8-30-2014

Baby Talk Academy Final Report

University of South Florida St. Petersburg, Family Study Center.

James P. McHale

Follow this and additional works at: https://digital.usfsp.edu/coqeb_background

Recommended Citation


This Other is brought to you for free and open access by the Concerned Organization for Quality Education for Black Students, Inc. (COQEBS) at Digital USFSP. It has been accepted for inclusion in COQEBS Background Materials by an authorized administrator of Digital USFSP.
Baby Talk Academy Final Report

I. Intro/General program info

Baby Talk Academy (BTA) is a parenting education course that builds upon principles that have guided the successful Baby Talk initiative on which USF St. Petersburg (USFSP) has partnered with the Concerned Organizations for Quality Education for Black Students (COQEBS) since that initiative’s inception in 2010. BTA was designed to provide information and support to African American parents of infants and toddlers about how to provide the nurturing, structure and guidance to develop strong parent-child relationships and support their child’s optimum development so as to enhance school readiness. The curriculum delivered was an adaptation of "College Bound Babies (CBB)," a 13 week program originally developed for African American parents of young children run by the Northside Achievement Zone (NAZ) of Minneapolis with the assistance of the University of Minnesota (UM). USFSP arranged for leaders from the Minnesota (MN) initiative to visit St. Petersburg and meet with COQEBS leadership and with other community advocates in the planning stages of BTA to have a community dialogue about the MN initiative, its roots, its implementation, and its effects. USFSP staff, collaborating closely with the MN leadership team, then adapted CBB so as to bring it in line with the core messages of Baby Talk and to incorporate feedback received during the planning session with COQEBS leaders.

The version of BTA piloted this summer in south St. Petersburg, incorporated the key elements from the NAZ and UM curriculum, which was itself based on a community-selected evidence-based parenting intervention series (Incredible Years, Toddler and Preschool Basic (IY); Webster, Stratton & Reid, 2010). NAZ had already tailored the intervention for families in their African American community based on parent feedback, and the MN leaders who met on numerous occasions with the USFSP developers provided extensive feedback on components of the intervention that parents had found especially palatable and useful to them. All of these elements were included in the BTA curriculum. Further, pre-to-post data collection instruments used to assess the initial impact of BTA this summer were kindred to the instruments used in evaluation of the NAZ/UM CBB initiative.

The final version of BTA’s curriculum hence included the operative elements and successful components of the CBB curriculum. But it also integrated both the coparenting and the relationship-based caregiving best practice concepts that inform all of USFSP’s Family Study Center (FSC)’s partnerships, trainings, and initiatives with the community; the wisdom of the African American community consultants from COQEBS and from the successful MN program developers, and from the area preschool where the curriculum was piloted so as to adapt the
curriculum to serve families from the local community. The piloting of BTA focused on parents of children from birth to age 3.

The pilot program was offered in six weeks with the following topics for each week:
1. “The Importance of Early Childhood Development”
2. “Child Directed Play and Observation”
3. “Social Emotional Coaching”
4. “Routine, Reinforcement, & Praise”
5. “Communication, Coparenting, & Parenting Style”

II. Recruitment and participants

Parents recruited for BTA were comprised of completers from a previous prenatal intervention program for south St. Peters burg families titled, Figuring it Out for the Child (FIoC) delivered by FSC; as well as parents of children who attend Infinite Potential Learning Center (IP), a community preschool serving African American families, where the BTA course was offered. Parents received information about BTA by phone or in person and were given ample program details and time to consider their participation. Once a parent expressed interest they were formally registered and travel arrangements and childcare were prepared by BTA staff.

The inaugural BTA participants for the first program pilot were 10 mothers and 7 fathers. Parents participated in one of two groups, an FIOC-completer (FSC) group or an IP families group. Each group had two African-American facilitators very familiar with children and families in the community. Parents’ ages ranged from 20-42 years old (M=26.93, SD=5.75). More than half the parents earned either a high-school diploma or GED. Two parents had achieved a college degree. Sixty-seven percent reported changing residence in the past year and one parent had three different living situations in the past year. All but two parents reported at least some employment over the past twelve months though 82% earned less than $20,000 in the last year. Sixteen of the 17 parents reported receiving financial assistance in the past 12 months (e.g. food stamps, cash assistance, family/friends). Only 5 parents reported having money left over at the end of the month and 12 parents had either lost or sustained income during the past year. Ten of the 17 parents do not own a car.

The parents who participated in BTA were all raising a young child and one mother had three other children from a prior union. The children’s ages ranged from 4 months to 36 months (M=21.43, SD=9.04). One child was multiracial and one child was Caucasian. All other babies were African-American.

Incentives

In order to support parents’ participation in BTA and assist with travel costs, staff provided parents with gift-cards and gas-cards. Each week, both the FSC group and IP group held a raffle to win a $25 Walmart gift-card. At the end of the six meetings, every parent had the opportunity to win the raffle. In addition, each parent was awarded $50 in Walmart gift-cards upon graduation from BTA.

Five dollar gas-cards were given to each parent who drove to and from BTA each week. Fathers who attended Week 5: Communication, Coparenting, and Parenting were also awarded a $5 gas-card for their participation.
BTA was held each evening from 5:30pm to 8:00pm. As courtesy to the parents and their children, dinner was provided each week. Parents had the opportunity to bond and share the events of their day as they ate together. The feedback from parents about providing dinner was overwhelmingly positive.

III. Weekly Evaluations, Theater Testing Questions, and Difficulties for Parents

An important aim for this project was to gauge parents' satisfaction or lack thereof. Parental feedback is essential to help assist in strengthening BTA for future cohorts. At the end of each of the six meetings, parents anonymously completed weekly evaluations. Parents were asked to report on five items (a) “I found the content of this sessions to be helpful” (b) “The facilitators improved my understanding of the weekly topics” (c) “I found the group discussion to be helpful” (d) “I feel that I learned something to support my parenting” (e) “I feel hopeful that my knowledge has progressed during the group”. The possible responses were: (1) Not Helpful/Strongly Disagree, (2) Neutral or Disagree (3) Helpful/Agree (4) Very Helpful/Strongly Agree. (See Figure 1)

Figure 1. Baby Talk Academy Weekly Evaluations - Scale Responses

As shown in Figure 1, BTA was well-received. Parent responses to the sessions were uniformly positive, with ratings on each dimension above 3 (helpful/agree) for all weeks of the program and content areas.

Open-Ended Weekly Evaluation Items

Two additional items on the weekly evaluation allowed parents to give feedback in their own words. The first item asked the parent to list one thing they learned from the weekly topic. During week one a parent reported, “Kids understand everything that’s going on around them.” Another stated, “I am learning I need to be more patient.” During week two a parent commented,
“I’m learning I can teach my child as I play with him.” Week three, a parent shared “I learned I need to be aware of my child’s emotions and my own emotions when with my child.” During week five one parent said, “You have to do what’s right for the child.”

The second open-ended item asked parents to add any additional comment(s) about the program each week. The parents were given an opportunity to freely and anonymously share their input. Responses ranged from “Great Group!” to “I like the whole experience, I will be happy to come next week” and “This is a really helpful class. I think all parents should participate.”

An opportunity to strengthen BTA came from several parents’ comments wishing the classes were longer than six weeks and multiple sessions surrounding the topic of discipline.

**Theater Testing**

Furthermore, the group as whole answered general questions about what did and did not work well each week and what content really hit home for parents. Example items include: “Was there anything that really spoke to you this week?” and “If you could change something about this week’s session, what would it be?”

The overall feedback was very positive. Parents report the weekly sessions as “Excellent” and “Nothing needs to be changed.” One parent stated, “I loved this week. I learn more every time I come.” When asked about which content really spoke to them, parents explained “Allowing the child to express themselves” and “Not taking control of child’s playtime.” One parent reported, “I really connected with giving my child praise and having patience.” These spontaneous remarks from parents are especially heartening, since relationship-based caregiving emphasizes the importance of following infants’ leads and responding sensitively to the baby’s attempts to communicate during play, rather than controlling or directing their play.

**Difficulties for Parents**

During week five, group facilitators asked the parents to list their top challenges when parenting their child(ren). The feedback was explored in order to adjust the curriculum to be most relevant to the parents in the future. Parent’s areas of concern were:

- Appropriate Discipline
- Bedtime & morning routines
- Tantrums
- Child Compliance

**IV. Parenting Knowledge and Practices Questionnaire (PKPQ)**

At the beginning of the first session, parents were asked to complete a survey instrument called the “Parenting Knowledge and Practices Questionnaire” (PKPQ) containing questions related to their parenting knowledge and practices. Areas of examination include topics such as: playing with your child, reading with your child, talking with your child, and disciplining and praising your child. Participants were also given the PKPQ again after the completion of all of the BTA classes. Example items include: “What can a parent do to help improve or expand their child’s vocabulary?” and “How can parents impact their child’s brain development?”

Additionally, parents were asked several items related to (a) experiences reading with your child over the last two weeks (b) experiences talking with your child over the last two weeks and (c)
experiences with discipline with your child over the last two weeks (see Table 1). Though the number of families in the pilot was small, data indicate significant gains in parents’ involvement of the child in interpersonal activities (asking the child questions, describing objects to the child, talking about feelings, and explaining to the child what the parent was doing). These are core messages that have been emphasized in the Baby Talk and Listening to Babies trainings of the past several years and are central concepts in working with families of infants and toddlers to help promote children’s social and emotional competencies.

Especially noteworthy shifts were seen in several areas (see Table 1); the percentage of parents who frequently or almost always pointed to pictures when reading increased from half (50%) at the BTA intake assessment to 85.7% by the end; the proportion frequently or almost always asking the child questions while reading increased from 14.2% at the beginning to 53.9% after; the proportion frequently or almost always repeating what the child did improved from 46.2% to 100%; the proportion frequently or almost always describing objects improved from 74.3 to 100%; the proportion frequently or almost always labeling emotions improved from 21.4% to 42.8%.

Note: R=Rarely, S=Some of the Time, F=Frequently, A=Almost Always; *improved by >20%.

Table 1. Parenting Knowledge and Practices Questionnaire

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre (%)</th>
<th>Post (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show Cover of Book</td>
<td>R</td>
<td>14.3</td>
</tr>
<tr>
<td>Pointed to Pictures</td>
<td>R</td>
<td>14.3</td>
</tr>
<tr>
<td>Asked Child Questions</td>
<td>R</td>
<td>64.3</td>
</tr>
<tr>
<td>Repeated Child</td>
<td>R</td>
<td>7.7</td>
</tr>
<tr>
<td>Described Objects</td>
<td>R</td>
<td>14.3</td>
</tr>
<tr>
<td>Talked about Feelings</td>
<td>R</td>
<td>28.6</td>
</tr>
<tr>
<td>Labeled Emotions</td>
<td>R</td>
<td>42.9</td>
</tr>
<tr>
<td>Said what I was doing</td>
<td>R</td>
<td>14.3</td>
</tr>
<tr>
<td>Clear Consequences</td>
<td>R</td>
<td>7.7</td>
</tr>
<tr>
<td>Talked about misbehavior</td>
<td>R</td>
<td>7.7</td>
</tr>
<tr>
<td>Specific Praise</td>
<td>R</td>
<td>-</td>
</tr>
<tr>
<td>Positive Reinforcement</td>
<td>R</td>
<td>-</td>
</tr>
</tbody>
</table>

Fewer gains were seen in parents’ reporting of transformed disciplinary practices. This may have been because discipline was not a core theme for most of the 6 sessions; it came last in the series of topics as it followed the material presented on relationship-based caregiving. Even so, one parent reported a change from never talking to the child about misbehavior afterward to doing so sometimes, to help the child understand why the transgression had been a problem. At the same time, one parent who initially reported frequently using praise and two frequently using positive reinforcement reported doing so sometimes on post-test.

Overall, the evidence that relationship-based practices showed positive improvement over the course of the 6 week BTA is very heartening.
Open-Ended PKPQ Items

Parents also answered thirteen open-ended questions on the PKPQ expressing the parenting knowledge they possessed coming into BTA and also upon completing of BTA. These items allowed the BTA team to determine a baseline and to measure the increase or decrease in specific curriculum content. Below are some samples of parent responses both at the start and end of BTA:

At Intake

- What can a parent do to help expand their child’s vocabulary?
  - “Teach them new things & words”
  - “Practice words”
  - “Use more helpful words”
  - “Say words”

- What is child-directed play?
  - “I don’t know”
  - “Playing with the child”
  - “Playing with the child directly”
  - “I assume it means playing with you child – just you and them.”

- Why is praising good behavior an effective discipline strategy?
  - “To make the child feel comfortable”
  - “So the child knows how to act in public”
  - “?”
  - “I don’t know”

- List one way to help your baby learn to identify emotions.
  - “Talk to them”
  - “By telling them”
  - “No clue”

Upon Completion of BTA

- What can a parent do to help expand their child’s vocabulary?
  - “Read to your child and repeat the words you’ve read with your child”
  - “Speak clearly with you child and explain the meaning of words. Point to objects and tell your child the word for the object.”
  - “Practice the words your child has learned”

- What is child-directed play?
  - “When you allow the child to choose what to play”
  - “Allowing the child to explore on their own while watching and teaching them”
  - “Getting on the same level as the child and not taking control of their playtime”

- Why is praising good behavior an effective discipline strategy?
  - “It focuses on the positive and not the negative”
  - “So the child will know they are doing something good and to continue”
  - “Positive reinforcement”

- List one way to help your baby learn to identify emotions.
  - “Showing them your own emotions”
  - “Describing to them what it means to be happy, sad, or angry”
  - “Through reading and story-telling”
Group Facilitator Reflection

Upon completion of BTA, group facilitators were given an opportunity to reflect upon their entire experience and share overall successes and challenges. Facilitators reported that not only were parents understanding and articulating curriculum objectives, they were grateful to be provided with a forum to communicate their personal parenting struggles with other parents who voiced similar experiences. As well, facilitators said parents explicitly told them that the parenting strategies and skills they were learning were transferring into the families’ actual home-life. Facilitators conveyed that parents would come in and be excited that they were able to take what they learned in class and practice it at home.

Also expressed by group facilitators was how BTA provided the parents with new, alternative parenting and coparenting strategies previously not in the parents’ skill set. Although this was the first child for most parents, many had already begun to develop ineffective parenting behaviors and sometimes competing parenting philosophies. BTA allotted them a chance to learn and use effective, empirically validated parenting and coparenting strategies.

Conclusion: Future implications, successes/challenges, etc.

The BTA project was a success for the parents participating in the group. First, it cannot be overlooked that nearly half of the BTA participants (7 of 17 parents) were fathers. The groups were not just “welcoming of” fathers, but parents were told that involvement by fathers was crucial and indispensable. With this message sent, relentlessly, men felt the groups valued their opinions and input – and they came, and stayed. Data indicated that overall, the parents learned valuable relationship-based caregiving skills, experienced parenting support from the facilitators and fellow parents, and most importantly reported having changed their attitudes and behaviors with their children. BTA allowed the opportunity for parenting philosophies to be shared and discussed in a safe and open forum allowing for new insights and attitudes to emerge.

Throughout the course of the intervention, the participants were able to express their positive and negative experiences with parenting and connect their paternal legacies with their current ideas about how children should be parented. For many, this was a catalyst for changing ineffective and sometimes negative patterns and developing new insights and skills for being the parent they wanted to be for their child. Previously held beliefs, some which were generationally reinforced, were brought into the open and discussed openly in the groups along with research findings that supported the recommendations being provided to parents on effective strategies for parenting their children.

The positive feedback from the participants reflects both the general learning that occurred and the insight that was gained. Together, these components may have helped facilitate some of the attitude and behavior change documented for the families that participated. The feedback from the participants and group facilitators of BTA will assist us in fine tuning the curriculum and making relevant changes in the length of meetings and sessions. Messages about relationship-based caregiving cannot be hurried through, even though parents are often thirsty to talk about handling problem behaviors. Once relationship based caregiving principles are learned and incorporated, handling of challenging behaviors is itself transformed and made easier for both adult and child. With this in mind, plans for adjusting the BTA structure would include incorporating the ability to meet for a longer period of time during the next round; longer
meetings would enable families to share dinner at a leisurely pace and allow for adequate parent-child time after the session. Both of these areas felt rushed to staff, and the fact that the parents asked specifically to be provided with more content suggests that we might consider increasing the actual time that the groups meet. 3 hours would ideally be allotted for program sessions and we may consider increasing session length during the next round of pilots. This would be an increase in 30 minutes over the 2 ½ hour commitment asked for this pilot project.

The feedback parents provided helped us further develop our thinking around the scope and depth of information provided. BTA participants received the relationship-based caregiving information well, and demonstrated gains in their practices at home, at least via their self-report at the end compared with those at the beginning. Equally, parents often stated that they wanted “more”. The participants felt that coverage of handling discipline well was too brief and that they wanted and needed more coaching and information on responding to challenging behavior. Scheduling additional weeks of sessions to more completely incorporate themes around age appropriate discipline once relationship-based caregiving principles are understood may be one possibility. At the same time asking new recruits for BTA to make a commitment of longer than 6 weeks at the outset may not be advisable; the MN group found their 13 week curriculum to be daunting to most families when considering to take part. Six weeks may be the right initial “dosage”, at least in securing parent participation. As indicated, one possibility will be to increase sessions by 30 minutes over the 2 ½ hours that parents attended in the initial pilot just completed. Alternately, we may also consider a Part B 6-week session for parents who responded favorably to Part A (the first 6 weeks).

The success of the BTA heartens us to provide additional opportunities within the community to support parents, families and infant and early childhood development. The once-yearly Baby Talk events are an ideal time to build interest and motivation in the community to invest greater energy in promoting infants’ early competencies, but one-time events rarely affect enduring change. Follow-up opportunities to actually learn the skills in-depth are needed, and the BTA Academy following the Baby Talk “orientation” may be the right way to increase numbers of children and families in our community having access to the best practice principles incorporated in BTA’s curriculum. Strengthening parents, children and families means supporting our community and our future.

**Baby Talk Academy Staff:**
James P. McHale, Ph. D. - Family Study Center Director, Professor, USFSP
Lisa S. Negrini, LCSW - Family Study Center Assistant Director, USFSP
Liz Jack, JD - Infant-Family Mental Health Certificate Coordinator
Kyle Depalma - Research Coordinator
Marshall Lester Jr. - Research Assistant

**Baby Talk Academy Facilitators:**
Twanna Monroe - Owner Infinite Potential
Brittany Walton - Teacher Infinite Potential
Rashid Mizell - Father Engagement Specialist, Mentor and Facilitator, Healthy Start
Florence Guillett - Mentor and Facilitator, Home Visitor, Healthy Start/Healthy Families