



# Integrating the little talks intervention into Early Head Start: An experimental examination of implementation supports involving fidelity monitoring and performance feedback<sup>☆</sup>

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## ABSTRACT

Enriching home visiting services by incorporating scientifically-supported interventions is a means for improving their effectiveness in promoting child development. However, deliberate efforts to ensure that home visitors are fully knowledgeable and supported to implement interventions with parents of young children are necessary. In this experimental study, a randomly-assigned group of Early Head Start home visitors monitored the fidelity of their provision of a scientifically-based intervention, Little Talks, and the program's general child development services. On a bi-weekly basis, home visitors received performance feedback specific to their implementation of Little Talks and based upon the fidelity data. Findings demonstrated that home visitors showed immediate and consistent mastery of the Little Talks content, while the quality of their implementation, including their clinical decision-making and collaborative processes, improved to adequate levels over time. The Little Talks home visitors showed generalized improvements in their ability to obtain Parent Input while providing the program's typical child development services were detected. In fact, Little Talks home visitors' were superior in obtaining Parent Input relative to comparison home visitors. Further, parents for whom low-quality intervention implementation was observed discontinued their enrollment in home visiting prematurely, while high-quality implementation was associated with sustained enrollment. Limitations for this study are identified, leading to future directions for advancing home visitors' incorporation of evidence-based practices.

## 1. Introduction

Infants and toddlers under the age of 3 years are more likely than older children and adults to experience socioeconomic disadvantage. In 2014, there were over 11 million infants and toddlers under the age of 3 living in the United States. Of these 11 million, 5.3 million lived in low-income families and 2.7 million lived in poor families (NCCP; Jiang, Ekono, & Skinner, 2015). Unfortunately, the number of young children living in poverty has been on the rise. From 2007 to 2013, the percentage of young children in poverty increased from 44% to 47%. This percentage has increased at an even higher rate for Hispanic children. At present, 67% of Hispanic infants and toddlers live in a low income family.

Development during infancy is rapid and foundational for future health and competence in academic, social, and emotional domains. For this reason, infants and toddlers who face socioeconomic disadvantage are especially vulnerable to delays in their physical, social-emotional, and cognitive development (Gershoff, Aber, & Raver, 2003). At the same time, intervening during these formative years, when development is most malleable, can bolster children's resilience (Shonkoff & Phillips, 2000). Home visiting is a primary means for providing early intervention services to low-income families of infants and toddlers. Home visiting is advantageous as it addresses children in familiar contexts, seeks sustainable enhancements in parenting knowledge and competence among family members who are responsible for children's well-being, and enhances the accessibility of early

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intervention services (Sweet & Appelbaum, 2004). Home visiting is a broad and diverse method of early intervention service delivery, with program models differing in type of providers, intensity of services, and goals for children and families.

In recognition of home visiting's promise for achieving healthy development among low-income children, the Obama administration formulated the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV; Avellar & Supplee, 2013) for supporting and expanding home visiting programs that demonstrated effectiveness in promoting well-being in children and their families. MIECHV was especially formulated to support children who face socioeconomic threats to their health and development; the majority of children served by MIECHV programs have families whose incomes are at or significantly below federal poverty thresholds (Maternal Child Health Bureau [MCHB], 2017). An important function of MIECHV is to identify home visiting program models that have acquired sufficient empirical support to be considered evidenced-based and eligible for federal funding. The Home Visiting Evidence of Effectiveness (HomVEE; Sama-Miller, Akers, Avellar, Paulsell, & Del Grosso, 2016) has established standards for defining evidenced-based status as well as a process for a continuous review and identification of home visiting programs. To date, HomVEE has identified 19 evidenced-based home visiting program models with 13 of these programs designed to primarily improve child development outcomes (Sama-Miller et al., 2016). Of concern, only 19% of the developmental outcomes tested by these programs showed significant benefits for home visited children, relative to comparison children.

These modest findings highlight the need for home visiting program models to integrate interventions that are based in research that demonstrates benefits for young children (Buzhardt et al., 2011). In response to this need, Manz and colleagues (Manz et al., 2016) intentionally developed Little Talks, an intervention to bolster infants' and toddlers' language and emergent literacy skills for use in home visiting programs. Little Talks was created by integrating empirically-based intervention components with findings from intensive community-based participatory research with low-income parents of infants and toddlers. Little Talks draws from research concerning parents' narratives and book sharing behaviors with their children (Hammer, Nimmo, Cohen, Draheim, & Johnson, 2005; Melzi, Schick, & Kennedy, 2011; Zevenbergen & Whitehurst, 2003). The 24 Little Talks lessons are various combinations of speech acts (request or provisions) coupled with increasingly complex sequence of content foci (labels, events, personal experiences, character feelings). Designed for integration into routine home visits, home visitors have options to teach new lessons, reinforce previously-taught lessons, and guide generalization of strategies to a variety of parent-child activities. The Little Talks curriculum was innovatively formulated according to the modular treatment design (Weisz & Chorpita, 2012). This design enables home visitors to individualize the sequence and pace for progressing through the Little Talks lessons to parents' strengths, needs, and resources. Individualizing services ensures that families' values are respected and needs met, which fosters their sustained engagement (Weisz & Chorpita, 2012). Further, home visitors can continuously guide parents to increasingly advance the foundational dialogic behaviors taught through the Little Talks lessons to their children's growing language competence. Therefore, Little Talks is intended to become an ongoing, integrated element in home visiting. In preliminary research, Little Talks has been demonstrated to increase children's vocabulary and parents' involvement in children's early learning experiences (Manz et al., 2016). Additionally, parents' reports have repeated indicated a high degree of acceptability (Manz et al., 2016).

The integration of interventions, like Little Talks, into the routine services provided by home visitors requires careful planning of processes and procedures to ensure that their effectiveness is maintained in community applications (Eccles & Mittman, 2006). Key elements in successful intervention implementation are training, fidelity

monitoring, and performance feedback (Knoche, 2013). Fidelity monitoring is the pivotal element as it dually serves to direct as well as evaluate intervention implementation (Breitenstein et al., 2010; Fixen, Naoom, Blasé, Friedman, & Wallace, 2005). Raikes and colleagues present a triadic model of home visiting fidelity, including quantity, content, and quality of service delivery (Raikes et al., 2006). Quantity refers to the amount of home visiting provided to families; typically including indicators for frequency or time spent in home visiting. Content fidelity is an account of the program elements that were provided to parents during home visiting, such as curricula and specified intervention strategies. Quality fidelity includes the blend of interpersonal processes and clinical decision-making that enables home visitors to tailor intervention so that families experience it as acceptable, useful, and feasible (Domitrovich, Gest, Jones, Gill, & Sanford DeRousie, 2010).

Although adequate quantity and content fidelity are necessary, intervention quality is the essential ingredient for its effectiveness (Durlak, 2015). This is especially true for interventions aiming to bolster young children's language skills. Multiple studies have shown that the influence of the quality of language-focused interventions on children's growth was most salient for those children who presented with underdeveloped language skills (Hamre et al., 2010; Odom et al., 2010). In contrast, intervention quality was less salient for outcomes of children with age-expected language abilities.

Given that home visiting programs target children who face developmental risks, enhancing the quality of interventions provided by home visitors' is critical. Yet, training and supporting intervention quality is challenging (Domitrovich et al., 2010). Relatively speaking, interventionists can readily conduct the expected number of required visits or provide the planned strategies to clients. However, intervention decision-making and collaboration skills are more difficult to develop. This is especially true for home visiting, since the foundational element in service delivery is a trusting, confidential relationship between home visitors and parents. The privacy of this relationship adds to the challenge of revealing interpersonal processes and decision-making for the purposes of enhancing intervention quality.

Performance feedback is an effective means for achieving fidelity in intervention delivery. The process of providing performance feedback entails the presentation of intervention fidelity data to interventionists as a means for illuminating components that are effectively implemented and areas for improvement. Performance feedback can be integrated into routine supervision or coaching. Providing ongoing performance feedback to interventionists, like home visitors, is seen as a promising method for the particular enhancement of intervention quality (Domitrovich et al., 2010).

The application of implementation science, including the key elements of fidelity monitoring and performance feedback, has been understudied in home visiting program models (Knoche, 2013; Marturana & Woods, 2012). In fact, comprehensive, scientifically-tested supports for home visitors' use of evidence-based interventions for low-income children are lacking. Addressing this gap is necessary for developing home visiting programs that meet federal standards for evidenced-based.

This study was designed to experimentally examine the Little Talks program, which couples the scientifically-grounded intervention with rigorous processes for monitoring intervention fidelity and providing bi-weekly performance feedback to home visitors. In the experimental condition, a randomly-selected subset of Early Head Start home visitors implemented Little Talks as part of the program's child-development-focused services. For this subset of home visitors, the program's routine, bi-weekly reflective supervision was enhanced by the provision of performance feedback derived from the Little Talks Fidelity Form. The Little Talks condition was experimentally compared to the program's typical delivery of child development services coupled with its provision of bi-weekly reflective supervision (which did not include performance feedback). The study spanned the period of time necessary to

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