follow up with the Toddler & Play scales that you completed. We are looking forward to sharing what we found from those surveys with you in the coming months!

You previously completed the Toddler & Play scale based on the play beliefs of the families you serve. To develop a better understanding of the importance of play beliefs to home visiting, we were hoping to also learn about **your personal play beliefs**. Below is a link to complete the Toddler & Play scale based on your personal play beliefs. As a reminder, play beliefs are beliefs that play is related to children's early learning and ultimately readiness for school. **Please use the link below to complete the survey based on your personal beliefs about play.** We expect that this should take five minutes or less. If you have any questions or concerns, please contact Little Talks team member Jacqueline Faison (jdf211@lehigh.edu).

We look forward to sharing the Toddler & Play scale results with you.

Thank you!

Appendix F

Qualtrics Page for Child Development Partners to Report Their Personal Play Beliefs

The following questions ask about your personal play beliefs. Play beliefs are beliefs that play is related to children's early learning and ultimately readiness for school.

You will indicate how strongly you agree or disagree with the questions. The response options are: strongly disagree, disagree, agree, and strongly agree.

Please email Little Talks team member, Jacqueline Faison (jdf211@lehigh.edu), with any questions.

Thank you!

Toddler & Play Scale (Manz & Bracaliello, 2015)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Young children learn a lot by playing alone or with others.	○	○	○	○
2. Children should be given time to play every day.	○	○	○	○
3. Children should play with one toy at a time.	○	○	○	○
4. Play helps prepare young children for school.	○	○	○	○
5. I like to pretend play with my child.	○	○	○	○
6. I wish I had more time to play with my child.	○	○	○	○
7. When my child becomes upset, offering a toy or book will calm him or her.	○	○	○	○
8. I can show my child how to play nicely while playing with him or her.	○	○	○	○
9. Playing with other adults or children teaches my child how to get along with others.	○	○	○	○
10. Adults should join children when they are playing.	○	○	○	○
11. Children's language skills improve by playing.	○	○	○	○
12. One of the most important things I can do for my child is play with her or him.	○	○	○	○
13. It is natural for toddlers to play all the time.	○	○	○	○

Appendix G
Handout for Presentation of Findings

Little Talks: Exploring Families' Play Beliefs
[Date]
[Time]

Agenda

- Introductions
- Main objectives of this project
- Procedures Used
- Main findings
- Your Feedback
- Thank You

Main Findings

- Wide range in CDPs 'awareness of parents' play beliefs.
- CDPs had more awareness of percentage of agreement values for families whose play beliefs were most similar to their beliefs.

- The duration of families' enrollment and number of visits received were not related to CDPs' awareness of the families' play beliefs

- CDPs' awareness of play beliefs was not related to home visiting quality (videotaped home visits)

- Every home visitor reported that she adjusts her practice based on families' play beliefs
- The examples of this fell into four categories

    - Play Context & Play Belief
    - Play Context & Unspecified Belief
    - Unspecified Context & Belief
    - General Practice

Comments

Please briefly describe any thoughts or questions that you have that we may not have discussed.

Contact Information

Jacqueline Faison
Jdf211@lehigh.edu

Patricia Manz, Ph.D.
Phm3@lehigh.edu
(610) 758-5656

JACQUELINE D. FAISON

EDUCATION

Lehigh University, Bethlehem, PA 2011-Present
Ph.D., School Psychology
M.Ed., Human Development, 2013
APA Accredited (Full) & NASP Approved (Full) Program
Subspecialization: Students At-Risk or with Disabilities
Dissertation: Enhancing parent-provider collaborations: Understanding home visitors' awareness of their families' beliefs about play and child development

University of Pennsylvania, Philadelphia, PA 2006-2010
B.A., Psychology, 2010
Minor: Africana Studies

CLINICAL EXPERIENCE

Fraser Pre-Doctoral Clinical Psychology Internship, Minneapolis, MN 2015-2016
Supervisors: Catherine Avery, Ph.D., Mary Kelly Haack, Ph.D., Miranda Gilmore, Psy.D.

- Conducted evaluations with children and adolescents within Fraser's Autism, Neuropsychology, and Mental Health programs.
- Provided individual therapy, parent guidance, and family therapy within Fraser's Autism and Mental Health programs.
- Co-facilitated a social skills group for children diagnosed with Autism Spectrum Disorder.
- Participated in didactic seminars and training in a variety of topics including developmental disorders and developmental delay, therapeutic approaches for individuals with ASD, Parent-Child Interaction Therapy Child-Adult Relationship Enhancement (PCIT CARE), and Adoption and Permanency.

Early Head Start at the Children's Hospital of Philadelphia, Philadelphia, PA 2014-2015
Supervisor: Evelyn Ridgeway, Ph.D.

- Conducted screening and assessment to gain an understanding of the social-emotional and behavioral challenges of toddlers.
- Consulted with families and classroom teachers to address the social-emotional and behavioral challenges of toddlers.
- Consulted with home visitors and families of children birth to three years regarding a variety of concerns including evaluation, early intervention services, and working effectively with families.
- Worked with a home visitor and speech therapist to develop guidelines and resources for home visitors to use to ensure that assessment of culturally and linguistically diverse families produced meaningful results.

- Developed articles for the program newsletter to inform families about relevant child development issues.
- Trained home visitors in an evidence-based book-sharing program for families.

School District of Philadelphia- William Cramp School, Philadelphia, PA 2014-2015
Supervisor: Joanna Nova, Ph.D.

- Conducted evaluations, determined eligibility for special education services, wrote psychoeducational evaluation reports, and developed recommendations for parents, teachers, and other practitioners working with elementary school children with a range of academic, behavioral, and social emotional concerns including children with Autism Spectrum Disorder (ASD).
- Presented the results of evaluations to families and other involved practitioners.

Head Start/PreK Counts, **Community Services for Children**, Allentown, PA 2013-2015
Supervisor: Patricia Manz, Ph.D.

- Conducted consultation with teachers to improve the behavior and social-emotional competence of children ages 3-5 years.
- Implemented a segment of the I Can Problem Solve (ICPS) program with a group of four preschool children.
- Assisted with social-emotional and academic assessment.
- Provided direct academic intervention.
- Created an informational handout to inform parents of best practices regarding screen time and young children.
- Worked with Children & Youth Services of Lehigh County, PA to develop a measure of family satisfaction with their experience with Children & Youth Services, their assigned caseworkers, and the services provided.

RESEARCH EXPERIENCE

Little Talks Project, Lehigh University 2013-2015
Graduate Assistant; Principal Investigator: Dr. Patricia Manz

Co-Development of Little Talks Supervision Procedures and Manual *2014-2015*

Co-developed the Little Talks supervision procedures and manual with fellow graduate student and Dr. Manz. Advised graduate students as they provide supervision to Early Head Start Child Development Partners implementing the intervention.

Intervention Supervision *2013-2015*

Supervised Early Head Start Child Development Partners in implementing the empirically supported book sharing intervention with families, setting collaborative goals, and conducting assessments. Developed and implemented Child Development Partner training with Little Talks team members.

Assessment Support *2013-2015*

Scored Individual Growth and Development Indicators (IGDI) Early Communication Indicator (ECI) administered in both Spanish and English. Provided assistance to Child Development Partners in conducting the assessments.

Center for Adolescent Research in Schools (CARS), Lehigh University 2012-2013
Classroom Facilitator; Principal Investigator: Dr. Lee Kern
Conducted systematic observation, recommended class-wide and individual interventions, and consulted with teachers throughout the implementation of interventions with high school students experiencing academic, social-emotional, and behavioral difficulties. Coordinated Check and Connect Intervention. Administered measures of student behavior to teachers, parents, and students and conducted achievement assessment with students.

Reading Achievement Multi-Component Program (RAMP-UP), Lehigh University 2012
Data Collector; Principal Investigator: Dr. Mary Beth Calhoon
Administered select Woodcock Johnson III Test of Achievement and Test of Word Reading Efficiency 2 (TOWRE-2) subtests to elementary school children.

Collaborative Inquiry for Intervention Development, Lehigh University 2011-2012
Research Project Volunteer; Principal Investigator: Dr. Patricia Manz
To develop book-sharing intervention in partnership with home visiting program and the families it serves, trained families in a dialogic reading intervention and conducted weekly home visits with families (including a Spanish-speaking family) to support intervention implementation. Administered assessments of child vocabulary knowledge and family involvement to participating families.

Center for Family Intervention Science, Children's Hospital of Philadelphia 2008-2010
Undergraduate Assistant to Dr. Rhonda Boyd
Administered measures to study participants. Conducted literature reviews.

Center for Neurobiology and Behavior, University of Pennsylvania 2007
Undergraduate Assistant to Dr. Angeliki Pesiridou
Entered data from structured clinical interviews with individuals diagnosed with Bipolar Disorder. Assisted with interviews of research study participants.

PROFESSIONAL AND OTHER RELEVANT EXPERIENCE

School Psychology Program, Lehigh University 2015
Teaching Assistant to Dr. Edward Shapiro
Provided feedback and guidance to second year graduate students in the Assessment and Intervention in Educational Consultation course as they conducted curriculum based and behavioral assessment, wrote assessment reports, designed intervention plans, implemented interventions, and monitored student progress.

***Shaping the Future* Event, Lehigh University** 2014-2015
Co-Developer and Co-Organizer
Worked with a colleague to develop an event to foster awareness of opportunities at the intersection of psychology and education in fields such as school psychology, with a focus on culturally and linguistically diverse (CLD) individuals. Solicited funding, speakers, student and faculty support for the event, and managed the event logistics.

Cross-University Collaborative Mentoring Conference 2013
Lehigh University Student Representative
Served as Lehigh University 's representative by soliciting funds to support the student-led conference and encouraging student involvement and attendance.

Elwyn/Autism Resource Community Hub (ARCH) of Lehigh Valley 2012-2013
Therapeutic Support Staff
Implemented interventions and trained families and professionals to carry out interventions with children diagnosed with Autism Spectrum Disorder (ASD). Conducted sessions in the community and in client's homes, schools, and therapist's offices. Collected data during each session to monitor client progress toward treatment plan goals. Periodically discussed data and client progress with families and other treatment team members to determine if new goals and/or intervention strategies were needed.

College Access and Career Readiness Program, Urban Nutrition Initiative, University of Pennsylvania 2011
Mentor
Supervised rising high school seniors participating in a college and career preparatory program. Assisted the students in selecting the institutions to which they would apply and in editing essays, resumes, and other application materials.

Penn Program in Public Service, University of Pennsylvania 2009
Intern
Served as an Intern to the Urban Nutrition Initiative and supervised a group of high school students who taught nutrition lessons to children. Completed a seminar on University-assisted community school programs and community development.

Ase Saturday Academy, University of Pennsylvania 2007-2008
Learning Center Mentor
Served as a mentor and tutor in reading and math to a sixth grade girl.

Reach-a-Peer (RAP) Helpline, University of Pennsylvania 2006-2008
Helpline Listener
Provided support and recommended resources to students who called the helpline with a variety of concerns including academic and relationship-based challenges.

AWARDS AND HONORS

Lehigh University Student Research Grant (2015)
- Awarded the competitive grant for students conducting significant research related to educational goals to support dissertation research.

Lehigh University College of Education Graduate Student Leadership and Service Award
- Co-recipient of this award for efforts to enhance the diversity within fields at the intersection of psychology and education.

Lehigh University Student Research Grant (2012)

- Awarded the competitive grant for students conducting significant research related to educational goals to support qualifying project.

Thomas/Brucker Endowed Minority Doctoral Scholarship

- Awarded the scholarship given to one graduate student per year who has demonstrated academic excellence as an undergraduate and has experience working overseas or in low socioeconomic environments.

PROFESSIONAL AFFILIATIONS AND STUDENT GROUPS

- Graduate Student Member, Society for Research in Child Development
- Student Member, National Association for School Psychologists
- 2014 School Psychology Leadership Institute, American Psychological Association, Division 16, Committee on Ethnic Minority Affairs
- Lehigh University, College of Education Diversity Committee, 2012-2014
- 2011-2012 Lehigh University School Psychology Club Co-Community Outreach Coordinator

RESEARCH

Publications

Manz, P. H., Eisenberg, R., Gernhart, A., **Faison, J.**, Laracy, S., Ridgard, T., & Pinho, T. (2016). Engaging Early Head Start parents in collaborative inquiry: The co-construction of Little Talks. *Early child development and care,* 10.1080/03004430.2016.1169177

Faison, J. **D.** & Ridgard, T. (2014). Institutional barriers to successful graduate education. *National Association of School Psychologists Communiqué, 42*(7), 23-24.

Faison, J. D., & Manz, P. H. (2015). An examination of the book preferences of parents of latino toddlers. Manuscript in preparation.

Ridgard, T., **Faison, J. D.**, Shapiro, E., & Manz, P. H. (2015). Diversifying school psychology: Are we doing enough? Manuscript in preparation.

Accepted Presentations

Wallace, L. E., **Faison, J. D**., & Manz, P. (2015, February). Bridging the gap between child protectiv services and school psychologists. Poster presentation at the annual meeting of the National Associati of School Psychologists, Orlando, FL.

Ridgard, T. & **Faison, J. D.** (2015, February). Diversifying school psychology: Are we doing enough? Paper presentation at the annual meeting of the National Association of School Psychologists, Orlando, FL.

Faison, J. D., Wallace, L. E., & Manz, P. H. (2015, February). Stuck in the middle: Child welfare services, families, and schools. Poster presentation at the annual meeting of the National

Association of School Psychologists, Orlando, FL.

Faison, J. D. & Manz, P. H. (2015, February). Examining the book preferences of Latino parents of young children. Poster presentation at the annual meeting of the National Association of School Psychologists, Orlando, FL.

Eisenberg, R. A., **Faison, J. D.**, Whitenack, J., Manz, P. H. (2015, February). Evidence-based decision making in practice: Performance feedback in practitioner supervision. Paper presentation at the annual meeting of the National Association of School Psychologists, Orlando, FL.

Ridgard, T. J., **Faison, J. D.,** & Shapiro, E. S. (January, 2015). Shaping the future: Opportunities for graduate training in psychology and education, recruiting culturally and linguistically diverse individuals to school psychology. Presentation at the annual meeting of the Council of Directors of School Psychology Programs, Hollywood, FL.

Ridgard, T., Hojnoski, R., & **Faison, J. D.** (2014, July). Does the boat float? Caregiver-child science interactions in families from ethnic minority backgrounds and families from low-income backgrounds. Poster presentation at the Head Start Research Conference, Washington, D.C.

Manzo, J., Manz, P., Eisenberg, R., Gernhart, A., **Faison, J. D.,** Ridgard, T., Whitenack, J., Spearot, L. (2014, July). Little talks: A partnership with early head start home visitors to enhance parent-child book sharing. Poster presentation at the Head Start Research Conference, Washington. D. C.

Faison, J. D. & Manz, P. H. (2014, June). An examination of the book preferences of Latino parents of toddlers. Paper presentation at the Cross University Collaborative Mentoring Conference, Bronx, New York.

Manz, P., Cho, P., Eisenberg, R., Manzo, J., Gernhart, A., **Faison, J. D.,** & Ridgard, T. (2014, April). A collaborative inquiry process with early head start to enrich child development focused home visiting: developing little talks. Symposium presentation at the Society for Research in Child Development special topic meeting, Alexandria, VA.

Eisenberg, R., Cho, P., Manz, P., Manzo, J, Ridgard, T., **Faison, J**. **D.,** & Gernhart, A. (2014, April). Partnership processes in early head start home visiting: performance feedback in supervision for intervention implementation. Poster presentation at the Society for Research in Child Development special topic meeting, Alexandria, VA.

Eisenberg, R., Manzo, J., Pressimone, V., Manz, P., & **Faison, J. D.** (2014, February). Home visiting for school readiness: parent growth in storybook talk. Poster presentation at the annual meeting of the National Association of School Psychologists, Washington, D. C.

Faison, J. D. & Manz, P. H. (2013, June). An examination of the book preferences of Latino parents of toddlers. Paper presentation at the Cross University Collaborative Mentoring Conference, New York, New York.

Eisenberg, R. A., Gernhart, A. L., Manz, P. H., Laracy, S., **Faison, J. D.**, Pinho, T., & Ridgard, T. (2013, February). Culturally Relevant Book Talk: Dialogic Reading Feasibility and Acceptability. Poster presentation at the annual meeting of the National Association of School Psychologists, Seattle, Washington.

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