TRIPLE P- POSITIVE PARENTING PROGRAM IMPROVES PARENTING EXPERIENCES IN FAMILIES OF AT-RISK PRESCHOOLERS

by

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ABSTRACT

WENDI WILSON WARREN. Triple P- Positive Parenting Program improves parenting experiences in families of at-risk preschoolers. (Under the direction of DR. KATHERINE SWART)

The purpose of the research study was to compare pre/post data from parents participating in Triple P-Positive Parenting Program. Participants of this program were 13 parents of children enrolled in a preschool for at-risk families. Through data collection and videotaped observation, this study attempted to answer the following question: How did the use of Triple P-Positive Parenting Program change perceptions of parenting experience among parents of at-risk preschoolers? Data analysis, using two-sample t-tests, was performed to compare the Triple P Parenting Experiences Questionnaire response data pre/post. Descriptive statistical analysis was used to compare parent/child videos scored by the Keys to Interactive Parenting Scale (KIPS) pre/post Triple P. Upon completion of program, Triple P questionnaire responses showed positive changes in parenting perception, as well as parent satisfaction in the program. The study had several limitations including the data collection procedures and a small sample size of 13 participants. Future research could be done to investigate if positive co-parenting affects a parent's perception of their experience.

Keywords: Parent Education, Attachment, Resilience, Triple P

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CHAPTER 1: INTRODUCTION

Attachment theory has acted as a foundation for many parenting education and evaluation programs. If a family is experiencing difficulties for any of multiple factors, early interventionists may have inquired about the parent/child attachment bond to seek practical solutions. Secure attachment between parent and child allows an interdependent bond that can grow and shape both parties. A child that experiences nurturing affection, empathetic language, and responsive need fulfillment, sees the world through a hopeful lens. Bowlby referred to the "secure base" provided by a parent to their child can allow he/she a sense of freedom to explore the world around them (Posada, Kaloustian, Richmond, & Moreno, 2007). A child's exploration without anxiety about parent availability sets them on a path for enhanced cognitive and social emotional development. Responsive parenting shows young children that their needs will be met (Letourneau et al., 2015). This attachment security helps the child to navigate the mental processes and choices associated with executive functioning skills (Bernier, Beauchamp, Carlson, & Lalonde, 2015). Rispoli, McGoey, Koziol, & Schreiber (2013), conducted a longitudinal study of 6,850 mother/child dyads to look at attachment security and parental sensitivity to see how it related to early childhood social competency. Data was collected over 5 waves: 9-month, 2-year, preschool, and Kindergarten in 2 waves. The parent was assessed using Nursing Child Assessment Teaching Scale (NCAST) Toddler Attachment Q Sort, and Two Bags Task (TBT) through video recorded interaction with

their child at ages: 9 months, 2 years, and preschool. The constructs of responsiveness, negative guard, and emotional supportiveness were looked at in mother and child interaction. When the child reached preschool and Kindergarten age, parents were asked to answer questions about their child's social competency and displays of negativity. Questions that were asked were related to play with other children, how their child approached learning environments, and if their child was displaying externalizing behaviors. The results showed that mother and child dyads with higher levels of secure attachment, and noted responsive parenting interactions, showed higher levels of social competency when the children reached preschool and kindergarten (Rispoli et al, 2013).

Secure attachment can provide a child resiliency to withstand adversity. This resiliency is shown to be particularly beneficial to children from at-risk families. By the time they reach preschool age, resilient children appear to have developed a coping pattern that combines autonomy with an ability to ask for help when needed (Werner, 2013). Children who have been identified as resilient have been ones that find a person to provide them with emotional need fulfillment, despite risk factors associated with family disharmony and poverty (Werner, 2013).

1.1 Statement of the Problem

As class system structure in the US divides families based on opportunity, the definition of a family as at-risk has become more and more prevalent. At-risk factors in families may include one or more of the following: poverty and socioeconomic status, age of parent (adolescence), and cultural barriers (based on the US not being a family's home country) (Holtrop, Smith, & Scott, 2015). These families have the most to gain from a parenting education program because; many of the parents have had minimal

exposure to secure attachment from a firsthand perspective. Broken attachment between parent and child can be an intergenerational legacy that at-risk families carry without the perspective to break the cycle and instill responsive parenting practices. (Letourneau et al., 2015)

The Triple P- Positive Parenting Program is a parent educational program that meets parents where they are at emotionally. Triple P, created by Professor Matthew Sanders and colleagues at the University of Queensland, Australia, was originally intended to be a small program for disruptive preschool children (Triple P International and the University of Queensland, n.d). In the past three decades, Triple P has developed programs that help with families of children (birth-18 years) with various needs for parenting education. Participants in Triple P often speak of how the program normalizes getting help and destigmatizes parenting struggles (Breitkreuz et al., 2011, p.417). In particular, the Triple P discussion group, targets specific parent/child conflicts, such as bedtime routines, and provides structure and feedback for an approach that is nurturing and developmentally appropriate for the child (Retrieved from http://www.triplep-parenting.net/nc-en/triple-p/positive-parenting-program). Participants in Triple P answer questionnaires that include demographic information, family relational dynamics, and scaled thoughts about parenting. The Triple P strategies and collected data from this intervention can lay groundwork for higher quality parenting interactions.

The Keys to Interactive Parenting Scale (KIPS) is an assessment that has been used to evaluate parental response (Comfort & Gordon, 2006). The KIPS is scored based on a 15-minute video segment of play between parents and children. Families participating in KIPS are rated on a scale of 1-5 for each of 12 observable behavior items.

The 12 items are segmented into three domains: building relationships, promoting learning, and supporting confidence. (Comfort & Gordon, 2006) A KIPS score shows an early interventionist a breakdown of parent successes and opportunities for growth through the domain structure. This allows for a less biased look at a parent by showing various dimensions in how a family interacts.

Triple P as an intervention and KIPS as a measure can provide evidence-based research to target best practices for at-risk families. The customization of Triple P's Level 3-Discussion Group format allows a more tailored education that can meet a family's specific need. KIPS rating system gives an itemized approach to target strengths and opportunities for families. At-risk families that participate in this intervention can develop the tools necessary to enable parents/caretakers, as well as their children, to feel empowered in their family role.

1.2 Research Questions

The aim of this research study was to compare pre/post data from Triple P Questionnaires and KIPS Parenting Assessments on 13 families enrolled in a free preschool for at-risk families. The data consisted of parenting experience pre/post questionnaires and caregiver satisfaction questionnaires. The information was administered at the beginning and end of each family's Triple P participation. Prior to the Triple P program, parents were videotaped for a KIPS parental assessment. The parents were videotaped again in the same format upon completion of Triple P. Through data collection and videotaped observation, this study asked the following questions: a) How did the use of Triple P-Positive Parenting Program change perceptions of parenting experience among parents of at-risk preschoolers? b) How did the use of Triple P-

Positive Parenting Program affect pre/post scores on Keys to Interactive Parenting Scale (KIPS)? and c) To what extent were parents in Triple P-Positive Parenting Program satisfied with the quality of the intervention?

CHAPTER 2 REVIEW OF THE LITERATURE

Children are the beginning of future legacies and generations. Each generation has the potential to be rooted in a solid foundation of secure attachment between parent and child. A secure attachment embraces the fragility of children and provides security for growth and exploration (Ainsworth et al. 1978; Bowlby, 1982).

2.1 Theoretical Background

Attachment theory focuses on mother and child relationship from infancy (Posada et al., 2007). An infant learns how to perceive the world around him/her from how they relate to their parent. A responsive parent will support an infant's self-regulation by not allowing a child to be fretful of how their needs will be met (DiCarlo, Onwujuba, & Baumgartner, 2014). An infant will process nurturing care that they receive from their parent as a means to trust other people and to be open to the world around them (Ainsworth et al. 1978; Bowlby, 1982). Mothers play a critical role in their infant's development by how they interpret distress cues and respond to them. This "bio behavioral synchrony (coordination of mother and infant's physiological and behavioral systems)" can positively affect the infant's ability to form relationships with others and regulate stress (Patterson & Vakili, 2013). Interaction between parent and child continues to shape a child's interpretation of communication and expression (Neufield & Mate, 2004). A child can learn from a parent how to process their emotions and engage with others (Neufield & Mate, 2004).

2.2 At-Risk Families

Unfortunately, not every child has the support of a positive environment. Families can be divided based on poverty, parental age (adolescent/adult), and cultural marginalization. Each of these factors defines a child as "at-risk" based on their family (Flouri, Joshi, & Midouhas, 2014). At-Risk factors that can negatively influence a child's development may include: "parenting, parental mental health, family psychosocial adversity, the child's home and family environment, nutrition, the presence of family or community violence, and a child's educational opportunities" (Debellis, 2005, p.164). Poverty can negatively impact a child's life with insecurity about needs as basic as food. Families who worry about basic needs such as food, water, and shelter cannot focus on emotional need because they are in survival mode. This survival mode was illustrated in the primate infant study by Rosenblum and Andrews (1994). Twenty-eight bonnet macaque primate mothers underwent unpredictable strenuous foraging for food which limited the amount of time they could respond to their infant's demands for proximity and nurtured care. These macaque infant monkeys showed anxious behaviors, insecure attachment, and less social play with other primates as a result of the lack of maternal nurturance (Debellis, 2005).

Children seek interpretation of the world through interactions with their mother. A mother's expression of emotion towards her child can influence their view of the security of the world around them (DiCarlo et al., 2014). In cases when the mother is an adolescent, she herself may still seek understanding about her own emotions. (DiCarlo et al., 2014). Because of this, adolescent mothers often lack the parenting skills to engage with compassion and show interest in their child's activities. Parenting education

programs can help adolescent mothers learn how to, “interact with their infants and toddlers, more often, for more time, and in more positive ways to promote secure attachment and playful exploration” (Roggman, Boyce, & Cook, 2009, p.934).

Intervention programs for parents that meet them in their communities can bridge a gap for families that are considered culturally marginalized. An example of this marginalization is how some families have spoken about “learning to live between two worlds” in their attempts to hold on to the traditions of their home country while raising children that are being exposed to US culture and customs (Cardona et al., 2012, p.61) Language and cultural traditions may limit diverse families from knowing the resources that could benefit them. Some parenting education programs offer classes at schools and churches that are taught by leaders of that community. This community alignment allows for outreach accessibility and cultural adaptation for these families.

2.3 Resilience

Despite insurmountable odds, some children can escape risk environments and grow up with a positive childhood. This has been attributed to a resiliency in some children in how they adapt and have their needs met, despite environmental deficiencies. Emmy Werner’s longitudinal study of children’s resilience reflects how a child can connect and form an attachment with an adult role model; he/she can overcome adversity in life circumstances. (1955). The participants in her study were followed for 40 years. They were considered high risk because of factors of poverty, family discord, and parental psychopathology. However, one third of these children, despite having four or more risk factors, became confident and competent adults. This was attributed to the children forming bonds with a close adult role model to receive nurturance and

encouragement in their lives (Werner, 1995). Children have been shown to beat insurmountable odds when given the consistency of supportive care and involvement from a parent or caregiver (Nievar, Moske, Johnson, & Chen, 2014). With responsive parenting being such a strong predictor of future child behaviors, at-risk families have the most to gain from parenting education programs (Nievar et al., 2014).

2.4 Parenting Programs

Parenting education programs have benefits that reach farther than just targeting common parent struggles. Parents learn how to overcome generational parenting deficits and grow in the interactions with their children. Parents who feel empowered in their role as caregiver of their child are more likely to engage in behaviors that can enrich their children's lives. When children experience nurturing care, they are less likely to have cognitive delays and more likely to show higher social competence. Parenting education programs encourage parents to spend time reading to their children to support quality interaction and grow their child's vocabulary.

A parent/child story time can lead to conversations to stimulate a child's imagination, all the while keeping interactions close and intimate. Children learn how to work through their emotions and build social competency by modeling what they experience at home, "parenting support for children's emotions, including assistance in identifying, managing, and expressing emotion, enhances development of social competence (Rispoli et al., 2013).

In the Parenting Our Children to Excellence (PACE) program, 88 Latino families with children ages 3-6 attended an eight-session parenting education group to learned strategies to improve social communication with their children (Dumas, Arriaga, Begle,

& Longoria, 2011). Parents completed the Social Competence and Behavior Evaluation Scale Short Form (SCBE30; LaFreniere & Dumas, 1996), the Behavior Assessment System for Children (BASC2; Reynolds & Kamphaus, 2005), and the Parenting Practices Interview (PPI; Webster-Stratton, Reid & Hammond, 2001) to provide information about their child and how they interact with them. The SCBE30 measured child behavioral and emotional problems and child coping competence. The PPI was used to measure parent emotional support towards their child and discipline strategies to examine for consistency/inconsistency. The BASC2 was utilized to assess the child's social competency and frequency of internalized and externalized behaviors. Additionally, parents were asked to complete a program satisfaction survey. Data collected showed that the families who attended and actively participated in a greater number of sessions in the program (5 or more) reported increases in appropriate-positive parenting practices and in their child's social competency. Parents who participated in this program reported a decrease in their inconsistent discipline strategies and an improvement in their perceived parenting practices (Dumas et al., 2011). Empowerment and enhanced self-regulation for parents is a focus of educational outreach for at-risk families by improving how they express their thoughts and concerns about their child without the need for escalatory behavior (Sanders & Mazzucchelli, 2013). As parents learn how to work on their own social skills and temperament control, they can carry this into how they parent their child (Sanders & Mazzucchelli, 2013).

Muzik et al. (2015) studied the importance of parent empowerment through an education intervention with 99 at-risk mothers. These mother-child dyads were part of an

intervention known as “Mom Power” that was a 13-session (3 individual, 10-group) program seeking to encourage self-care/mental health and parenting competence. The group sessions were typically six women, a group facilitator, and child care was provided if the mothers wanted to bring their children (age < 6 years old). After the meal, mothers would go into a group session and their children would be left with a child care provider. The intention was to encourage safe and positive goodbyes and reunions for mother and child. Upon the mother’s return, all of the mothers and children would sit for a 15-minute circle time together. Each mother was asked to participate in three individual sessions (among the 10 group ones) to debrief and provide feedback on their emotions and parenting interactions. Data collected to evaluate the intervention included: Life Stressor Questionnaire (Wolfe and Kimerling, 1997), Postpartum Depression Screening Scale (PPDS; Beck and Gable 2001), Caregiver Helplessness Questionnaire (CHQ; Solomon and George, 2008), and the Working Model of the Child Interview (WMCI; Zeanah et al., 1994). The Life Stressor Checklist and Postpartum Depression Screening Scale measures were used to examine participants based on their history of trauma, abuse, and depression. The Caregiver Helplessness Questionnaire was use pre/post intervention to measure overall parent perceptions of caregiver efficacy. The Working Model of the Child Interview was used to evaluate participants’ relationships with their children and their representations of parenting.

The results from this study showed a high level of engagement at 70%. Mothers who completed this program, showed a greater self-efficacy in being attuned to their child’s emotions.

2.5 Triple P-Positive Parenting Program

Parenting education programs provide parents a way to feel a greater self-efficacy and to learn strategies to work with their children. Programs such as, Triple P- Positive Parenting Program, work with families to develop strategies to help them feel better equipped for parenting challenges. Triple P discusses ways for families to work through everyday struggles, so that a parent can maintain patience while continuing to be their child's sense of emotional security. This program is known for having a degree of fit within, "existing organizations with diverse organizational cultures, staff of varying educational backgrounds and wide-ranging geographic and cultural settings" (Breitkreuz, McConnell, Savage, & Hamilton, 2011).

Triple P- Positive Parenting Program is divided into multiple levels to accommodate various child age and development levels. Level 1 is the Triple P media campaign with posters and literature available in some schools, libraries, and social service organizations. Level 2 is the first session listing for large groups of parents – 20 or more. It's informal, like a public forum. There are three seminars in this series: "The Power of Positive Parenting", "Raising Confident, Competent Children", & "Raising Resilient Children". The parent can choose to take just one or all three. Level 3 Discussion Group is small group session of about 10–12 parents who are experiencing the same parenting issue. There are four problem topics to choose from: "Dealing with disobedience", "Developing good bedtime routines", "Managing fighting and

aggression", & "Hassle-free shopping with children". Level 4 Group Triple P is a group of about 12 parents that watch scenes from the "Every Parent's Survival Guide" DVD (Provided by Triple P). Each parent discusses how the DVD scenarios can be improved. Each parent has a workbook to accompany the DVD. Level 5 is a series of mini sessions for families that have a great deal of stress and need assistance with coping strategies. Level 5 mini sessions can be taken in conjunction with another of Triple P's programs.

There are customized programs for families seeking support for specific concerns such as family stress (Level 5), overweight children (Lifestyle Triple P), and child developmental delays (Stepping Stones Triple P). Each customized program can be further customized if a family would prefer individual support with a one-on-one intervention (Levels 2, 3, 4, &5). All Levels of Triple P- Positive Parenting Program are offered in separate, age-specific formats to parents of teens 12-16 with group and individual sessions as well. Triple P also has online sessions for parents who want help managing the ups and downs of raising kids. There are eight modules of video clips, worksheets and activities. Each module is 30-60 minutes each. The parenting strategies introduced in the course are most relevant for children up to 12 years. Triple P maintains fidelity of their program with an accreditation of practitioners and with session checklists (Triple P International and the University of Queensland, n.d). Each practitioner of Triple P establishes a baseline competence through a written test to ensure that the program will be delivered as intended. Organizations that provide Triple P programs are provided with a checklist to assist with implementation of the program as intended.

In 2007, researchers performed meta-analyses of fifty-five Triple P studies (1970-2007) to measure parent and child outcomes from past studies (Nowak & Heinrichs, 2008). A coded analysis of the studies used effect size to measure parent and child outcomes after Triple P intervention. There were positive effect sizes for Parenting (overall ES = 0.38), Child Problems (overall ES = 0.35), and Parental Well-Being (overall ES = 0.17). Research across numerous studies reflects that parenting behavior, parenting efficacy, and child behavior problems improve with the intervention of Triple P- Positive Parenting Program.

Foster, Prinze, Sanders, & Shapiro (2008) researched the possibility of a Universal Triple P to evaluate what benefit communities could have from this implementation. The hypothetical communities were nine South Carolina counties with populations of 50,000-175,000. Researchers evaluated dissemination as modest as the cost of a media campaign and as ambitious as the complete roll-out with the training of professionals and agencies for all levels of Triple P. The research showed that at $11.74 per child, cases of child abuse and neglect could be reduced by 10%. The modest approach of media and communication only would be $1.00 per child in the population (Foster et al., 2008).

Research of Triple P studies has led to some criticism of how data is collected and sometimes misrepresented. Wilson et. al. (2012) evaluated past research studies of Triple P to investigate how results appear to have been “cherry-picked” for publications, do the program would appear beneficial. Wilson et. al. stated Triple P data was often self-reported by parents who had volunteered for the program. These factors have provoked

possible questions of bias in past Triple P research. Despite criticism, Triple P community implementation continues to increase. Triple P- Positive Parenting Program offers a platform for social and public health to help provide parenting education (Coyne and Kwakkenbos, 2013).

2.7 Keys to Interactive Parenting Scale (KIPS)

Since parenting behavior assessment has shown to be an effective measure of the parent and child relationship, The Keys to Interactive Parenting Scale (KIPS) was introduced as an assessment tool. KIPS evaluates parents based on a 20-minute interaction with their child, 15 minutes of play and 5 minutes of cleanup. KIPS scores parents on a 5-point Likert scale (1=inappropriate behavior, 3=moderate behavior, 5=exemplary behavior) based on twelve key parenting behaviors- (see Table 1).

Table 1.

Keys to Interactive Parenting Scale

12 Observable Parenting Behaviors
Sensitivity of Responses
Supports Emotions
Physical Interaction
Involvement in Child's Activities
Open to Child's Agenda
Engagement in Language Experiences
Reasonable Expectations
Adapt Strategies to Child
Limits & Consequences
Supportive Directions
Encouragement
Promotes Exploration & Curiosity

KIPS shows consistency in positive correlation with measures that focus on parent/caregiver interactions and response to their child. In a construct validity study for KIPS, sixty-seven family support workers from Healthy Families Virginia provided home visitation to 397 diverse families with children ages 2-71 months and used KIPS to measure parenting quality and engagement. KIPS was used with other measures such as: The Ages and Stages Questionnaire (ASQ), The Knowledge of Child Development

(KCDC), and The Staff Rating of Caregiver Engagement (SRCE). Based on the FSW's use of the Staff Rating of Caregiver Engagement (SRCE) rating scale, KIPS scores correlated significantly with the rating of caregiver engagement in services, SRCE M = 4.08, SD =0.83, minimum 1.5 to maximum 5.0,
$r = 0.22$, $P < .0001$.

A subgroup of 130 families volunteered to participate in two additional assessments for a criterion validity study. The additional assessments were Nursing Child Assessment Scale (NCAST) and Home Observation for Measurement of the Environment (HOME). Research showed significant positive correlations of KIPS mean scores with NCAST and HOME subscale scores, KIPS scores correlated significantly with the NCAST Nursing subscales (Response to Distress $r = 0.38$, $P < .0001$; Social-Emotional Growth Fostering $r = 0.29$, $P = .001$; Cognitive Growth Fostering $r = 0.19$, $P = .03$), and HOME subscales (Acceptance $r = 0.23$, $P = .01$; Responsivity $r = 0.19$, $P = .038$) (Comfort, Gordon, & Naples, 2006).

KIPS has been used as a measure of effectiveness for such parenting education programs as: Parents as Teachers (PAT) and Early Head Start (EHS) Programs (Comfort & Gordon, 2006). KIPS Researchers tested inter-rater reliability with twenty family service providers, ten from PAT and ten from EHS. The twenty participants received 8 hours of KIPS training and upon completion were at 80% agreement with expert scores. Program coordinators recruited one hundred families to participate in the research (50 for PAT, 50 for EHS). Of the ninety-five scorable videos, the family support professionals

showed 92.4% (SD=14.3) agreement with the experts {PAT 91.2% (SD=16.1), EHS 93.5% (SD=12.5)}.

2.8 Summary

Children are born with a need to feel supported by a parent or caretaker to have a feeling of security, so that they can explore their environment to learn (von der Lippe et al., 2010).

When given nurturance and responsive parenting, children can grow into socially competent and resilient individuals (Rispoli et al., 2013). Just as childhood and adolescence is a learning process towards adulthood, parenthood requires parents to develop strategies to guide children through development. Parents may not have experienced nurturance during their childhood and may not have the means to lead the example of this behavior (Hawkins, Madigan, Moran, & Pederson, 2012). Families may be impacted by risk factors such as poverty and cultural marginalization. Parenting education programs, such as Triple P, are designed and tagged with the line, “Parents, Stay Positive!” (Retrieved from http://www.triplep-parenting.net/nc-en/home/). Parents can receive strategies and techniques on how to best meet their child’s need for support. They form relationships with community leaders, as well as other families, to ensure them that they are not alone. Triple P educates and informs in a classroom setting, whereas KIPS can inform parents of their strengths and opportunities based on video feedback coded scores. Parents can use the education of Triple P and the results of KIPS to grow as a parent, “A parent’s capacity to change their own behavior in response to

cues and information about the current needs of their children is fundamental to successful adaptation to the role of being a parent" (Sanders & Mazzucchelli, 2013, p.1)

CHAPTER 3: METHODOLOGY

3.1 Introduction

The aim of this pre-experimental research study (Campbell, Stanley, & Gage, 1966) was to compare pre/post data from Triple P Questionnaires and KIPS Parenting Assessments on 13 families who received the Triple P-Positive Parenting Program. Through data collection and videotaped observation, this study attempted to answer the following questions: a) How did the use of Triple P-Positive Parenting Program change perceptions of parenting experience among parents of at-risk preschoolers? b) How did the use of Triple P-Positive Parenting Program affect pre/post scores on Keys to Interactive Parenting Scale (KIPS)? and c) To what extent were parents in Triple P-Positive Parenting Program satisfied with the quality of the intervention?

3.2 Participants

The ABC Learning Center Preschool requires that all parents of enrolled preschoolers stay involved with the school through a combination of classroom interaction and parent meetings. Each parent is required to commit to the following: seven volunteer classroom hours within the academic year, attendance in parenting meetings once a week, and participation in Triple P-Positive Parenting Program. If a parent is attending the Triple P program, she/he can skip two of the weekly parenting meetings and for each of the four weekly classes, they count as 1 hour of the parent's required volunteer hours.

In this study, the 13 participants were parents of preschoolers at The ABC Learning Center recruited by way of a convenience sample from the population of parents who had

not yet attended Triple P-Positive Parenting Program. These parents attended because their children were new to the preschool, or they may have had previous scheduling conflicts with meeting the time requirements. Participants in the study met the program screening requirements for this tuition-free preschool to include the following: a resident of county the program is housed in, low income based on national poverty guidelines, substandard housing, no high school or GED achieved by parents, and children at risk for developmental delays.

Participants for this study were notified of the Triple P-Parenting Program and recruited through a sign-up sheet on the table in the lobby where parents sign in for volunteer hours. Directly beside the sign-up sheet, each participant selected a time to be videotaped with their child for the KIPS data. A waiver of informed consent was used based on the researcher having no direct contact with any of the participants. The researcher received hard copy questionnaire data with all identifiers removed with the tops of the paper cut off. The video recordings of parent and child did not include any identification of the families and were recorded by the Triple P parent educator.

In this study, participants included 13 parents of preschoolers at The ABC Learning Center**.** Specific demographic information was not available. Anecdotally, the participants were primarily women who were diverse with respect to culture. The parents were videotaped with their child prior to the education program and upon the conclusion of the program. Inclusion criteria were as follows: a) parents of preschoolers at the ABC Learning Center who had not attended Triple P training at the center before, b) would attend 2-hour Triple P meetings on Tuesday mornings from 9-11am for 4 weeks, c) would commit to a minimum of 3 of the 4 meetings, and d) would consent to be

videotaped for a 20-minute play session with their child prior to the program and upon the conclusion of the program. Exclusion criteria include a) parents who did not have children enrolled in The ABC Learning Center, b) parents who had not attended at least 3 of the 4 weekly Triple P meetings, and c) parents who did not consent to be videotaped for a 20-minute play session with their child prior to the program and upon the conclusion of the program.

3.3 Setting

This study was conducted at a preschool in a metropolitan area of the Southeastern United States. Parents in this the program attended morning meetings in a conference room at the school. The room had three rectangle tables that were set-up in a U-shape around a television in the center of the room. There were 3-4 chairs at each table.

Each parent was videotaped in a one-on-one play session with their child prior to and upon completion of the Triple P program. This was used for rating parental engagement with their child on the Keys to Interactive Parenting Scale (KIPS). The play session was in a closed room in the back of the school. The room had an adult rocking chair, a child-sized couch, and shelves with various age-appropriate puzzles and books for parents to use with their child while in session. There was an observation window used by the facilitator to communicate with the parent.

3.4 Instruments/Measures

Triple P Parenting Experience Questionnaire (Pre and Post)

At the beginning of the Triple P Parenting program, each parent was asked to answer questions based on their experiences with their child. The questionnaire consisted of 7 questions with Likert Scale responses (SEE APPENDIX B). Questions 1-6 had responses 1-5 with each number and descriptors as follows: 1=Not at all, 2=Slightly, 3=Moderately, 4=Very, and 5=Extremely. Questions 1-4 asked the parent about their thoughts about parenting. Questions 5-7 asked the parent questions about parenting within the context of the parent having a romantic partner in the home. Question 7 had a different Likert Scale as follows: 0=Extremely Unhappy, 1=Fairly Unhappy, 2=A Little Unhappy, 3=Happy, 4=Very Happy, 5=Extremely Happy and 6=Perfect.

Triple P Caregiver Satisfaction Questionnaire-

The Triple P Caregiver Satisfaction Questionnaire consisted of 8 questions with Likert Scale responses and the last question provided space for parent comments (SEE APPENDIX C).

Keys to Interactive Parenting Scale (KIPS) Summary Sheet

The Keys to Interactive Parenting Scale (KIPS) is an eight-page form used by a trained KIPS coder to score parent and child interaction based on twelve key parenting behaviors (SEE APPENDIX D). The first 5 pages that were used ask twelve questions based specifically on each one of the key parenting behaviors. The sixth page was blank and could be used for any notes by the coder. The seventh page was the score summary sheet. The eighth page was each of the twelve parenting behaviors enclosed in boxes that were used for observation notes that the KIPS coder took while watching the video.

The top of the form provided information as to how to score a KIPS video. Each question used the abbreviations CG for Caregiver (Parent) and C for Child. The coder read each question and used a rating system of 1-5 with specific behavioral descriptors listed below that correspond for numbers 1, 3, &5 (2 & 4 have no descriptors). The KIPS coder underlined the specific behavior descriptors as they were observed. If descriptors were underlined underneath multiple numbers, the coder used the number in between (e.g. If there were behaviors underlined in 1 and in 3, the coder selected 2 as the score). If a behavior was not observed in the video, the coder checked the box for "NOB" (except for questions #11 and #12 for which that choice was not offered). There was space below each question to make notes on observed parenting behavior, as well as, the blank sixth page and the eighth page for observational notes.

3.5 Procedure

After participant names were collected from the school sign-up sheet for Triple P, each parent was video recorded based on their chosen KIPS appointment times. The Triple P instructor, who had administered parent collaboration programs for the preschool for over 10 years, facilitated the recording of KIPS videos to allow for treatment fidelity and consistency in execution of the program. At the KIPS appointment, the parent and child were taken to a private room in the back of the preschool center. The KIPS Facilitator asked the parents to choose a book or puzzle from the shelves and interact with their child. This facilitator advised the parent that the interaction will be 15 minutes of play and 5 minutes of clean up. The parent was told that the entire 20 minutes would be recorded, and that they would be notified at the observation window as to when play

should conclude and clean up should begin. Upon completion of twenty minutes, the facilitator opened the door and informed the parent that the session had concluded.

The Triple P- Parenting Education Program classes were held in the conference room of the ABC Learning Center Preschool every Tuesday morning from 9-11am for a total of 4 weeks. On the first meeting, parents completed a Parenting Experience Questionnaire (Appendix B) to establish pre-data responses upon entering program. Each parent was given a workbook that they used to read through while they were in each meeting. The workbook corresponded with the discussion topic and video modules that were shown throughout each meeting. The Triple P instructor began each session by leading into one of several 5-10-minute video modules of parent and child interactions. After each module, the instructor asked questions that corresponded with workbook prompts to insight dialogue among each parent. Parents would be asked questions such as, “What did you see happening in the video that happens at your house?” and “What could the parent have done differently?” There were 15-20 minutes allowed for each dialogue session, depending on the number and length of module videos shown each week. At the end of each meeting, parents were given a Caregiver Satisfaction Questionnaire (Appendix C) to rate how they felt about the material they just discussed.

After two meetings, parents had the next week for reflection. This open week allowed for a check-in with the Triple P Instructor to provide feedback on an individual basis with each parent. The program resumed the following week with the same format as the previous weeks. After the fourth Triple P meeting concluded, each parent completed a Parent Experience Questionnaire Post (Appendix B) for post data responses after Triple

P. In addition, parents completed their final Caregiver Satisfaction Questionnaire (Appendix C). A sign-up sheet was posted at the back of the room for parents to select an appointment time for their second KIPS video session. The second KIPS video session followed the exact format as when the parent and child were first video recorded. The KIPS videos, pre-post Triple P, were viewed and scored (Appendix D) by a KIPS-trained coder team selected by the school.

3.6 Data Analysis

Data analysis included quantitative methods of evaluating Triple P-Positive Parenting Program and Keys to Interactive Parenting Scale. First, two paired independent samples were used to compare the Triple P Parenting Experiences Questionnaire response data pre/post. The Triple P Program intervention was used as an independent variable to manipulate the dependent variable of parenting experiences as described in questions with Likert score responses. Data collected were analyzed for increases in positive parenting experience responses and decreases in negative ones. Next, an additional paired t-test comparison was used to analyze parent's KIPS score totals pre/post as the dependent variable with Triple P as an intervention and independent variable. The final analysis of data was evaluated by averaging the four completed Caregiver Satisfaction Questionnaires to have an overall total caregiver satisfaction of the quality of the Triple P as a measure. This descriptive analysis provided social validity by quantifying what percentage of parents felt that Triple P-Parenting Program educated them with strategies to improve their parenting experience.

3.8 Results

It was expected that pre/post data from questionnaires would show that parent's perceptions of their parenting experiences would change upon completion of Triple P-Positive Parenting Program. The Likert Scale choices allowed for the parent to respond to statements of negativity in regard to parenting, "Parenting is stressful". Additional choices on the Likert questionnaire inquire as to how confident the parent felt about parenting their child. It was expected that negative responses would decrease and positive responses would increase as shown through pre/post data from questionnaires. An additional expectation of this study was that pre/post KIPS scores would increase to show a more positive parent and child interaction upon completion of Triple P- Positive Parenting Program.

For Parenting Experience Questionnaires, seven parents who participated in the January 2016 program provided both pre/post Triple P questionnaire responses. A paired-samples t test was conducted to evaluate Triple P- Positive Parenting Program and parent perceptions were related. The results indicated that the mean score for Triple P- Parenting Experience Questionnaires (post Triple P) (M = 3.7, SD = 1.50) was greater than the mean score for Triple P- Parenting Experience Questionnaires (pre-Triple P) (M = 3.41, SD = 1.56). The Parenting Experience Questionnaires were evaluated, by the researcher using Excel, to assess if parents had an increase in positive parenting perceptions and a decrease in negative perceptions post Triple P. The Likert scale questionnaire that was administered asked the parents four questions regarding their perceptions of parenting. A period of time was included in the questions between pre/post question time frames. The pretest questionnaire asked parents how they felt about parenting based on the last 6

weeks. The posttest questionnaire asked parents how they felt about parenting based on the last 2 weeks (upon 2 weeks of Triple P intervention). For the study, the post-test questionnaire was administered for both pre and post. It was unclear if there had been a parent acknowledgment of the time frame in significance to their overall parental satisfaction. The last part of the questionnaire questioned the parents' perceptions of parenting based on if they had a romantic partner and if this partner is involved in the parenting of the child. The researcher did not evaluate how this component could have affected the parent's overall perception of parenting.

The Keys to interactive Parenting Scale (KIPS) was administered and coded pre/post Triple P for 3 of the 13 families (March session sequences). The KIPS coder team rated parent child interaction across 12 domain areas and provided scores between 1-5 with 1 being the lowest and 5 being the highest. The scores were evaluated by the researcher and results were inconclusive because of extreme variances in pre/post scores. All 3 KIPS score ranges showed negative scores post-Triple P. The KIPS scores, in consideration with the small number of actual results, led the researcher to consider this part of the project inconclusive.

A strength of this project included parent satisfaction of the Triple P program. This was indicated in the Caregiver Satisfaction Questionnaire descriptive statistics. Each questionnaire had 10 questions with numerical ranges from 1 to 7. The questionnaire had varied ranges in which the numerical values would ascend from 1-7 on some questions, and descend from 7-1 on others. The numerical sequences corresponded with values of 1 being the least and 7 being the most, in terms of value, and regardless of how the

sequence was in the statement. The 4-choice answer range that corresponded with the numbers varied in how the participant might quantify their response based on level of satisfaction, rating of satisfaction, and future use and recommendation of the intervention. Of the 28 completed questionnaires between Jan and March (varied attendance of participants), the descriptive statistics (M= 6.42 SD=1.10) indicated an overall satisfaction in the intervention of Triple P. Other studies that have utilized the Caregiver Satisfaction Questionnaire have reported positive responses, high internal consistency, and acceptability among participants (Wakimizu, Fujlika, Iejima, & Miyamoto, 2014).

The bottom part of the Caregiver Satisfaction Questionnaire provided a place to write comments about the program. On this question, participants indicated multiple positive responses, “I feel as if I have learned a lot of different ways to handle my children. If there was a 2nd class, I’m in!” and “This is a great program. I would recommend it to any parent.” Participant comments appeared to indicate a level of connection with the topics discussed. Parents responded, “This is something that I know will help me and my children in our household” and “I’m ready to implement the new skills in my everyday life”. These examples of feedback provided by participants have the potential to show that parents may achieve self-efficacy with a program such as Triple P.

3.9 Conclusion

The purpose of this research was to evaluate how Triple P-Positive Parenting Program affected parent’s perceptions of their parenting experience. Data collection for this research included parent questionnaires of their parenting experiences and caregiver

satisfaction of the Triple P program. In addition, each parent was scored with the KIPS tool based on a videotaped one-on-one play session with their child prior to, and upon completion of Triple P. The intervention of Triple P program was intended to show increase in pre/post Keys to Interactive Parenting Scale (KIPS) scores.

Based upon questionnaire data, it is logical to think that Triple P-Positive Parenting Program could increase positive perceptions of parenting experiences. Parents completed Caregiver Satisfaction Questionnaires which indicated that participants were pleased with the Triple P intervention. Studies such as this one, in addition to Muzik et.al. (2015) used the discussion group format to engage with families. Families of this study indicated through comments on questionnaires that this format provided comfort and support. If this study were to be replicated, the discussion group format could be considered as a way to engage families while providing intervention.

There were several limitations experienced in this research study. One limitation of the study was the small sample size of 13 participants (between January and March 2016 series sequences). The small sample size, when partnered with the inconsistencies of participant attendance and overall attrition, made the data analysis less robust than anticipated. Another limitation was the researcher's data collection being provided by the school as opposed to having a more direct interaction with participants. Data collected from the school for the purposes of this research had inconsistencies regarding uneven distributions of pre/post results (e.g. more pre/less post). In the circumstance of the Triple P- Parenting Experiences Questionnaire, it was intended for the Triple P facilitator to distribute the specific Pre-Questionnaire (APPENDIX A) at the beginning and the Post-

Questionnaire upon completion (APPENDIX B). Data collected showed that the Post-Questionnaire was given both pre-and post. The main difference between both questionnaires was the time reference for parents to consider. The Pre-Questionnaire asked the parent to contemplate how they have felt about their parenting experiences over the past six weeks and the Post-Questionnaire gave the time frame of two weeks. The difference in time frame was meant to compare how the parent felt prior to (6 weeks) Triple P and upon completion of half of the program (2 weeks). It was unclear to the researcher if the participants would have varied their questionnaire responses if given the specific Pre-Questionnaire. Additional limitations on pre/post data collection included minimal to no post data for all KIPS video coding (January 2016 session series) and Triple P Parenting Experience Questionnaires for the second round of participants (March 2016 session series).

A future implication for research involving parenting experiences could be evaluating how successful co-parenting affects how a parent feels about their role. Additionally, this research could compare a parent's romantic relationship happiness to see how they feel about their role as parents. Recent studies, (Nelson, Kushlev, & Lyubomirsky, 2014) have evaluated how parents look at their role with contentment when they feel as though their emotional needs are respected and met, "When parents experience greater meaning in life, satisfaction of their basic needs, greater positive emotions, and enhanced social roles, they are met with happiness and joy". An additional implication for future research studies with KIPS could be an interview and evaluation of a parent's reflection of his/her childhood experiences prior to KIPS scoring. This

evaluation could look at KIPS scores with parents who seemed to have experienced a secure attachment with a caregiver as a child with those parents who may have experienced neglect and inconsistent parenting. This research could support the notion that secure/insecure parent-child attachment carries the premise of a legacy based on what caregiver interactions and connections children may or may not receive early on, "Access to a secure base script in adulthood is predicted by attachment-relevant experiences in childhood and associated with attachment-relevant behavior" (Groh et al., 2017).

Parenting education programs, such as Triple P- Positive Parenting Program, provide insight that can influence parent experiences and interactions with their children. The influence of such a program can benefit both parents and children by structuring a cycle of support that spans through both generations,

"Like the Buddha said, we create the world with our minds. So that when you see the world as a positive, supportive, loving place where your needs can be met, where people are going to be embracing you, then you'll approach life with a very different attitude than if you were depressive, if your core belief is that you're isolated, and that existence is harsh and difficult. And that's the world you're going to live in. But the question is how do we develop those minds? (Mate, 2013)."

Parenting education programs can provide parents a way to approach their challenges with a greater self-efficacy and to learn positive responsive strategies with their children. Parent education programs, such as Triple P, enable parents to be a supportive place for their child, while establishing clear boundaries to provide stability.

As parents feel empowered in their role, they can develop a deeper connectedness with their child based on love and respect.

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Appendix A

NOT USED AS INTENDED IN STUDY

PRE

Level 3
PARENTING EXPERIENCE PRE-SURVEY

Caregiver Name (First Name, Last Initial) _____ **Date:** _____

Caregiver Date of Birth ____/____/_____ **Relationship to Child:** _____

Provider Name: _____ **Triple P Intervention Type** ___Level 3 Primary Care 0-12_____

Below are a list of issues relating to being a parent.
Please circle the number describing the response which best describes how you honestly feel.

1. In an overall sense, how difficult has your child's behavior been over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

2. To what extent do the following statements describe your experience as a parent in the last 6 weeks?

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

4. How supported have you felt in your role as a parent over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

If you have a partner, please complete the following items.

5. To what extent do you both agree over methods of disciplining your child?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

6.How supportive has your partner been towards you in your role as a parent over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

7.In an overall sense, how happy do you consider your relationship with your partner to be?
(Note: the middle point, "happy" represents the degree of happiness of most relationships, please indicate the point that best describes the degree of happiness, all things considered, of your relationship)

Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
0	1	2	3	4	5	6

Appendix B

POST

Level 3 Primary Care
PARENTING EXPERIENCE PRE-SURVEY

Caregiver Name (First Name, Last Initial) _____ **Date:** _____

Caregiver Date of Birth ____/____/_____ **Relationship to Child:** _____

Provider Name: _____ **Triple P Intervention Type** ___Level 3 Primary Care 0-12_____

Below are a list of issues relating to being a parent.
Please circle the number describing the response which best describes how you honestly feel.

1. In an overall sense, how difficult has your child's behavior been over the last 2 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

2. To what extent do the following statements describe your experience as a parent in the last 2 weeks?

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

3. In the last 2 weeks, how confident have you felt to undertake your responsibilities as a parent?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

4. How supported have you felt in your role as a parent over the last 2 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

If you have a partner, please complete the following items.

5. To what extent do you both agree over methods of disciplining your child?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

6. How supportive has your partner been towards you in your role as a parent over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

7. In an overall sense, how happy do you consider your relationship with your partner to be?
(Note: the middle point, "happy" represents the degree of happiness of most relationships, please indicate the point that best describes the degree of happiness, all things considered, of your relationship)

Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
0	1	2	3	4	5	6

Appendix C

TRIPLE P

CAREGIVER SATISFACTION QUESTIONNAIRE

Provider Name: _____ Triple P Level & Type: _____

Caregiver Name (**First Name, Last Initial**): _____ Today's Date: _____

Relationship to Child: _____

INSTRUCTIONS

This questionnaire will help us to evaluate and continually improve the Triple P parenting program we offer. We are interested in your **HONEST OPINIONS about the services you have received, whether they are positive or negative.** Please answer all the questions by circling the response that best describes how you honestly feel.

1. **How would you rate the quality of the Triple P parenting program you and your child received?**

1	2	3	4	5	6	7
Poor		Fair		Good		Excellent

2. **Has the Triple P parenting program helped you to deal more effectively with your child's behavior?**

1	2	3	4	5	6	7
No, it made things worse		No, it hasn't helped much		Yes, it has helped somewhat		Yes, it has helped a great deal

3. **Has the Triple P parenting program helped you to deal more effectively with problems that arise in your family?**

1	2	3	4	5	6	7
No, it made things worse		No, it hasn't helped much		Yes, it has helped somewhat		Yes, it has helped a great deal

4. **If you were to seek help again, would you come back to Triple P parenting program?**

1	2	3	4	5	6	7
No, definitely not		No, I don't think so		Yes, I think so		Yes, definitely

5. **Has the Triple P parenting program helped you develop skills that can be applied to other family members?**

1	2	3	4	5	6	7
No, definitely not		No, I don't think so		Yes, I think so		Yes, definitely

6. **In your opinion, how is your child's behavior at this point?**

1	2	3	4	5	6	7
Considerably worse	Worse	Slightly worse	The same	Slightly improved	Improved	Greatly improved

7. **How would you describe your feelings at this point about your child's progress?**

1	2	3	4	5	6	7
Very dissatisfied	Dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Satisfied	Very Satisfied

8. **Do you have any other comments about Triple P parenting program?**

_____

_____

_____

_____

_____

_____

Thank you for your participation and feedback

Appendix D

ID: _____ Date: _____ CG: _____ Child/Age: _____ Rated by: _____

KEYS TO INTERACTIVE PARENTING SCALE (KIPS)©

To Score KIPS:

- Observe parent/caregiver and child playing together for 15-20 minutes.
- Read the behavior descriptions under ratings of 1, 3 and 5. Guide your ratings by underlining the key words describing the behaviors you observed. Then circle the ratings from 1 to 5 that best describe the Caregiver's behavior during the entire play session. CG means Caregiver (Parent) and C means Child.
- If behaviors are circled in more than one column, rate either 2 or 4 for the item.
- Check NOB if no behaviors were observed for the item.
- In the Note box under each item, write examples of behaviors and comments regarding strengths, needs or concerns.
- Transfer your ratings to the KIPS Summary Sheet on page 6.
- Use the Guiding Questions at the end of the KIPS form to reflect on this family's KIPS assessment.

KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

BUILDING RELATIONSHIPS

1. How sensitive are the Caregiver's responses to the Child's cues, actions or words? ☐ NOB

1	2	3	4	5
In reaction to Child, CG: • ignores, or • is sarcastic, or • is harsh. CG often misses or misinterprets C's cues.		In reaction to Child, CG **sometimes:** • misses cues, or • misinterprets cues, or • hesitates, or • seems routine.		• In reaction to Child, CG **consistently:** • reads cues, and • understands C's point of view, and • responds appropriately, attempting to meet C's needs.

Note: Give examples of the strengths and needs that you observed.

2. How well does the Caregiver support the Child's emotions? ☐ NOB

1	2	3	4	5
CG **often:** • is unaware, unconcerned, dismissive or misunderstands, or • inappropriately responds to emotions (e.g. feeling hurt, anxious, angry, excited or frustrated); or CG **rarely:** • reacts to C's emotions, or • models appropriate expression of emotions, or • comments on emotions.		**About half the time** CG: • appropriately interprets, supports, and shares C's emotions, and/or • inappropriately responds to emotions (e.g. feeling hurt, anxious, angry, excited or frustrated.), and • models appropriate expression of emotions, or • acknowledges or comments on emotions.		CG **consistently** and appropriately: • interprets, supports, and shares C's emotions, and • consoles if hurt or anxious, and • guides problem solving if angry or frustrated, and • helps modulate excitement, if needed, and • models appropriate expression of emotions, and • acknowledges or comments on C's emotions.

Note: Give examples of the strengths and needs that you observed.

info@comfortconsults.com 10-2008

ID: _____ Date: _____ CG: _____ Child/Age: _____ Rated by: _____

KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

BUILDING RELATIONSHIPS

3. How well does the Caregiver physically interact with the Child? ☐ NOB

1	2	3	4	5
CG: • physically interacts harshly, or • physically intimidates, or • **sometimes** attempts to meet C's needs. Note: Physical involvement includes facial expressions, body language, touch, proximity and movement.		CG: • physically interacts with C in a mechanical way, or • incidental to activities, and • **usually** attempts to meet C's needs. Note: Physical involvement includes facial expressions, body language, touch, proximity and movement.		CG: • interacts to match C's current preferences for physical involvement, and • ensures trust, and • **consistently** and appropriately attempts to meet C's needs. Note: Physical involvement includes facial expressions, body language, touch, proximity and movement.

☞ Note: Give examples of the strengths and needs that you observed.

4. How well is the Caregiver involved in the Child's activities? ☐ NOB

1	2	3	4	5
CG appears: • very detached, or • highly distracted.		CG shows **moderate**: • attention, and • interest, and • participation through words or actions; or CG seems stuck in routines.		CG **consistently**: • pays attention, and • shows interest, and • participates through words or actively joining in C's play.

☞ Note: Give examples of the strengths and needs that you observed.

5. How open is the Caregiver to the Child's agenda? ☐ NOB

1	2	3	4	5
CG: • **usually** chooses the activities, or • shows little flexibility whether or not C cooperates.		CG **sometimes** chooses activities, and C **sometimes** chooses activities.		CG **often**: • follows C's choice of activities, and • supports C in making and pursuing his/her own choices of activities.

☞ Note: Give examples of the strengths and needs that you observed.

info@comfortconsults.com 10-2008

ID: Date: CG: Child/Age: Rated by:

KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

PROMOTING LEARNING

6. How actively does the Caregiver engage the Child in language experiences? ☐ NOB

1	2	3	4	5
CG **rarely**: • listens and talks with C, or • labels objects or actions, or • responds verbally to C's attempts to communicate. In contrast, CG may talk without pausing.		CG **usually**: • listens and talks with C, and • labels objects or actions, and • uses simple comments. CG rarely builds upon C's sounds, words or comments.		CG **consistently:** • listens and talks with C, and • engages C in conversation by pausing for turn-taking, asking questions, and • builds upon C's sounds, words or comments, and • links C's activities to familiar experiences.

Note: Give examples of the strengths and needs that you observed.

7. How reasonable are the Caregiver's expectations for the Child's abilities? ☐ NOB

1	2	3	4	5
CG's expectations: • **rarely** match C's developmental abilities, and • may be too high, or • may be too low.		CG's expectations: • **usually** match C's developmental abilities, and • occasionally offer slight challenges.		CG's expectations: • **consistently** match C's developmental abilities, and • frequently offer slight challenges.

Note: Give examples of the strengths and needs that you observed.

8. How well does the Caregiver adapt strategies to the Child's interests and behaviors? ☐ NOB

1	2	3	4	5
CG **rarely** uses strategies that: • match C's interests and behaviors, and • extend C's attention to the activity; or CG makes few attempts to adjust.		CG **usually** uses strategies that: • match C's interests and behaviors, and • extend C's attention to the activity, and • adjust the activity to fit C's needs.		CG **consistently** uses strategies that: • match C's interests and behaviors, and • extend C's attention to the activity, and • adjust the activity to fit C's needs.

Note: Give examples of the strengths and needs that you observed.

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KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

LEARNING

9. How appropriate are the limits and consequences the Caregiver sets for the Child? ☐ NOB

1	2	3	4	5
CG rarely sets reasonable limits or consequences that fit C's: • comprehension, or • behaviors. CG may use: • intimidation, or • harsh tones of voice, or • physical discipline impulsively and without warning; or CG **rarely:** • sets limits when needed, or, • uses strategies to help C learn appropriate behavior.		CG **usually** sets reasonable limits and consequences that fit C's: • comprehension, or • behaviors; or CG **sometimes:** • shifts limits inappropriately, or • does not follow through with stated consequences, or • uses strategies to help C learn appropriate behavior.		CG **consistently** sets reasonable limits and consequences that fit C's: • comprehension, and • behaviors; and CG's limits and consequences are **consistently:** • firm, and • clear, and • thoughtful; and CG **consistently** helps C learn appropriate behavior by using: • distraction, or • redirection, or • choices, or • reasoning.

Note: Give examples of the strengths and needs that you observed.

SUPPORTING CONFIDENCE

10. How supportive are the Caregiver's directions to the Child? ☐ NOB

1	2	3	4	5
CG's directions to C are: • too frequent, • intrusive, and • discourage C from thinking on his/her own.		CG's directions to C are **usually**: • direct, and • firm, and • leave little option for C to think on his/her own.		CG's directions to C are **consistently**: • supportive, • phrased as suggestions or choices, and • encourage C to make decisions, think of alternatives, or solve problems on his/her own.

Note: Give examples of the strengths and needs that you observed.

11. How encouraging are the Caregiver's words and actions regarding the Child's needs?

1	2	3	4	5
CG **often** uses words or actions that discourage or intimidate.		CG: • neither supports nor discourages C's confidence, or • inconsistently supports confidence.		CG **consistently and appropriately** uses sincere words, voice tones, or actions (e.g. clapping, facial expressions, or touch) to support and build confidence.

Note: Give examples of the strengths and needs that you observed.

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CONFIDENCE

KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

12. How well does the Caregiver promote exploration and curiosity?

1	2	3	4	5
CG **tends to:** • stifle, or • move too fast, or • ask closed-ended questions, or • rarely model curiosity.		CG **sometimes:** • moves too fast, or • asks open-ended questions, or • models curiosity; or CG: • neither promotes nor stifles, or • inconsistently promotes exploration.		CG **often:** • promotes exploration, and • allows time, and • asks open-ended questions, • structures opportunities for C to discover. CG appropriately engages with C in exploration and discovery.

Note: Give examples of the strengths and needs that you observed.

THIS BELOW PORTION OF THE DOCUMENT WILL NOT BE USED - "PUTTING IT ALL TOGETHER" PAGE 5

Putting It All Together: Family Interaction Planning Guide

Plan Date: _____

1. What did this Caregiver do to:	2. What could this Caregiver have done differently to:	3. How can you partner with and support this Caregiver to:
• Build the relationship with his/her Child?	• Build the relationship with his/her Child?	• Build the relationship with his/her Child?
• Promote his/her Child's learning?	• Promote his/her Child's learning?	Starting when? _____ • Promote his/her Child's learning?
• Support his/her Child's confidence?	• Support his/her Child's confidence?	Starting when? _____ • Support his/her Child's confidence? Starting when? _____

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ID: _____ Date: _____ CG: _____ Child/Age: _____ Rated by: _____

KEYS TO INTERACTIVE PARENTING SCALE (KIPS)©
SUMMARY SHEET

Parent Behaviors	Ratings					NOB	Comments
Building Relationships:							
1. Sensitivity of Responses	1	2	3	4	5	☐	_____
2. Supports Emotions	1	2	3	4	5	☐	_____
3. Physical Interaction	1	2	3	4	5	☐	_____
4. Involvement in Child's Activities	1	2	3	4	5	☐	_____
5. Open to Child's Agenda	1	2	3	4	5	☐	_____
Promoting Learning:							
6. Language Experiences	1	2	3	4	5	☐	_____
7. Reasonable Expectations	1	2	3	4	5	☐	_____
8. Adapts Strategies to Child	1	2	3	4	5	☐	_____
9. Limits & Consequences	1	2	3	4	5	☐	_____
Supporting Confidence:							
10. Supportive Directions	1	2	3	4	5	☐	_____
11. Encouragement	1	2	3	4	5		_____
12. Promotes Exploration/Curiosity	1	2	3	4	5		_____

SUMS ___ + ___ + ___ + ___ + ___ = _____ (Sum of ratings)

Divided by _____ (# Items rated)

KIPS MEAN SCORE → _____

Strengths:

Areas to Discuss:

Supervisor: _____

Supervisor Comments:

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ID: _____ Date:_____CG: _____ Child/Age: _____ Rated by:_____

KIPS Observation Notes

1. Sensitivity of Responses	2. Supports Emotions
3. Physical Interaction	4. Involvement in Child's Activities
5. Open to Child's Agenda	6. Engagement in Language Experiences
7. Reasonable Expectations	8. Adapts Strategies to Child's Interests & Behaviors
9. Appropriateness of Limits & Consequences	10. Supportive Directions
11. Encouragement	12. Promotes Exploration/Curiosity

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