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Seeing the World Through Our Children's Eyes:
Exploring Parent Practices, Routines, and Culture in
A Non Center Based Care Program

A dissertation to be submitted in
partial satisfaction of the requirements for the degree Doctor of Education
by

Alma Ester Cortés

2012

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ABSTRACT OF THE DISSERTATION

Seeing the World Through Our Children's Eyes:
Exploring Parent Practices, Routines, and Culture in
A Non Center Based Care Program

by

Alma Ester Cortés

Doctor of Education

University of California, Los Angeles, 2012

Professor Carollee Howes, Chair

There are a limited number of programs as well as a limited structural capacity for children under four. Research indicates that 22% of four-year old children are enrolled in preschool (College Board, 2008). Currently, The United States lacks a unified system for families with children under the age of three, with opportunities to attend center-based care or specific programming (Magnuson & Waldfogel, 2005). Not all families have access to high quality care. Intervention programs that focus on the family and on parent and caregiver education have also been shown to have strong, positive influences on child growth and school readiness (Zigler, Finn-Stevenson, & Hall, 2002). The current study was designed to better understand the parents and parenting practices of low-income infants and toddlers who are not participating in center-based care and the extent to which attending community-based parenting classes influences the parenting practices

The dissertation of Alma Ester Cortés is approved.

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2012

Dedication

I dedicate this manuscript to my grandparents who have a shared history with the parents in this study. Their strong family ties, and dedication to their children have been an inspiration to me throughout my work as a scholar. Though my grandparents were not witness to the completion of this degree, my parents continue to carry on the legacy of their parents. I am forever grateful to my parents for their emotional support throughout this process. They have always been an inspiration for me academically and professionally. I can never thank them enough for all of their support along the way.

My advisor Carollee Howes, thank you for being with me through every step of the journey. I learned so much from you and discovered so much about myself in this process. I am so grateful for all of your support through phone calls, emails and words of encouragement. Robert Pianta, thank you for lending me your coding schema. It was a wonderful tool for examining the parents in the community I studied. I am also so appreciative of the parents that participated in this study. They were truly exceptional families who worked hard to support one another and each other. I learned so much from the experience interviewing them and interacting with each family.

Finally to my husband Manuel, who dated me, proposed to me, and married me during the course of my studies at UCLA. My husband has truly been my rock and my guide, through every step of the way. I am so lucky to have such a wonderful man who supports me in every way possible. My hope is that our children will one day be able to reap the benefits of our love and support for one another. I can't wait until we get to extend our own family and build our legacy

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VITA

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PUBLICATIONS AND PRESENTATIONS

Cortes, A. and Chen, C. (April 2010). "Building Mindful Relationships: Keeping Families and Teachers in Focus" presented at California Association for the Education of the Young Child (Presenter, Long Beach, CA)

Chapter 1: Argument for Study and Supporting Literature

Brain research on infant and toddler early learning shows that 74% of a child's brain has been developed by age the age of three (Shore,1997; Shonkoff & Phillips, 2000). Despite the in depth knowledge and understanding of the complexity of young children's early learning, there are a limited number of programs as well as a limited structural capacity for children under four. Research indicates that 22% of four-year old children are enrolled in preschool (College Board, 2008). Currently, The United States lacks a unified system for families with children under the age of three, with opportunities to attend center-based care or specific programming (Magnuson & Waldfogel, 2005). Not all families have access to high quality care. For example, currently only 3% for three-year old children are enrolled in preschool (College Board, 2008). Research suggests that families in non-intervention programs should also be studied in order to understand their need for supports (Fuller, et al. 2009).

Latino children in particular, have a difficult time entering school because the majority of poor children from traditionally underrepresented racial and ethnic groups entering kindergarten are educationally behind their peers (College Board, 2008; Jenks & Phillips, 1998). Research suggests that among parents, Latino parents may have expectations for their children, but do not know how to help their children succeed in school (Christensen, 1992; Yan & Lin, 2005). Numerous studies show that parental involvement using home based activities, have positive outcomes on student achievement (Barton & Coley, 2007; Chrispeels, 1996; Christendon, 1992; Cordy and Wilson, 2004; Drummond and Stipek, 2004; Klimes-Dougan, Lopez, Nelson, and Adelman, 1992). Parents who are attuned to their infants and toddlers may be more likely to promote optimal emotional development (National Research Council and Institute of Medicine,2000; Bates, 2006; Spinrad et al., 2004). For families who do not have access, or

means to attend center based care, home based classes or workshops can help are one way in which to prepare families and children for kindergarten.

A report from the National Research Council and Institute of Medicine (2000) states that interventions that combine child-focused educational activities with parent child relationship building, can positively influence children's readiness for school, particularly for those at-risk for poor developmental outcomes (Bates, 2006). Children's relationships to their parents and other caregivers, including those outside the home, play a critical role in strengthening nearly every aspect of their development by providing stable, nurturing, and secure attachments upon which exploration, learning, and self-regulation are based (Bowlby & Ainsworth; Bates, 2006; NCRIM, 2000; Howes & Richie, 2002).

Intervention programs that focus on the family and on parent and caregiver education have also been shown to have strong, positive influences on child growth and school readiness (Zigler, Finn-Stevenson, & Hall, 2002). One example of a family focused intervention is the Home-based Activities Building Language Acquisition (HABLA) School Readiness program. HABLA is an intervention program intended to enhance early literacy and language development in a Latino-focused community based at the University of California at Irvine (UCI). HABLA focuses on improving child development and family functioning through parenting skills and home visits. The program seeks to increase school readiness of disadvantaged children ages 2 to 4 (Bates, 2006).

Similar to the HABLA program is the Mar Vista Family Center's Baby and Me parenting classes. The Mar Vista Family Center (MFVC) is located in Culver City, California. The parents that attend the classes are similar in population to the sample studied in the seminal Early Head Start studies (Ramey & Ramey, 2000). Parents with infants and toddlers, attend community

based classes despite the fact that the center does not have an infant/toddler child care center. This study focused on the families at MVFC that are not using center based care.

Access to Early Childhood Education

Despite the research that supports positive outcomes for minority and low income families, with children zero to three, there remains an ongoing struggle over which children can have access to formalized or higher-quality early childhood education and schooling (Carno,1984; Giddens,1986). One children's demographic, that should be addressed is the Latino, Spanish speaking population. Currently, there are 31 million household residents age five and older who speak Spanish at home. Spanish speakers constitute a ratio of more than one-in-10 U.S. household residents. Twenty-two percent of the Latino population is under the age of five, as of July 1, 2005 (latinostories.org). In the United States, Latino families represent the largest minority group living in poverty, with the numbers at a staggering, 6.1 million (Pew Hispanic Center, 2011). These large numbers of families and children often represent a population of students that perform poorly in their academic life and have little to no access to postsecondary education (Jenks & Phillips, 1998).

Despite the access issues that have clean patterns in the literature, there is research that has clearly documented minority parent involvement and success in school (Fuglini, 1997) suggests that there are opportunities for Latino students to succeed despite, the issues relating to access. Studies also show that Latino parents are quite engaged and involved in their child's education, even among families in poor neighborhoods, (Fuller & Garcia Colon, 2010). Other research disproves the myth that Latino parents refused to enroll their children in preschool/infant toddler programs because of trust issues with strangers. Rather the issue was

due to concerns about the quality of the centers (National Association of Child Care Resource & Referral Agencies, 2008). The effects of parental involvement at home are well documented in studies that advocate for parental support with academic tasks leads to high academic success (Fishel & Ramirez, 2005; Chrispeels, 1996; Christensen, 1992). While these studies involve middle and high school parents, the basis for these studies is the same: parent support in their child's education is important to a child's success in school.

Despite the vast research on early childhood interventions, most children do not attend model preschool prekindergarten, or Head Start programs (Magunson & Waldfogel, 2005). Additional studies on preschool interventions shed some light on children who do not attend center based care or preschool before they enter Kindergarten. These children are often cared for by parents, relatives, babysitters, nannies, or family day care providers. While informal care is not linked to children's cognitive development or academic skills research consistently shows connections between higher-quality informal care, better cognitive development and positive behavior (Phillips & Adams, 2001). Other studies show that family support programs improve both cognitive and social development (Barnett & Belfield, 2006). Yet the most convincing findings are those that demonstrate the noteworthy benefits of providing enriched learning opportunities to those children who do *not* receive learning opportunities on a regular basis in their homes (Ramey, Yeates & Short, 1984).

Research questions

The current study was designed to better understand the parents and parenting practices of low-income infants and toddlers who are not participating in center-based care and the extent to which attending community-based parenting classes influences the parenting practices.

The following questions will guide this study.

Research Question 1:

Who participates in parenting workshops at the family service agency?

- a. What are their demographic characteristics?
- b. Do only mothers participate or are both parents participating?
- c. Why was a parenting workshop selected?
- d. Do they use child care or ece services?
- e. What were the motivating factors in their decision to participate in the parenting workshop?

Research Question 2:

What parenting practices, values, and beliefs emerge when participating parents are asked to talk about parenting their infant and toddler age children?

Research Question 3:

What parenting practices, values, and beliefs emerge when class leaders are asked about the content and process of the parenting classes?

Research Question 4:

Do the participating parents and class leaders agree in their understanding of parenting practices, beliefs, and values?

Empirical Work in Support of the Study Research Questions

Previous studies have noted that some parents in Latino communities do not choose to children enrolled in center based care (Fuller & Garcia, Coll, 2010; Fuller, et al, 2010). This is despite of the fact that previous research on Head Start, Early Head Start and other early

intervention programs indicate that children who participate in center based care are better prepared for school and show other positive social and emotional development. RQ1 will describe a sample of Latino parents who participate in the parenting workshops in the MVFC, however do not have their children enrolled in center-based care and how these families in this sample compare to families identified in previous studies. The rationale and motivating factors for why parents chose to participate in parenting classes will also be examined. Developing a better understanding of Latino parents in this sample will contribute to the literature on how to better engage Latino families who do not enroll their children in center based programs.

There is an abundance of literature describing the practices, values, and beliefs related to parenting, some of which consider the role of culture in the context of parenting. The data that addressed RQ 2 examined parents' descriptions of their practices and by inference their values, and beliefs following parenting class attendance. Within the MVFC community, there were commonalities among parents as well as differences. This study examined a program that is already being implemented. In order to understand how the classes did or did not impact parenting by the parents in the sample I looked at what is being taught as described by the teachers themselves, the class leaders. This is the intent of RQ3. Finally I examined agreements and disagreements between how parents describe practices and their perceptions of what was actually taught in the parenting classes (RQ2) and how class leaders describe their intended teaching of practices (RQ3). This analysis (RQ4) will provide information that future class leaders can incorporate into their own future teaching practices.

Chapter 2: Method

Participants

Study site. The Mar Vista Family Center (MVFC) in Culver City, CA is located in a low income densely populated area of Los Angeles, near the only federal housing project in West Los Angeles. Residents are affected by violence, poverty, and lack of education. On an annual basis, nearly 1000 children, teenagers and adults of predominantly Latino origin, take part and benefit from (MVFC)'S programs (<http://www.marvistafc.org>).

MVFC has 21 different projects within three program areas: Early Childhood, Education, Youth and Community. These programs work together to provide families with opportunities to develop outside of school in a wholistic family process. The goal for the parent classes for parents of young children in the Baby and Me classes is for children to acquire basic learning skills and parents to practice life and parenting skills” (<http://www.marvistafc.org>). This site was specifically chosen because it offers parenting classes but does not offer center-based child care for infants and toddlers. The *Baby and Me* parenting classes are held on Tuesday and Wednesday mornings and divided into sections by age level of the child. For example, parents of children who are 7-12 months attend Tuesday morning classes from 9am-10am and parents of infants 0-6 months attend from 10:15-11:15. Children older than a year old attend classes by age level on Wednesday mornings. The majority of the children that attend the classes are between the ages of 2-3 years old. These classes are held Wednesday mornings from 10:15am-11:15am. All of the class sessions are offered in 8-10 weeks season/semester cycles.

Sample. The study sample included a variety of parents of young infants, mobile infants and toddlers who have participated in parenting classes anytime between September 2011 and

January 2012. As of mid-December 2011, 52 parents were enrolled in the parenting classes. A majority of the parents currently attending classes have children who are between two and three years old. All parents were asked to participate in the study and approximately 10-15 were selected for inclusion in the study based on a set of inclusion criteria that include: the parent's ethnicity, child's participation in center based care, child's age.

Workshop leader participants

The study sample for the class leaders consisted of staff who were present in the parenting classes during the most recent 8-10 class cycle, which was held from September to November 2011. All class leaders were asked to participate in the study and all of them were selected for inclusion in the study based on a set of inclusion criteria that include: their active participation in the classes and knowledge of the community. The staff members have been a part of the MVFC Baby and Me classes since their inception, and will have in depth knowledge of the parents as well as the class content.

Recruitment of the Participants

Recruitment flyers for parents and class leaders were distributed through the MVFC. Parents indicated their interest in participating in the focus groups to the MVFC program staff. MVFC staff worked with parents to communicate the time and place for the interviews to parents. The criteria included in the recruitment flyers indicated that the parent participants were: (a) primary caregiving parents, (b) have children up to age 36 months, and (c) speak English/Spanish as a primary language (d) have attended classes October-December the in the Fall of 2011.

Measures

An open-ended individual parent protocol (see Appendix A) has been developed for use in several published early childhood studies examining parenting (Zucker & Howes, 2009; Howes, Vu, & Hamilton 2011). Open-ended interviews provide the means to explore and understand Latino parents knowledge of their children's development and their parenting attitude, values, beliefs and practices relating to parenting (Creswell, 2009; Siedman, 2006). The parenting domains addressed in the interview protocol are relationships, experience as a parent and separation. Seven additional questions were added to the protocol to address research question one and four.

I will use a second interview protocol with the class leaders to better understand the types of knowledge and skills that the leader expected parents to learn in the Baby in Me classes (see Appendix B).

Procedure

Fifty-two parents participated in the Fall Mar Vista Family Center Baby and Me Program. Detailed recruitment letters explaining the study were distributed to parents in the parenting classes in both English and Spanish in January. Parents who were willing to participate in the research informed the class leader/coordinator. From these parents I randomly selected 15 selected for participation. Parents received gift cards to a grocery store as well as a children's book as a thank you for taking the time to interview for the study. The families signed consent forms at the time of the interview.

Interviews were conducted in person at the Mar Vista Family Center, a comfortable space for to the interviewees, in both English and Spanish at a time that was most convenient for

participants and lasted approximately 30-60 minutes. All interviews were audio recorded and transcribed almost immediately after the interview was conducted.

Meetings were set up with the class leaders and the program coordinator with the recruitment letter. The class leaders and program coordinator were given permission forms asking for their participation in the study. Incentives for the class leaders were a gift card to Target. Interviews were conducted in English or Spanish depending on the comfort level of the class leaders. Interviews were conducted in person at the Mar Vista Family Center, which is a comfortable space for the interviewees at a scheduled time that was most convenient for the participants. Interviews were approximately 60-90 minutes.

Data Analysis

The interviews were transcribed using Dragon. I conducted a content analysis of the parent interview in order to address RQ1. In addition I used the coding schema developed by Pianta, et al. (See Appendix C) to code the questions from the interview. I conducted a content analysis on the agreements and disagreements between how parents describe practices and their perceptions of what was taught in the parenting classes (RQ2). I also conducted a content analysis of the workshop leaders' interview to address RQ3. Data from the parent and the class leader interviews was examined comparatively in order to identify patterns, consistencies and inconsistencies between what was intended for parents to learn and what was actually learned, and to draw connections (attributions) between class attendance and parenting practices.

The procedure for analyzing data to address Research Question 4 was to do a comparative process of examining the parents and class leaders interview data. In this way the similarities and differences were noted and analyzed appropriately.

Credibility and Trustworthiness

The researcher was the only person coding to ensure that the coding schema was used effectively. I established inter-rater reliability in using the Pianta et al coding schema with my dissertation chair. She conducted coding training with me before coding to ensure that the coding was conducted reliably. I triangulated my coding with previous studies to reduce threats to validity and reliability. Finally, I adequately engaged myself in the data collection process until the data and emerging findings were saturated (Merriam, 2009).

Chapter 3: Findings

Introduction

During the spring of 2012, I conducted individual interviews with the parents and class leads for my study at the Mar Vista Family Center (MVFC) located in a neighborhood just east of the 405 freeway, the MVFC sits at the end of a long block of apartment buildings. A playground, park and some of the MVFC's office buildings are the only neighbors besides community housing and the occasional food vendor. I parked my car in the parking lot and entered the building. I was led inside to a cozy room with many children's books and toys. In this room a mother and her baby waited for me inside. I had a conversation about her child, her parent practices and family life. As I listened to her story and the stories of many other parents, I began to find answers to the research questions I had going into the study. I also discovered more information about the overall community at the MVFC.

The data collection process took place over the course of three weeks. During these three weeks, I learned that much of the literature about families guided me throughout this process. However, this community consisting of parents and teachers, was much more complex than I had anticipated. My goal for the study was to find out more information about the parents, parent practices, values and beliefs of the community. I also discovered information about the class leaders and other leadership within the organization that lends to further discussion around quality of interactions between caregivers as well as parents. I will now review the findings from the interviews of parents and class leaders in order to uncover the complexity of this community agency.

Findings

In this chapter I will first describe the demographics of the parents, children and class leaders of the agency (See Tables 1, 2 and 3). I will then describe the motivating factors that led to the selection of the class as well as the reasons parents are choosing not to send their children to childcare settings (See Table 4). I will describe the parenting practices, values and beliefs that emerge from the PDI scores as they relate to the process, practice and emotions of caregiving (See Table 6). I will illustrate the parents parenting practices, values and beliefs that have emerged when class leaders are asked about the content and process of parenting classes. Finally I will evaluate any overlap (or non overlap) in parents and workshop leaders parenting practices, values and beliefs.

Demographics of parents in the program

General Parent Population

The overall parent program consisted of fifty two parents who were enrolled in the classes at the time of the interview. The program was designed to serve parents of infants and toddlers who are interested in spending more time with their child and learning more about how to bond with their child. This site is appropriate for my study because it serves Latino families of infants and toddlers who are not enrolled in preschool or infant toddler programs. All of the parents participating in this program were Latino parents who cared for their child during the day and attended classes with their child once a week. The sample that was interviewed for this study is representative of the general population of parents that attended classes with their child on a weekly basis.

Population/Gender and Work Life balance

Fifteen primary caregivers were interviewed for this study. All of the parents interviewed for the study classified themselves as Mexican or Mexican American. All of the participants in the study were primary caregivers that took care of children during the day and attended the parenting classes with the child once a week. Of these families, twelve parents were female and three parents were male. Most of the parents who attended were adults between the ages of twenty-two to fifty-five years old. Two parents were young adults between the ages of eighteen-twenty two. One primary caregiver was a grandparent who attended the classes with her granddaughter. Most of the parents who attended the classes cared for the children while another parent worked. However, some parents juggled caregiving responsibilities with work. Nine parents were currently working, while four parents had worked in the past, but were not working in order to take care of their children (See Table 1).

Family Background, Home Language and Relation to Agency

All of the families claimed heritage to Mexico and were from various states such as Oaxaca, Durango, Jalisco, Aguas Calientes, Guadalajara and Puebla. Most parents immigrated from Mexico 11 or more years ago. Three parents were born in the United States, and three parents immigrated to the United States less than 10 years ago. The classes were all conducted in Spanish because all of the parents speak Spanish. However, some families spoke English in their home and some spoke only Spanish in the home. Only five families spoke both languages at home, but for most families Spanish was the primary language.

Many of the families had a relation to the agency that had developed prior to their start in the classes. Due to the proximity to the center, the families were already a part of the local community centered around the MVFC or were attending other community related classes prior

to their enrollment in the Baby and Me Classes. However, some of the families did hear about the program through word of mouth, through friends, other agencies that led them to the MVFC.

Two of the families in the study parented with or were Grandparents of the child. The thirteen other families parented with their spouse. Grandparents might help out the other families but were not living with the parents at the time of the study.

Parent Motivation to take Baby and Me Classes

Parents were interviewed and asked about their reasons for choosing to attend the classes. The reasons varied from wanting their children to socialize with others, to getting out of the house, to curiosity after hearing about the classes from friends. One parent, Carmen had her youngest child enrolled in the classes. She similar to other mothers she expressed her interest in the classes and in particular her motivation for choosing to send her youngest to classes. She says:

[With my older] kids I was overprotective and with this one I am learning to leave him more and to not bring him [up] like [the older kids]. And the teachers there tells us many things, like how to treat them, what options to have when the baby is vomiting, to be calm and to demonstrate security to the baby, it has been useful to me (Carmen, personal communication, February, 2012).

Carmen and other parents expressed their own interest in the classes, as well as their reasons for exposing them to other environments such as the home. Parents such as Carmen found that the classes not only served as a place for their child but found the advice from teachers beneficial. Monica, a grandmother who attends classes with her 3 year old granddaughter makes another point about why she choose the classes. She says “because I feel that it’s very important now that they’re young that you start to know what is school, what is a teacher...” (Monica, personal communication, February, 2012). Monica is communicating the details of what is important to parents about preschool readiness for young children.

Finally Lisette a younger parent mentions another reasons she took the parenting classes “I thought it was a good idea for me to be with more parents since I’m always with her at home. Also it’s a good idea for her to be with more kids and to learn more” (Lisette, personal communication, March 2012).

Parents Choice and Beliefs Regarding Formal Child Care:

One parent had her child enrolled in preschool at the time of the interview. Her daughter had recently graduated from the Baby and Me Classes and had moved on to preschool at another local center not affiliated with MVFC. The other fourteen parents did not have their children enrolled in child care or other ECE services. The reasons varied. Some including Carmen and Margarita expressed strong beliefs about staying at home with their child while they still had the time. Margarita simply says: “so I can be with him” (Margarita, personal communication, February, 2012). Similar to Margarita, Carmen also has ideas about staying home to be with her child. She says: “I want to dedicate more time now that I can, because I am certain that I am working again, while working I would put him in childcare. I think that is better and more productive for him than leaving him with another family (Carmen, personal communication, Feb, 2012)” Carmen’s statement supports the literature of Fuller et al. that recognizes that parents have specific values about staying at home with their children and opting out of selecting a center (Fuller, et al, 1996). Both parents statements support parent leave polices on staying home to bond with your child (Commission on Family and Medical Leave, 1996).

Other parents such as Elena and Amanda said that cost was a factor in their decision not to use formal child care or ECE services. Elena says “A lot of daycare is pretty expensive and even hiring someone is expensive...we don’t want to risk it with not having enough” (Elena, personal communication, February 24, 2012). Amanda a mother of five children says “...that

preschool and everything is for money, and it's a lot of money. And I can't...pay it and that's why I have to wait." (Amanda, personal communication, March 4, 2012). While only two parents reported that child care cost was a factor, their statements reflect the reality of the cost of child care in the United States: Child care is expensive for parents of all social strata, but costs weigh more heavily on low- than on middle- or upper-income families. Low-income two-parent families spend almost a quarter of their annual earnings and low-income single mothers can spend up to half of their earnings on child care (Zigler et al., 2002).

Parent Practices, Values and Beliefs

The bulk of this study looked at parent responses to a set of interview questions that lead parents to describe their parenting practices, values and beliefs. All of the interviews were transcribed and then coded using the Pianta et al.'s (1995) Parent Development Interview coding system. Parent responses to the interview questions generally ranged from many concrete examples, to a few words in a sentence or one to two words. The codes used in the analysis were: Mentions Compliance and Ineffectiveness of Compliance/Control Management, Mentions business of caregiving, Mentions Achievement, comfort/safe haven, perspective taking, enmeshment, neutralize, anger, pleasure, guilt, worry/anxiety, pain and confusion. Each category used a 4 point scale: 0 indicates no evidence and 3 indicates a lengthy description. I will describe each code and give examples of parent responses as they relate to the overall mean of the scores. See Table 6.

Mentions Compliance/Control

The code Mentions Compliance/Control is a measure that asks parents about instances when the child is asked to comply and probes for the parent's perceptions and feelings about compliance and control. A score of 0 indicates that the parent does not give any examples of

compliance. A score of 3 indicates that the parent provides detailed examples of compliance (Pianta et al., 1995; Zucker & Howes, 2009).

Nine out of fifteen parents had high scores with four parents having medium scores of 2 and two parents not mentioning compliance or control. Parents of older toddlers had more concrete examples of compliance/control, especially with regard to how the child made them feel when they were not compliant.

Marisela a mother of two daughters with a high score for compliance/control describes frustration in regards to diaper changing routines she has to conduct with her child. Marisela says: “she started to put a fight with diaper changing, where before she understood diaper change. She’d run under the table and knew I was coming. And now she’s using, no, like no, no, no” This parent also describes her feelings about how it makes her feel “I don’t know what to, like why, you’ve always been cool with [diaper changes].” (Marisela, personal communication, February 24, 2012).

Monica a grandmother that was also the primary caregiver had a score of “2” for compliance/control. She talks about a time her daughter misbehaved by trying to go outside, rather than staying inside as she was told to do. When she was asked how she felt about the situation she said “Well, I feel like I’m not doing things well with her” Monica, personal communication, March 15, 2012). Monica’s answer was different from Marisela’s in that she had a limited response to feeling of frustration around her granddaughter’s non compliant behavior. In addition, Marisela had other examples of frustration around her daughter’s behavior around routines or interactions with her sister. Due to the frequency in the high scores for

compliance/control this suggests that exploring parental practices around child compliance would be important within a parenting class.

Ineffectiveness of Compliance/Control

The Ineffectiveness of Compliance/Control Management measures the extent to which the parent describes feeling ineffective in the area of compliance. Scores of 0 indicate that a mother feels effective even when the child is noncompliant. A score of 3, or a high score indicates that the mother feels out of control or helpless when the child misbehaves (Pianta et al., 1995; Zucker & Howes, 2009). Parent scores for this measure varied with five parents had high scores of “3,” and 6 parents had lower scores of “1.” Parent responses to questions in the interview ranged from detailed to few answers.

Monse the parent of a three year old mentioned her daughter’s non compliant behavior on several occasions. She says:

Yesterday we were in the dealer for the car. We asked her to sit down and she refused to sit down. She got up and she wanted to come in and hit the baby... So we told her no, go sit down. So she threw a fit...my husband had to spank her in order for her to sit in the chair.

Although she is not the parent who disciplined her daughter with spanking, there were several examples of Monse’s frustrations with her daughter’s behavior. She mentioned earlier in the interview the frequency of her daughter misbehaving “Oh every day pretty much” (Monse, personal communication, March 4, 2012).

Another parent Amanda describes a time she and her child were not in agreement around her sleep routine. She says: “When she is tired, when she’s stressed and everything, she gets upset and starts to a fight and yells no, and cries” (Amanda, personal communication, March 4, 2012). Amanda described this “fight” as a point of frustration due to the struggle she and her

husband's have in trying to please their child. Amanda's score of "2" on this measure indicate that while there are some elements of ineffectiveness around caregiving, she is not overwhelmed and is working on ways to calm her child when she is tired. "I learned to grab her hand. So, then it's okay, no worry I'll be with you, I'm with you, and she calms down" (Amanda, personal communication, March 4, 2012).

Finally Joaquin a parent of a younger infant had a score of a "1" for this measure. He clarified to me that "it is not really about whether he misbehaves now, and more about what he is feeling, he could be warm or cold and expresses it by crying" (Joaquin, personal communication, February 24, 2012). It is clear that Joaquin understand that his child has feelings related to his comfort level. However, at no time did he indicate feeling overwhelmed by the behavior of his child. His responses reflected a confidence in his own parenting skills. Other examples of this confidence will be discussed later in this chapter.

The three examples of parent responses to ineffectiveness provide clear evidence that some parents struggle with issues of behavior and around routines. However, the feelings of ineffectiveness were not the experience of every parent that was interviewed. In looking at the variety of the scores around ineffectiveness, this is an area that class leaders can focus on to provide more support for parents.

Business of Caregiving

The business of caregiving code measures caregiving behaviors that involve routines such as diapering, feeding, dressing, bathing and sleeping. The scale measures the level of involvement parents have in the daily care routines of their child. High scores show clear involvement of the parent and that the parent is directly involved in the caregiving routine or

behavior (Pianta, et al, 1995). Low scores of 1 or 0 indicate that there was not clear evidence of the parent's direct involvement in caregiving routines.

Seven out of 15 parents had high scores of 3 for this measure. In other words, less than half of the parents in the program have high levels of involvement and could articulate the ways in which they care for their child. An exception to this trend is Elena, primary caregiver for her child who gave many clear concrete examples of her involvement in his day to day caregiving. She describes a feeding routine with her five month old infant son. "We were starting solids and I was just laughing because I was feeding him carrots and he was making a face...he was all smiles and he was like that for 2 hours" (Elena, personal communication, February 24, 2012).

Another parent Frida talks more generally about caregiving with her daughter. She describes the way she soothes her child when she is upset "...I carry her, and hug her, I talk to her, sing to her, because she likes it, then I see that she calms down, or we begin to play or read whatever she wants" (Frida, personal communication, 2012). Frida is also the primary caregiver at home with her child. While there is evidence that she is directly involved in the routines of caregiving she does not describe her involvement in great detail.

Though some of the families scored high on the business of caregiving measure, the others did not communicate consistently their involvement in routines. For example Monse talked about the frustration around her daughter's eating habits. She says: "She refuses to eat her food. And sometimes I have to feed her to eat, and she can't do it herself and I know it's food that she likes but she just doesn't want to eat" Monse, personal communication, March 4, 2012). Monse mentioned the caregiving routine of feeding her child only once during the interview. She did not mention her involvement in this routine expect to say that she had to make her child eat.

Literature around parent practices and routines states that is sometimes common for parents to forget to talk about or overlook routines (Rogoff, et al., 2007; Zucker & Howes, 2009). Yet, parents who are attuned to their infants and toddlers and are mindful in providing assistance in day to day routines may be more likely to promote optimal emotional development and which lead to a firm and secure base for the child. (Bolby & Ainsworth, 1992; Bronfenbrenner & Morris, 1997; National Research Council and Institute of Medicine,2000; Bates, 2006; Spinrad et al., 2004).

Achievement

The achievement scale measures a parent's references to the child's performance based on the parent's understanding of behaviors and developmental progress. This scale does not measure general references to behavior or lack of skill but rather the parents understanding of progress as it relates to development High scores are evident because they give detailed examples of social, motor, cognitive, language of self help skills (Pianta et al, 1995). Marisela, the mother of an 18 month old gives a detailed example. She talks about the struggle of wanting to push her child on her development.

I guess expanding her attention span. For example, if they were working on, like maybe the shapes. She just doesn't want to...put in the shape into the triangle, she wants to maybe just throw it around. There are times I feel that if I don't continue to explain to her, well this is the goal, we're trying to get the pieces to fit in here, then I feel like I'm being too lax.

In contrast parents such as Frida, did not express concrete examples of areas in which they felt their child was developing. In fact she said admitted that she had trouble expressing herself to

her children. She talked about why she wanted to take the classes with her child "...because I also wanted to learn like her, remember I told you that it has been difficult for me to express myself" (Frida, personal communication, February 2012).

Marisela and Frida's scores for achievement varied with Marisela providing several concrete examples of her awareness of her daughter's development. Whereas Frida had trouble expressing herself talk about what she gained from the classes she took with her daughter other than saying she enjoyed games or puzzles. This discrepancy in the findings is important because much of the literature shows that Latino children in particular, have a difficult time entering school because the majority of poor children from traditionally underrepresented racial and ethnic groups entering kindergarten are educationally behind their peers (College Board, 2008; Jenks & Phillips, 1998 Calderon, 2007; Magnuson& Waldfogel, 2005; National Task Force on Early Childhood Education for Hispanics, 2007). If parents such as Frida are unsure of how to express themselves they may also be less likely to engage in preliteracy activities that will help children prepare for school (van Kleeck, 2004).

Comfort/Safe Haven

The Comfort/Safe haven scale is an important scale because it evaluates one of the most important parenting measures: how the parent responds to a child who is distressed due to fear, separation, threat or other frustrations. The scale measures the way in which parents soothe or comfort their child and provide a secure base for their child when they were upset and seek comfort. Scores of "3" reflect the parents ability to comfort the child when they are distressed with clear examples from the parent. Low scores indicate that there is little to no evidence that the parent comforts the child when they are distressed (Pianta et al, 1995). Nine out of fifteen

families had high scores for comfort/safe haven. I will give examples of a few of these families and their relationships with their children on both the high and low scales.

Lisette and Eve are two mothers in the Baby and Me Program that had high scores for comfort/safe haven. Both mothers are stay at home mom's who are the primary caregivers for their children. Eve's son who is 2 years old was fighting with his sister over a toy. Eve says: "she got a hold of him and he just started to cry and the first thing he does is come running towards me and shows his arm-- and I tell him once she finishes, then he can play with it and that's when he stops crying" Eve, personal communication, February 2012). Lisette also describes an incident where her daughter was hurt and came to her for comfort. She says: "Her little cousin bit her in the arm. She was really upset, she was crying so I was like, oh, it's okay. And then I put a bandage on her because she wanted one." While Lisette uses few words to express how she soothed her daughter, it was clear that the child was calm after her mother helped her with a bandage and sat with her.

Lisette and Eve gave clear indications of how they were able to comfort their child when they were distressed. However, not every parent was clear in explaining how they calm their child. Rodrigo is the primary caregiver of his two year old son. He seemed to have trouble expressing how he was able to soothe his child in detail. He is asked to describe the way in which he soothes his child. He says "Calm him, simply, I hold him, I carry him to the bedroom..." (Rodrigo, personal communication, February, 2012). He then goes onto explain how this might relate to his child misbehaving. "I'm sorry' I say, as things are, for example if it's something about a toy. I take it and I bring it to the room, and [say], 'you know you don't have to fight if a person doesn't want to lend you a toy. You have to wait, for your turn and share with them" (Rodrigo, personal communication, February, 2012). Rodrigo is explaining how he

problem solves with his child when he wants him to share. However, there was little to no evidence that he was comforting his child in a way that soothed the child who was upset or frustrated.

Another parent Velma, a mother of an infant talks about a time when she was not able to soothe her child. [Sometimes] when she is a little silly, [she] cries and cries, I can't calm her, I am alone and she cries, I give her breast but keeps crying, and there are moments that it is frustrating, at night she doesn't want to go to sleep" (Velma, personal communication, February, 2012).

Parental interactions do matter, and are one of the most important factors that lead to high socialization of children. (Maccoby,1992; Zigler, et al, 2002). Further, children's relationships with their parents, play a critical role in strengthening nearly every aspect of their development by providing stable, nurturing, and secure attachments upon which exploration, learning, and self-regulation are based (Bowlby & Ainsworth; Bates, 2006; NCRIM, 2000; Grossman et al.,1999; Howes & Richie, 2002). Despite this research there are disparities in communities such as Mar Vista where parent engagement classes are occurring but not every parent is able talk about interactions that provide comfort and a safe haven for their child.

Process of Caregiving

The Process of Caregiving codes demonstrate the aspects of a parents representational system that is distinct from the child's. This construct measures perspective taking, enmeshment, neutralizing and confusion and indicate the parents process of discussing their relationship with their child (Pianta, et al, 1995). This measure reflects the [parents] ability to reflect upon her own behavior and take the perspective of the child as a separate entity to him/herself (Slade, 2005).

Perspective Taking

Perspective taking looks at parent's ability to see the child as having or showing independent states, thoughts and feelings. Low scores such as "1" are due to parents labeling their own feelings rather than looking at the perspective of the child. Scores of "3" show the parent demonstrating an awareness of the child's feelings and an understanding of what the child might be feeling. The key to this measure is that the parent narrates the child's perspective. The scores for perspective taking had the most variance. Only 4/15 parents had scores of three for this measure. Most of the scores for this measure were scores of 1's or 2's.

Armando is the father of a two year old child. Many of the experiences he described during the interview were around behaviors and discipline regarding his child. He described a scenario when his son misbehaved by using a glue gun to point and say "bang, bang." Armando was asked to describe how his son felt in the moment. He says: "He kept playing as if nothing had happened" (Armando, personal communication, March 2, 2012). He then went on to describe how it affected he and his wife in the moment and how they felt. However he never went back to how his son felt when he was disciplined for using a pretend gun.

Later he talks about how he is currently having trouble feeding his son. Often his child likes to play instead of eat. He and his wife often feel the need to force his child to eat or else his will not eat. When asked to think about how his child feels about this he says: "I imagine that he felt sad, I think that's the reason why he feels sad when we don't let him do what he wants" (Armando, personal communication, March 2, 2012).

Another parent Eve describes an incident where her 2 year old son misbehaved when she was in the doctor's office. She was embarrassed and frustrated because she was not able to control his behavior. While she was able to clearly describe how she felt, when asked how her

son felt she simply said “He enjoyed it because he was playing” (Eve, personal communication, February 2012). Later when she is asked to talk about separation from her son who was very sad when she had to leave him at her sister-in-laws house, she describes his reaction to the separation “He would just start crying and crying for couple of hours. I guess he didn't like being there and so I had to change my schedule... It was sad because hearing him cry breaks my heart” (Eve, personal communication, February 2012). In these two different examples she clearly identifies how she feels but generally describes how her son is feeling when he misbehaves or is sad.

In contrast to Eve and Armando, Elena can clearly identify her own feelings as well as that of her son's. Elena describes a time where her infant son was not feeling well because of something he ate. She says: “Yeah, so he was gassy and uncomfortable and he kept crying and looking at me like “take care of me or something!” Something I couldn't do and he had diarrhea so I had to keep changing him and try to comfort him... and we weren't meeting eye to eye because it's in his stomach! You just have to let it come out! The way he looked at me was “I'm hurting! Take care of me all day! Feed me!” (Elena, personal communication, February, 24, 2012). Later she talks about the joy's of being a parent she says: “I think he hasn't done anything and he gives me the sweetest smiles and I'm just like alright—I just melt away.. and it's that look of thank you for changing me, thank you for feeding me.. it's just like the sweetest smile.” Elena describes not only her own feelings of love or frustration as a parent but also her son's feelings. She narrates how he must feel when he cries, or smiles and seems to read his signals, cues and facial expressions well.

Armando, Eve and Elena all used the word “love” to describe the relationship with their child. While this was a word that many parents used in the context of this interview, few parents in the study were able to take the perspective of the child by providing concrete examples of how

the child is thinking and feeling during key routines or when the child is misbehaving. There are a number of things that might be contributing factors to these discrepancies. One of these factors is due to the stresses that the families experience due to poverty and immigration that may inhibit parents ability to be emotionally available for their children (Bornstein & Bradley, 2003; Crosnow, 2007). Studies show that parents that are depressed or have more marital problems can be insensitive to infants' cues and may not give adequate stimulation to their child (Conger et al., 1992; Cummings, Davies, & Campbell, 2000; Downey & Coyne, 1990; Parke et al., 2004). Overall maternal stress and support is a high indicator of the stability of mother-child attachments (Howes & Wishard Guerra, 2009). Similar to the measure of comfort/safe haven, high scores for perspective taking show high indicators of strong attachment between parent and child. The way in which parents talk about their relationship with their child shows their understanding of interpersonal relationships, especially the domains of being cared for and caring for others (George, Kaplan, & Main, 1985; George & Solomon, 1999; Hesse, 1999).

Enmeshment

Most parents had low scores for enmeshment. However one grandparent who is the primary caregiver had a high score on this scale. She says... "she doesn't want to be removed from me, [she's] always over here and I walk and she follows me[If I have to go] or if I want to leave her and...I don't want to leave her like that, that she's so alone. And [so she is] always with me. And if she has to stay with [another] person, then I know that they will treat her well," (Monica, personal communication, 2012). The other parents did not have responses that indicated that there were limited boundaries of parents and children.

Confusion for warmth and sensitivity

Thirteen out of fifteen parents had low scores for confusion indicating that they did not indicate mental confusion throughout the interview. The remaining two parents had high scores for confusion. These parents had scores of “3” for mild confusion throughout the interview. They often asked questions more than once or did not have organization to their thoughts. Most often these parents gave one word responses at the beginning of the interview but warmed up at the end of the interview. It should be noted that these parents both had stresses at home. One indicated that there was strife with her husband at home who often “spends more time with [his friends] than with us (Frida, personal communication March 6, 2012). The other parent had a child that was diagnosed with special needs. The family stress coupled with the stress of life as an immigrant (Bornstein & Bradley, 2003; Crosnow, 2007) may have made it hard for the parents to focus during the interview.

Neutralize

The neutralize measure looks at the way in which parents attempt to distance themselves from negative aspects of the answers (Pianta, et al, 1995). Three parents had scores of 2 or 1, indicating that they attempted to neutralize any negative experiences. Margarita a single parent was asked if she ever felt angry as a parent, she says: “Just when I think about his dad” (Margarita, personal communication, March 11, 2012). She did not answer the question of how she handles the feelings of anger right away. Instead she became emotional. Later in the interview when she had control of her emotions she said: “I just try to put [the feelings] aside, because they tell me he can feel that, especially when I am breastfeeding” (Margarita, personal communication, March 11, 2012). Margarita was not the only parent that became emotional during the interview. However she seems to attempt to minimize the anger she feels by not talking about the issue or veering away from the subject by stating she puts her “feelings aside.

Very few parents had high scores, indicating this is a measure only few parents may need additional support for.

Anger

The PDI manual scores parents anger or frustration. High scores indicate detailed expressions of anger while low scores have vague references to anger. This code does not measure the effectiveness of parenting as it relates to anger. Most parents in this study had medium to high scores of anger. Three of the parents had high scores of “3”; consequently all of the parents with these high scores were parents of toddlers. These parents expressed concern or frustration at the way their child behaved. One of these parents Eve, gave an examples her children acting out in public. She says:

we went to the doctor and he was just running around and I just gave him some crackers to snack on but he wanted the whole thing and he opened it and everything fell on the ground...And there was a water faucet and he kept playing with it and he spilled water on the ground. And they were taking my vitals in the lab and he was running around and going into patient rooms...I got upset because everyone was looking-- like oh this lady can't control their kid. (Eve, personal communication, March, 2012).

Later in the interview Eve says she also feels anger about her home life. “My home- the situation at home...it just gets me frustrated that I have to do everything-- and I don't have my husband's support...I don't have his attention to help around... And that's when I get frustrated (Eve, personal communication, March, 2012).

Alicia had a lower score of “1” for this measure. Her son has recently started to have tantrums, but she is learning how to work with him when he becomes angry. She says: “We can stop the tantrums, we are also training him because he now wants to hit us in the face, he is getting bigger” Alicia while frustrated seemed to have ways of working out her sons anger with him: “Together we made a sad face and explained to him that it's not a punishment that we only

use it when he feels frustrated and wants space and time for him, it works for us well (Alicia, personal communication, February 24, 2012).

One of the questions on the interview protocol asked: *Do you ever feel angry as a parent?* Most parents did not mention their own child when they responded to this question. Like Eve, they brought up some aspect of their home life. Alicia said: “Well let’s see when [my husband and sons] don’t help me clean up, I could be tired and they get on my nerves easy” (Alicia, personal communication, February 24, 2012). Frida mentioned her husband and as well as children as a source of anger: “Well sometimes with my husband since sometimes after work he likes to talk with a friend and that gets me angry. If I am not in a good mood, my daughters want attention or something and I get upset with them, that’s what happens sometimes...” Frida became emotional at this point in the interview. I asked: “Do you get upset because he goes out with friends and not you?” and she responded, “Yes because he sometimes spends more time with them than with us” (Frida, personal communication, March 6, 2012).

Pleasure

One of the measures that parents seemed to have the most commonality was pleasure. This code measured parent expressions of joy, happiness, pride, love, etc. when describing their child (Pianta, et al, 1995). Elena spoke of the joy of feeding her son solids for the first time and spending time with him “I felt very happy like there was no frustration, it was just me and him talking and communicating and he was showing feelings. And he was happy that we were having each other’s attention one-on-one...and even after feeding, he fell asleep for an hour and a half because he was calm and relaxed (Elena, personal communication, February 24, 2012). Another parent Carmen also spoke of her son fondly. She described her relationship with him as loving “because his reaction when I speak with him is a smile, he throws his hands at me when I want to

hug him, which he loves” (Carmen, personal communication, February 24, 2012). Joaquin speaks of engaging with his child in an activity during one of the parenting classes not only taking the perspective of his child but also ” his face expression told me everything, happiness much laughter, because he loves it when I stretch his hands, or give him massages like we are taught here, in his head or his arms. He then ends up very calm” (Joaquin, February 24, 2012). Finally Lisette expressed her pleasure in describing a time when her daughter engaged in pretend play with she and her husband “I was, I don’t know, happy and at the same time, I was like oh my gosh she’s so big now, she can play like that. It was just too many emotions, seeing her playing with us like that” (Lisette, personal communication, March 6, 2012).

Guilt

Parent interviews were also coded for examples of guilt. Scores of “3” have strong examples of guilt with detailed examples. Low scores of “1” or “0” had little to no examples of guilt. Scores for guilt varied. Some families had high scores of guilt and some had low scores. Alicia, the mother of a three year old, had few examples in her interview. Her guilt feelings revolved about her sons behavior. She says: “When he is having a tantrum and I can’t control him, I feel that I am not a good mom. I say to myself what is it that I am doing wrong...(Alicia, personal communication, February 24, 2012). While Alicia admitted she struggled with her sons behavior she also had ways of dealing with her feelings. She says: “I try to read and look for information to see if its normal, to see if I can help him in any way, I like to inform myself about their age, and that makes me feel better” (Alicia, personal communication, February 24, 2012).

Other parents such as Monse talked about guilt around separation. Monse did not like to leave her daughter: “ I don't do it that often and that makes me feel guilty, like what will she think that I'm just leaving her” (Monse, personal communication, March 4, 2012). In contrast to

Alicia, Monse, did not talk explicitly about how she dealt with separations. Instead she talked about the benefits of separation: “It makes me sad but I know that it helps her because she's not going to be with me all the time” (Monse, personal communication, March 4, 2012).

Finally Maricela a mother of two children enrolled in the parenting classes talked about her feelings of guilt about having two children close together. As a mother of two young children she had multiple examples of her feelings of guilt. She says: “Yeah, there’s times where I feel guilty that I had them back to back...So there’s times when I do feel like, oh no, if I had waited I would’ve spent more one on one time with the firstborn “ Marisela, personal communication, February 24, 2012). Marisela coped with her feelings of guilt by spending equal time with her daughters.

Worry/Anxiety

The PDI manual also measures parent responses for worry/anxiety. Parent responses are coded as low or high based on the multiple and detailed examples of worry. Seven out of fifteen parents had high scores of “3” for this measure. Some of the patterns in their responses varied from worries about their child becoming ill or worries about money. One parent Armando who had a score of “2” is mostly worried about his son getting sick: “ What worries me the most is that he can get sick and something would happen to him, something that could be our fault, an accident or whatever, that’s what most worries me” (Armando, personal communication, March 2, 2012).

Margarita’s infant son was diagnosed with seizures at birth. Soon after his birth he remained in the hospital to monitor his progress. However, Margarita was unable to visit him due to transportation issues. “...When he was in the hospital, when he was just born, he had to be in

the hospital for three weeks. And every time I think about it, I feel guilty because I wasn't with him." She goes on "because I had a C-Section, and I couldn't drive to the hospital and my parents were working so I couldn't, [and] they couldn't take me." Margarita's concern over her son's condition continues "[I worry about] him not doing normal stuff because of his seizures. That he's not advancing enough at normal speed like other kids" She again mentions his condition when she talks about what she wishes for her son "Just to be normal. To not have the seizures and all the problems he has not affect him" (Margarita, personal communication, March 2, 2012). Margarita's worry/anxiety over her son's condition was pervasive throughout the interview and made her score of "3" quite evident.

Pain

The construct pain was an important measure in the interviews because it looked at parents expressions of sadness, feelings of being overwhelmed, or burdened. High scores of "3" are demonstrated by multiple examples throughout the interview. Parent scores varied with only 4 parents showing high scores of pain. One parent Marisela talked about the pain of not having a strong education to be a role model for her daughters": "I mean what [my daughters may] think about my shortcomings as far as education, like not being able to tell them that I have a degree. How am I going to tell them, 'Hey you guys, you should really try to get a degree,' " Marisela, personal communication, February 24, 2012). While this was a source of concern for her, her overall score of "1" indicated that Marisela did not have more examples of pain during the rest of the interview.

Amanda expressed deep pain or regret about her role as a working mother. She became emotional saying: "...when I work, it hurts, when [my daughter] tells me she hurts...." Later she reflected on her understanding of her role as a working mother she expressed more sadness

“When I was pregnant I told my husband and my other kids when I was pregnant [with] her, you know? I want to be 100% in my house and stay with her, but I can’t. I have 5 kids and I have to help” (Amanda, personal communication, March 4, 2012). Throughout the interview Amanda brought up the pain of having to work and leave her daughter. Her high score of “3” for this measure reflect the reality of her role as a working parent.

My Child’s Future

The parent interviews allowed for the researcher to talk to parents about their child around issues such as routines, worry, pleasure, secure base and achievement. Although the parents that were interviewed were parents of young children ages three and under, one unexpected theme that emerged from the parent interviews was the expectation for children to go onto college. One of the interview questions asked: *If you could have one wish for (your child) for 20 years from now, what would it be?* Amanda: says: “To finish college, that is my wish...because I didn’t finish school and the oldest one is now, she’s going to be 20 and that is my dream to see, my dream is that all of my children finish college” (Amanda, personal communication, March 4, 2012). Marisela who earlier in her interview mentioned feeling pain at the prospect of not having a degree says one wish she has for her daughter is to “[be on a] path to getting her second degree or first degree (Marisela, personal communication, February 24, 2012). Armando also mentions that his one wish for his son is to “That he can study what he wanted and to graduate...from the university of course” (Armando, personal communication, March 2012). While most parents did not express why this was so important for their child to go onto college, one parent expressed a deep understanding of the need for more education:

I know now that there's more to just telling your kids "do good in school." It's just so much more than that, it's just so much more than "do your homework" and to "go to school." She attributes her parents struggle with her children's future success:

Do you realize that this generation, you've done this? Because of you, now we can do this? And it's convincing her, no, you didn't fail, you did it, we're doing this. So it can take only one generation for college or just any other prior education to be something normal and attainable" (Marisela, personal communication, February 23, 2012).

Marisela became very emotional when she was telling this story. The value in her story as well as the stories of Armando and Amanda is in understanding this community of parents that are attending parenting classes with their young children. On some level these parents understand that their participation in their young child's life is important and will lead to future success.

Class Leaders

Research Question 3 (RQ:3) What parenting practices, values, and beliefs emerge when class leaders are asked about the content and process of the parenting classes?

To answer this research question, I asked the adults that lead, coordinate and supervise the parenting classes a series of questions about the content and process of the classes. The class leader had a very distinct voice that spoke to her passion around the families. An important question that was asked in the interview was "What did you intend to teach in this class?" The class leader answered: "That the kids are persons that all the information that we give to them to use it correctly like appropriate words, not to say little tortilla, or little shirt, little milk, everything little. Perhaps "how beautiful my little one" 'how pretty I adore my princess' yes... (Yolanda, personal communication, March 2012). The class leader is communicating that she thinks it is important to teach parents how to talk to their child instead of using "Babytalk" or "Motherease." Later she says: "That all the time, no no. That is not the way we speak right? You

have to say the correct word” (Yolanda, personal communication, March 2012). She is communicating around the idea of how to talk to your child. When she states, “no, no” she is perhaps insinuating that parents should not say the word “no” to their child. However, it is not made clear how this is taught in the class and if there are ways that she is communicating this information.

Another important question that was asked was “How well do you think you communicate this material? Yolanda says:

I don't know. Perhaps...Well, my intention to teach them, yes. But I know that some people carry it out and maybe others like when they are with us for a long time, perhaps at some moment, yes they grab onto it. I would assess myself, [when] I'm in the class, they say something and perhaps I'm thinking about something else but later well, I listen to my information and it's when, [I say] 'ohh' it takes me and I carry it out.

It is not clear in Yolanda’s statement if she thinks she communicates the material well. She seems to have concerns about how well parents carry out the class teachings. Later I asked her to go into more detail about what information the parents understand and can carry out. She says:

I notice that many times they understand but they don't put it into practice. You don't know if it works if for example, the [timeout] rug. We explained why. But if they don't use it at home, why are they playing here? And everything we do we take turns, the children who learn to take turns and to share in a group. I tell them to take note [of] the process that we go through in the game was to have everyone share everything and we were learning to play in a group. 'oh yes, yes' [they say]. We teach them that children run with toys. Things that later, they say to us, 'I didn't know my son could do that [when they're] so young'. (Yolanda, personal communication, March 2012).

In this example, she seems to have more understanding of what parents struggle with as they take the classes. She also talks about some of the information that is taught in the classes, but not always used at home such as the timeout rug. She shows concerns about parents receiving information about how to parent but not using the materials suggested. Her example perhaps is a shared understanding that parents may have about not knowing the strengths of their children .

Yolanda also noticed the struggle parents had with interacting with their child in front of other adults: “I’ve seen it was hard at first for the parents [to interact in the class] because [they say] ‘I’m not going to do that, it’s embarrassing right? And little by little they do it of course. But more advanced parents have to help others who are afraid to do it but we see the changes also in the parents” (Yolanda, personal communication, March 2012). The reality of parents struggling to sing, dance or play with their child in public has been brought out by Yolanda. Perhaps leadership from other parents would help to create a community of parents that are open to expressing themselves with other parents.

Another parent struggle Yolanda talks about is the ability to say “I love you.” She says:

It hit me a lot that they [the parents] were afraid to say "I love/adore you" and whatever it may be. Because it's a way to say what we know that they [the children] feel. There are parents who, well, all parents love/adore their children, but very few say 'I love/adore you'... I tell them if you want your children to tell you they love you, you also have to tell them you love them. And they go to become more open parents

Yolanda continues to have concerns about the parent practices that emerge from the class.

However she does not clearly articulate the practices that she carries out as the class instructor.

During the course of the interview, Yolanda shares her views on the value of preschool, what she intended to teach as well as how well she was able to communicate the material.

However often her responses to the questions were disjointed and tangential. This made it difficult to get a sense of her values and belief system that emerged from the interview.

Core Values and Beliefs of the Agency: The Coordinator and Executive Director’s View

While Yolanda perhaps struggles to talk about her values and beliefs, the Coordinator of the program as well as the Executive Director (ED) had concrete ideas about the overall values and beliefs of the agency.

Question 1: Why do parents decide to take parenting classes?

This question explored the rationale behind why parents took the classes. While the parents answered this question separately Lorena the ED of the program her own vision of why this was so. She answered this question first as a parent of the program “We get to a point that we have a baby and getting sick and understanding that there is some other means and we do the best that we know or what we think as a mom what we should do.” However, as a practitioner Lorena then modifies her answer: “But I think that’s the not knowing and them getting into situations that feel like we want the best for our children but at the same time, we don’t know what’s best or how can we give the best in regards to education...that’s one of the reasons” (Lorena, personal communication, March 2012).

Hilda, the class coordinator has a similar rationale “ I think they want to learn more how to work with their children at home and they want to know how to parent or bond with their children” (Hilda, personal communication, March 2012).

Question 2 on the Class Leader Interview: Why do you think parents should take a parenting class?

This question explored the belief system behind parent rationale for taking classes. Lorena has a clear vision for not only why the parents should take classes but also why this community of parents should take classes. She says:

Here, we always serve low income families, but I think parenting classes are not just for low income families. I think parenting classes should be for everyone and that’s before we have the babies. I think we should be prepared and understand, not just what’s going to happen and how the baby’s going to be born, but understand what is the role of the parent. What are our responsibilities?...So I think we all should be prepared. Mothers and fathers should take parenting classes.

Lorena’s values and beliefs stem from an understanding of not only the location and socioeconomics of the families she serves but an overall mission that *all* parents should be prepared and understand their role.

Earlier in the interview Lorena expressed why parents stay home with their children. She says:

I think it's very important that at least in the first years of the life of the children, [that] the parents can stay with the babies. I think that attachment of the baby I think that's that...development begins for the babies. I think that the security that we give to them as they're growing and it's important to have at least one of the parents to be with them and not growing with strangers. And I think that there's nothing like you as a parent to be that caretaker and to be there and your baby can feel. "

Although she is talking about her feelings about parents staying at home with their child, it is also clear that her values and beliefs support the parenting classes offered at the Mar Vista Family Center. Lorena also talks about the idea of attachment that support early learning development.

Similar to Lorena, Hilda also has her own personal beliefs about why it is important for parents to take classes.

My personal belief and professional is that parents need to know more about their children, how they think and grow, how they can actually support them in a healthy growth and development-- physically, mentally, emotionally. I think that it's necessary so that they know what they're doing is best for their children and how to continue to support them as they -- I guess through each stage of development" (Hilda, personal communication, 2012).

Hilda is very clear about her beliefs and the way in which they can support parenting practices as well as growth and development. She and Lorena are in agreement that the classes are important so that parents can be prepared. However, Hilda has added the additional rationale of helping parents to understand more about development. These two goals can work to develop the classes, however it is not clear that this is a shared belief by both Hilda and Lorena.

Class Curriculum and intentions

Question 6 on the Class Leader Interview: What did you intend to teach in this class?

This question looked at the intentions of the class content. Lorena and Hilda again share similar views of the class content. However, there continue to be variations on the overall belief in the class content. Hilda says: “If it’s an infant [class], 0 to 6 months, we teach more on the level of bonding and awareness--more hands on and learning the emotional attachment and physical attachment—literacy and language of course at early stage.” Hilda speaks about the intentions for the infant classes. She then goes on to talk about the other areas of development for the infant classes: ” and now we’re working with cognitive development, social and emotional development. So the curriculum is set by those needs of the development of the child and also the needs of the parent to learn what areas that the child needs.” Hilda defines how the curriculum is developed on the basis of the child’s development and the parents need for understanding. She goes on to talk about the activities that parents engage in with the children. “A lot of songs, a lot of play...Touching, massages. The curriculum also has reading to your child as often as possible” (Hilda, personal communication, March 2012). While Hilda mentions what is taught in the infant class, it is unclear if she is meshing the information that is taught in the infant and toddler classes together.

Lorena’s description of the intentions of the classes speaks the value she sees in communication:

First of all, it’s to give the parents the necessary tools that they needed to establish a communication with their babies, to establish an interaction with the babies and to create that system that supports the parents with the knowledge and to give also that safety-ness environment for the babies that through the parents as they learn. So I think that was the most important thing.

She also talks about the importance of interactions; “What we’re making sure here is that parents learn to have that interaction, constant interaction physically, verbally, so they can have that sense of feeling (Lorena, personal communication, March 15, 2012). Lorena vocalizes that

communications, and interactions are important to the class. She is not specific about all of the information that is taught in the classes, but she has an overall vision of the needs that the community has, fundamentally around the issues of establishing communication and interactions between parents and children.

Mission and Vision for Mar Vista Family Center

Question 11: Did you observe differences in the parents' parenting practices between the beginning and the end of class?

The last question in the interview protocol addressed the changes in parenting practices at the beginning and end of class. Lorena and Hilda both had different ideas around the changes. Hilda spoke of some of the short terms changes whereas Lorena spoke of the long term changes. Hilda spoke of parent who were “afraid to talk to their kids” and upon graduating from the program, when their child entered preschool, “we see parents that are very confident and willing to parent and model for other parents. Which I think gives us reassurance that the program is working and that it has had a very positive affect on our children and the parents and the caregivers that come to the program” (Hilda, personal communication, March 2012). Hilda notices the changes that come to parents that have been in the program for a while and can model for new parents over time.

Lorena also speaks of the long term affects, but also on the overall mission of the agency:

It takes us years, but as we follow them, they can transform their own life and they can transform their family lives in the community and that's our main mission, that's the Mar Vista mission, to provide the necessary tools to the individuals and families and make that transformation for themselves (Lorena, Personal communication, March 2012).

Lorena has been a part of the community for over twenty years, first as a parent herself and now as a staff member of the agency. She speaks from her own personal experience as a parent as well as a staff member who values the overall mission of the agency.

Parent Responses to the Classes

Research Question 4: Do the participating parents and class leaders agree in their understanding of parenting practices, beliefs, and values?

Parent and Class Leader Parenting Practices:

The parents that were interviewed for this study were scored using the PDI scoring manual. The content areas for parent practices were: mentions compliance/control, feeling ineffective, business of caregiving, achievement and comfort/safe haven. These content areas had a variety of scores as a result of the analysis using the scoring manual. Based on the information gathered from the interviews as well as the scores for each measure, parent practices varied from family to family. For example, some parents such as Eve were able to sooth their child well “he just started to cry and the first thing he does is come running towards me and shows his arm” (Eve, personal communication, March 2012). While others such as Frida struggled to soothe her child when she were upset. These varied responses indicate that some parents shared the same practices that the parenting classes aimed to teach “more on the level of bonding and awareness-- more hands on and learning the emotional attachment and physical attachment” (Hilda, personal communication, March, 2012). However other parents such as Frida were struggling to use the same practices. These findings are not necessarily indicative of a mutual agreement of the class aims, but rather outside factors such as stress that contribute to differences in parenting practices.

Parents such as Frida, Eve, Margarita and Velma indicated in the interview that marital stress, a child with special needs or poverty were issues at home. Margarita, the single parent whose child developed seizures was one such parent. Her responses to the questions demonstrated that she had lots of anger about her personal situation. Another parent Eve spoke of her husband's lack of support with household chores and parenting. These two parents were open and honest about their situations sharing openly the struggles they have endured. Both Eve and Margarita had high scores for guilt, worry and pain indicating that these parents are often feeling overwhelmed and perhaps need outside support separate from the parenting classes.

As a result of having families with high stress situations enrolled in the classes it is possible that the class leaders have their hands full with managing a class and trying to also provide the mental health relief to parents that are overwhelmed with their life situations. However, the goal of the class is to support parent practices teaching them about bonding, songs and activities that will support children at home. The class leaders cannot support the parents emotionally and academically. Other supports are needed to provide help to families that are under stress.

Parent and Class Leader Beliefs and Values:

The class leaders and parents had many of the same values and beliefs about staying at home with their child and the importance of taking parenting classes. The class leaders were also in agreement with parents about the need for parents to stay home with their child. "I think it's very important that at least in the first years of the life of the children, [that] the parents can stay with the babies" (Lorena, personal communication, March 2012). There was also alignment in both parents and class leaders responses to why parents chose to take the classes.

Despite the variety of responses to the questions by the staff members of the agency, parents made clear connections between changes in their parent practices over time. One parent Amanda talked about her awareness of her communication style with her child: “My experience was that we learned a lot, the both of us together...She and I...when they say in the classes... how to talk to them, how to treat them...when you’re frustrated and angry. ” She goes on further to talk about the experience of being with other parents in the classes: “ between parents, sometimes we share with each other how to talk [to our children]...And from there we learn about the good and the bad” (Amanda, personal communication, March 2012). Amanda reflects on her experience taking the classes, and the things she and her daughter learn as well as how she and other parents have benefited from being together as a group.

Monica the caregiver grandparent also reflected on her experience taking the classes. Her reflection also included the way in which she changed her communication style with children: “ Well, because I talk to her a lot...I have learned a lot [about how] to treat her and I talk to her a lot, I have a lot of patience for her and that she can communicate with me what she wants. And I think it is necessary...” Later in the interview she said it was “important” to her to take the parenting classes. When I probed for more information she said “ Because there were things that I didn’t know like how to treat the children, how to speak with them... for example, I used to spank them or yell at them and now not anymore.” Monica continued to reflect on her experience taking the classes “it’s helped me to change the way I am, the way I think and everything.” She continued: “I also put a lot on my part to improve myself and the way I treat [children].” Monica’s honest response is indicative of Lorena and Hattie’s sense that families are changing perspectives after taking the classes. Monica has been involved in the agency for many years.

The changes she speaks of are perhaps a reflection on Lorena's statement that "it takes us years...they can transform their own life." Monica is a living proof of that transformation.

Although this study was not an intervention, literature that supports interventions through parent child relationship building, states that outcomes can lead to positively influence children's readiness for school, particularly for those at-risk for poor developmental outcomes (Bates, 2006). Parents at Mar Vista, can benefit from parent child relationship building in parenting classes, similar to other intervention programs. Additional research suggests that practitioners should be sensitive to the impact of lower levels of maternal education, weaker cognitive facilitation, and larger family size (Fuller et al, 2010).

Chapter 4: Discussion and Conclusion

In the last 20 years brain research has highlighted the vast knowledge of young children's development prior to age three (Shore, 1997; Shonkoff & Phillips, 2000). While early childhood developmental research continues to be explored with more understanding of the importance of early interventions and high quality care (sources here) the reality of limited resources, structural capacity and funding remains (College Board, 2008; Magnuson & Waldfogel, 2005). For low income Latinos the path to kindergarten is more difficult as they are typically educationally behind their peers (College Board, 2008; Jenks & Phillips, 1998).

Despite the disproportionate number of care settings and opportunities for young children to be enrolled, the role of parents continues to be crucial to a child's development. Parents continue to be the most valuable resource to their child, by providing stable, nurturing, and secure attachments upon which exploration, learning, and self-regulation are based (Bolby & Ainsworth; Bates, 2006; NCRIM, 2000; Howes & Richie, 2002). This study set out to address the gap in the literature that looks at the parents of infants and toddlers that are not enrolled in preschool or traditional infant care settings.

Key Findings and Discussion

The literature gave me some indications of what the findings for this parent group would be. The literature also added to any assumptions that I had about what I expected to find out about the general demographics of the parents. However, there were details that I had not anticipated. For example, I did not expect that some of the primary caregivers would be fathers. I expected that all of the parents attending the classes would live in the neighborhood. However many parents found out through friends, family or acquaintances about the classes. Some of

these families came from Inglewood, Gardenia or even West Los Angeles to attend. Parents location or proximity to the neighborhood was an unexpected finding due to the closeness that many parents had with the agency.

Research Question 2: What parenting practices, values, and beliefs emerge when participating parents are asked to talk about parenting their infant and toddler age children?

The findings for this research questions stemmed from interviews with parents and scoring parents on the PDI scale (Pianta et al., 1995). Perhaps one of the most significant findings was analyzing the “business of caregiving” scores. Seven out of fifteen parents had high scores indicating that there were directly involved with caregiving routines. The other half scored “1 “ or “2” which speaks to how much often they spoke of caregiving or articulated that they were a part of a caregiving routine they even though all parents interviewed were the primary caregiver. This is relevant to the research because this finding shows that perhaps more parents need education on the importance of caregiving routines as well as articulating their involvement in daily routines.

Parent scores for achievement and comfort/safe haven were high with 9/14 parents having high scores of 3. Despite these high scores, the outlying parents also need to be addressed. More interventions in the areas of mental health and support can help parents that are overwhelmed as primary caregiving parents.

Research Question 3: What parenting practices, values, and beliefs emerge when class leaders are asked about the content and process of the parenting classes?

This research question looked at the class leaders and staff of the Baby and Me Program. I found that the staff did not articulate a specific curriculum and that the program lacked a shared vision. The classes were talked about in a general way and some defining skills such as knowledge of development, importance of interactions, communication, literacy, songs and

games were described. Each of the staff members interviewed had their own vision for the need and value of the program. While each staff member had important points in their vision, there is a need for a common language around the class content and overall mission that can be shared with parents, and other stakeholders.

The classes have a practice of asking parents to write down goals at the beginning of each semester (Hilda, personal communication, March 4, 2012). Perhaps class leaders can focus less on developmental goals for their child and instead on learning from their child. Parents commented on working with their child on rolling over, lifting their head, etc. The value in listening, talking and observing children might be more helpful to parents with young children to think about their children differently. Additional skills such as observing, talking and listening to your child might be helpful as overall goals for infants. Changes can be made for the subsequent mobile infant and toddler classes such as setting limits, increasing vocabulary and reading might improve the overall class.

Finally, mental health issues and concerns are often brought about due to the nature of working with children and families. The class leaders may have the difficult task of sorting through issues of post partum depression, anxiety, marital strife, poverty, immigration and children with developmental delays. It may be difficult for the class leaders to lead a class when parent concerns and questions overwhelm the class content. Future research should address class leader training and additional mental health support for the families in these communities.

Research Question 4: Do the participating parents and class leaders agree in their understanding of parenting practices, beliefs, and values?

Despite the discrepancies between the shared vision of the class content between the class leaders, parents demonstrated that the classes influenced their parent practices and supported

parenting practices. The Mar Vista Family Center staff have all been in the community for twenty years or more. The longevity of these staff members suggests that there is a shared trust between parents and staff.

Recommendations for Policy Makers

The Mar Vista Family Center was the only site that was studied in this center. However the participants in this study came from locations such Gardenia, Inglewood and the Culver City neighborhood. The current parent population places a high value on the classes. More than half of the participants in this study suggested improvements to the classes such as expanding the time of the classes, and adding additional days for classes. The Mar Vista Family Center and surrounding community would benefit from additional free infant toddler classes, parent education classes, as well as other child care options. In reviewing the PDI scores for the parents, it is clear that the families have strengths as well as areas in need of additional support. Further funding and resources for families in the interested in parent/child classes will support the community as well as similar communities such as the Mar Vista Family Center.

Research shows that children enrolled in programs such as parent/child classes prior to preschool will have the opportunity to develop social skills and prepare them for preschool and academic life (Zucker & Howes, 2009). If policy makers accept this view of including young children into the overall educational plan it will help children in this community as well as other low income Latino children to be school ready earlier. However, if this view is not taken into account these children will continue to be marginalized and fall sort of academic standards (Zucker & Howes, 2009).

Planning Ahead for the Changing Population

With the recent changes in policy to immigration reform (Pew Hispanic Center Study, 2012) Mexican immigrants are no longer coming in large numbers to the United States. In fact families are going back to Mexico and the immigration migration has been reversed. Due to the weak job and housing market as well as tighter border controls Mexican birthrates are in decline (Pew Hispanic Center Study, 2012). However we must still continue to serve these families because they continue to be “poorer, less-educated, less likely to be fluent in English and less likely to be naturalized citizens (Pew Hispanic Center Study, 2012).” The changes in immigration reform will not change the need to serve this population. It is still important to be mindful that these families are impacted by changes, especially the children. Researchers continue to learn from these families who have so much to give to this country.

Appendix A: Parent Development Interview

Date _____

Interviewer _____

PARENT DEVELOPMENT INTERVIEW

Instructions: For the next hour or so I will be asking you a series of questions about your relationship with your child, your spouse, and your parents. We are interested in this information because we believe it will help us better understand how different parents cope with child-rearing.

A. VIEW OF THE RELATIONSHIP

1. I'd like you to choose 3 words that tell about your relationship with (your child). Please give me a specific experience, particular incident or time for each word. (Re-ask the question twice to get specific experiences).
2. Describe a time in the last week when you and (your child) really "clicked." (Probe if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)
3. Now describe a time in the last week when you and (your child) really weren't "clicking." (Probe if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)
4. Are there any experiences in (your child's) life that you feel were particularly difficult or challenging for him/her?
5. All parents struggle with knowing how much to push their child to do what is difficult versus how much not to push. Tell me about a time that this happened to you. How did you and (your child) handle this situation, feel in this situation?

6. Tell me about a time recently when your child misbehaved. How did you feel at that time? How did (your child) feel at that time? Is this the way things typically work out?

B. AFFECTIVE EXPERIENCE AS A PARENT

1. What gives you the most joy in being a parent?
2. What gives you the most pain or difficulty in being a parent? How do you handle those feelings?
3. When you worry about (your child), what do you find yourself worrying most about?
4. How confident are you that you will be able to soothe her/him when s/he is upset? How do you do it? Tell me about a time when (NAME) was upset and came to you.
5. Do you ever feel angry as a parent? (Probe if necessary: What kinds of situations make you feel this way? How do you handle your angry feelings?)
6. Do you ever feel guilty as a parent? (Probe if necessary: What kinds of situations make you feel this way? How do you handle your guilty feelings?)
7. Every parent has doubts about whether they are doing a good job or not, what brings this up for you and how do you handle these doubts?
8. Do you ever feel needy as a parent? What happens to make you feel this way? How do you handle those feelings?
9. If you could have one wish for (NAME) for 20 years from now, what would it be? I'm wondering about what kind of future you'd like to see for (your child).

C. SEPARATION

Let's talk about times when you and (your child) are separated from one another. I'm especially interested in how you feel at those times and how your child reacts.

1. Please tell me about separations when you have to leave or when (your child) leaves you.
2. What is hard for you about these separations? How do you handle those feelings?
3. What is easy for you about these separations?
4. How does your child respond to these separations?

Additional Questions for Interview

1. Why did you decide to take a parenting classes selected?
2. Do you use child care or ece services?
3. Why did you decide to participate in the parenting classes?
4. What was your experience taking the classes with your child?
5. Talk about a time that you felt that the classes influenced your thinking about parenting your child?
6. Was there a time you felt that the classes supported your ideas about raising a child?
7. Was there a time you felt that the classes did not support your own ideas about raising your child? Tell me about that time.

Appendix B: Class Leader Interview

Date _____

Interviewer _____

CLASS LEADER INTERVIEW

Instructions: For the next hour or so I will be asking you a series of questions about your relationship with the parents and children in the classes you facilitate. We are interested in this information because we believe it will help us better understand how different parents cope with child-rearing.

1. In your experience why do parents decide to take parenting classes?
2. Why do you think parents should take a parenting class?
3. What are your personal beliefs about child care centers for infants and toddlers?
4. Should parents use them?
5. Are child care centers harmful for children?
6. What did you intend to teach in this class?
7. How well did you think you were able to communicate this material?
8. Did you find the parents responsive?
9. How do you feel the classes support parent learning about their child?
10. What parenting practices did you intend to teach?
11. Did you observe differences in the parents' parenting practices between the beginning and the end of class?

Appendix C: Parent Developmental Interview Coding Manual
Version 9.3

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University of Virginia

February, 1995

Overview of the conceptual model

This manual presents a system for scoring parents' representations of their relationship with their child and of themselves as a parent. These representations are elicited in a semi-structured interview format. This particular manual and scoring system was developed using the Parent Development Interview, a semi-structured interview concerning parents' representations of their relationships with their child. The PDI contains questions regarding a parent's description of their relationship in general, and with respect to specific topics or themes/situations such as discipline, achievement, separation, and affect.

Parents are probed throughout the interview to provide examples for their characterizations of the child, and for thoughts and feelings associated with these examples/episodes. Although this manual was developed on the PDI, the **scoring system** is designed to be sufficiently flexible to be applied to almost any semi-structured interview of parenting, and can be used in clinical and research applications. An overview of the conceptual model underlying the PDI and this scoring system is detailed in Planta et al. (1994).

In the present scoring system, parents' mental representations of their relationship with their child are assessed with respect to three areas: a) content or themes represented, b) process or *how* the parent represents him/herself and the content, and c) affective tone of representations. Together, these three areas provide a fairly comprehensive view of the representational system with respect to a given parent-child relationship, from the parents' perspective. These three areas are conceptually distinct (to some degree) and can provide qualitatively different information. The 14 scales are classified into these three areas. The

content area includes “Mentions compliance”, “Ineffectiveness of compliance/control management” , “Mentions business of caregiving”, “Mentions child’s achievement”, and “Comfort/Safe haven”. The process areas include “Perspective-taking”, “Enmeshment”, “Neutralize”, and “Confusion of response.” The Affect area includes “Anger”, “Positive Affect”, “Guilt”, “Worry/Anxiety about the future”, and “Pain/Burden”. The system, as developed, is open-ended. One could easily imagine adding questions to the interview or constructs to the scoring system, along with associated scales. This manual only details the scoring system as developed to date, and will most likely change with further research and refinement.

Overview of the scoring system

This scoring system in which responses to each question are rated was designed as an alternative to global rating scales. There are two important advantages of this system over a coding system that is based on the parent's responses to the interview *as a whole*. First, because parents' responses to each question are scored, this system can discriminate individuals based on hypothesized "mismatches" of responses and questions (e.g., reporting a response reflecting anger for the "What makes you happy as a parent?" question), discriminate groups of parents on a specific question (e.g., the "What gives you the most pain?" question may be more salient for parents of children with a particular characteristic, e.g. a disability or illness, than other parents) and identify specific questions that appear most salient or provocative for parents in general (e.g., "What gives you the most pain?" may be a more discriminating/differentiating question than "What gives you the most joy in being a parent?"). Second, this system may increase variability of the scales because "themes" in the parent's responses (e.g., "Pain") surface across several questions, and, therefore, ratings are composited across the interview. Thus, for example, parents who consistently mention "Pain" (i.e., pain is an organizing theme in their representational model) are easily discriminated from their peers who may mention pain only in response to the question, "What gives you the most pain as a parent?".

Overall the system is designed to provide as comprehensive a description as possible of parents' mental representations without sacrificing detail, and to provide maximum flexibility in analysis and research. One scale - **Confusion** - is scored globally over the

interview as a whole. This scale is designed to reflect a possibly large number of disparate elements, all of which are hypothesized to indicate some form of disorganization in the parent's representational system. The scale points for this scale are presented following the rest of the system.

A 4-point scale (0 - 3) was adopted to score each response to a single question in the interview on each scale. A completed scoring system will have all questions in the PDI scored on all scales in the scoring system. Scoring criteria for each scale point are given below.

Coding Instructions

1. Record the start and end time of each response.
2. Carefully *record* parent responses to each question, taking detailed notes of the parents' response, then rate his/her response on all rating scales. It is sometimes helpful to rate the parent's responses as they are mentioned (e.g., rate "Mentions Business" immediately after the parent reports a relevant statement) and not wait to code until after the response is complete.
3. Here are some general coding guidelines when a response includes several sections or subresponses.
 - a) If multiple references to a particular scale are present in a single response, code the highest level present.
 - b) The scales were designed to be conceptually distinct (although some overlap is certainly expected). Check individual scales for scoring rules regarding any possible coding hierarchy of related codes.
4. There are a few very specific coding instructions to handle some potentially confusing situations. Coders need to be familiar with the description of a construct given in the manual and make reasoned judgements about the extent to which that construct is reflected in the parent's response. Each construct and scale point has examples associated with it in the codebook, but in many/most cases these examples will not be exactly what is contained in a given interview. It is necessary for the coder to study

the manual, construct descriptions, and examples at scale anchor points to become familiar with the range of responses and how a given construct is scaled.

a) When using the PDI, always code the first separation under "First separation". In some cases, two "first separations" are probed if the first separation involved mom leaving the child at the hospital. In any case, the first separation (chronologically first) is coded.

b) The parent's response (i.e., what is considered codable) to the adjective section includes whatever the parent says to back up his/her example.

General code points for each scale:

0 = no evidence of construct, parent's response does not include any reference to construct or related issues.

1 = vague, minimal evidence of construct; parent's response includes reference to topics "close" to the construct being assessed; parent may also mention the construct but does not give a clear (full, complete) example.

2 = clear evidence; there is clear evidence the parent mentions the dimension directly or the dimension is clearly a part of the parent's response, although no episodic example is given, or little detail or elaboration is present.

3 = detailed, elaborated, or episodic description; parent offers a qualitative or quantitative extension of a "3" response. These are often prototypic examples or definitions of a given construct.

NOTE: Coders should expect that the information coded within a given response will most likely be in the form of incomplete sentences, phrases, subtle expressions embedded within the response, etc. It is not the case that codes are typically made on the basis of highly detailed, complete responses containing highly relevant information.

Preliminary Reliability Results

This scoring system has been used on approximately 40 interviews of mothers, collected by the Child-Parent Attachment Project at the University of Virginia. These mothers were part of a study of children between the ages of 15 and 50 months. The children in the study include subsamples with cerebral palsy, epilepsy, and a control group with no known disability or illness condition.

All interviews have been coded by two independent coders. Reliability is calculated two ways; exact hits on the 0-3 scale are always the criterion for agreement. In one method of calculation, agreement is calculated based on simply the code assigned by the raters (0 to 3). Interrater agreement using this method is above 90% for the 40 cases coded. However, this method may inflate agreement because a large proportion of responses are coded "0" because there is no relevant content for a particular construct in a particular response. Because of this, we calculated reliability ONLY for those responses on which one coder assigned something other than a "0." Using this method, interrater agreement exceeds 70% for the 40 cases coded.

Content Codes: Mentions Compliance, Ineffectiveness with Control/Compliance, Mentions Business of Caregiving, Mentions Child's Achievement, Mentions Comfort/Safe Haven

These scales reflect the content domains of the parent's representational model of parenting. These refer to the content of interactions between parent and the target child, and in a sense, to the role(s) that the parent plays in the development of the child. We hypothesize at least 4 such domains: Compliance, Caregiving, Developmental Achievement, and Comfort/Safe Haven. Within each of these domains are scales for the parent's reference to that domain - thus there is a "Mentions ____" scale for each domain. For the Compliance domain there is a specific scale reflecting aspects of the parent's representations with respect to that particular domain. Within the Caregiving domain there is the Mentions Business of

Caregiving- which assesses the parent's view of him/herself in the functional aspects of childrearing. Comfort/Safe Haven measures the parent's view of him/herself as an attachment figure.

For these scales ONLY content involving the parent and the TARGET CHILD is coded. For example, if the parent discusses non-compliant interactions with a child other than the target, these are not coded on these scales.

Mentions compliance/control.

This scale measures whether the parent's response refers to the child's compliance with parental (or other) rules or struggles over parent's (vs the child's) control in the situation or class of situations being discussed. (This scale does not measure problems with compliance, but simply whether compliance is mentioned in the response). There must be an explicit reference to the target child. There is no assumption that this scale is positive or negative (i.e., distinguishes good and bad parenting); it simply reflects how dominant the theme of behavior management/compliance is in the parent's working model of him/herself as a parent. At the high end compliance is clear in the response, at the low end it is not present.

This scale can be tricky when coding parents' experiences with infants, but the coder should code what the parent says, even if the **coder** knows that a 3 month-old is not capable of compliance per se ("he was fussing at me all day, he just would not do what I wanted"). If the parent frames the content as compliance, then it is coded on this scale. When discussing an infant and there is clearly no reference to compliance ("he was sick that day and fussed all morning") score a "0."

3 = parent offers a detailed (i.e., episodic scenario) example or gives several examples of compliance, e.g., "he usually does what he is told, but sometimes he can get a little fussy and protest a little if he had a rough morning or he just wants to assert himself-- he's two, you know".

2 = parent mentions some aspect of compliance/behavior management or rules violated or limits tested, e.g., he didn't do what I told him to do", "she behaved like a good little girl", "he refused to go to bed", "she kept testing limits all night" "he followed directions". The response is not detailed or elaborate but contains explicit reference to compliance.

1 =reference to compliance is oblique, as when "he can be temperamental", "he fussed", "he was showing off again", coder must make inferences regarding behavior management issue, there is not an explicit reference to compliance with parent/rule/limits. The reference may also be vague and unclear, e.g., "he had a bad (good) day.

0 = no reference at all to compliance

Ineffectiveness of Compliance/Control Management

Parent reports problems with compliance/control of child's behavior. This scale measures the extent to which the parent reports difficulty with their management of child noncompliance, or feeling out of control. This is not a scale of how "out of control" the child is, because very out of control children may not be *represented* by the parent as a compliance problem. Thus the scale reflects the parents perceptions of themselves as out of control or ineffective. Parents who score above a '2' are in some degree of distress. The main objective of this scale is to discriminate parents who see themselves as able to negotiate (possible developmentally-related) compliance/behavior management issues from those who see themselves as ineffective or their children as out of control. At the high end parents represent themselves as helpless, overwhelmed and lacking in skills to manage the child; there is a sense of "giving up" or passive resignation and no evidence that the parent takes action to manage the situation. At the low end the parents feel effective (even if child is noncompliant).

- 3 = parent sees self as out of control or helpless/overwhelmed, or unable to respond to child's behavior e.g., "I just don't know what to do with him, he's all over the place and getting into everything-- shouting, kicking his sister-- and I just don't know what to do with him". The critical aspect of this scale point is the parent's reported helplessness, passivity, or lack of self-control (e.g. "I lost it and smacked him") in the face of child noncompliance. At this level it is evident that the parent has difficulty managing themselves, as well as the child. Parents who report taking some action to reduce child noncompliance (e.g. "time-out" etc.) that are not just punitive are not scored.
- 2 = parent reports feeling/being ineffective but does take action to manage the child that is, the parent tried to do something to control the child, but was ineffective. e.g., "I told him not to climb up on the counter, but he did it anyway...he'll disobey what I say just to make me angry", "he really got the best of me the other day-- I just couldn't get him to stop misbehaving no matter what I did" "I sent him to his room but he still yelled and yelled until I let him out". The critical feature is that the parent reports some response to the child, but still feels ineffective.
- 1 = The parent reports child's bothersome behavior but parent's report of their response to the child's behavior is not complete or detailed enough to indicate whether the response was clearly successful or not in handling the behavior. The behavior clearly bothers the parent e.g., "he just wouldn't cooperate", "he was pulling things out of the cabinets when I was making dinner", "he likes to try to pull my strings/push my buttons" but it does not seem to lead to parent behavior and feelings of ineffectiveness. There is no evidence of clear, effective action by parent. In this case, the parent may do something ("time-outs") but the outcome in term of child management is unclear- e.g., "we ended up just having a difficult afternoon--- she was upset and I was upset".

0 = no mention of compliance problems or parent reports having confidence in successful strategies for managing the child's behavior problem, e.g., "when he's a pain like that what work is to just send him to his room and let him cool off. "We sometimes have a stand-off about him getting into his car seat and I just have to pick him up and put him there."

Mentions Business of Caregiving

Parent mentions caregiving behaviors involving direct personal contact with the child such as diapering, feeding, dressing, bathing, rocking, putting to bed, hygiene, giving medicine, etc. Often, caregiving examples may overlap with other codes (e.g., if parent reports having difficulty putting the child to bed), and that's OK. This scale reflects the extent to which the parent reports self as directly involved in the care of the child at the behavioral level.

NOTE: taking the child to a sitter, the doctor's, providing treatment or rehabilitation, or arranging daycare for the child are all NOT considered direct physical caregiving as defined for the purposes of this scale. These parenting behaviors are NOT scored here.

3 = parent reports involvement in caregiving behaviors with the child, e.g., "I washed him and then we had breakfast-I have to get him ready for school by seven", "bathing usually takes at least 30 minutes because there's the dressing/undressing-- that's an easy 15 minutes in itself, and then sometimes she doesn't like the water temperature-- she's really sensitive to that". Parent mentions one clear instance of involvement in caregiving behavior with direct contact with child, e.g., "I fed him", "I put him to sleep".

2 = Some caregiving appears to be performed but it is unclear if the parent is directly involved with the target child; questionable direct involvement in caregiving with the child, or questionable whether the parent is actively caregiving. For example, the

parent mentions making dinner, but it is not clear whether it is for the child, or "we have breakfast at 730, lunch at 1100 and everyone is in bed by 9", "someone gets him up and ready each morning" , "we feed him using a spoon". For parallel reasons, going out to eat is scored a "2".

1 = vague reference to the construct of direct/physical caregiving (e.g., "he's fun to take care of", "taking care of him is tough" "makes me feel good to be able to provide for her needs").

0 = no mention of direct/physical caregiving (taking to sitter is scored a '0')

Mentions child's achievement/performance

This scale measures the parent's references to the child's performance of skills and behaviors or more general reference to developmental progress. The scale assesses the parents' mental occupation with the child's developmental progress. The key to scoring interview content is the parents' indication of the **progression** aspect of the child's behavior, and not just reference to child behavior in general or absence of a skill (e.g. "he's starting to learn to walk" vs. "he can't walk"). A mention of time is a very good clue that the parent is thinking about progress. The high end is an explicit, detailed example of the child's progress in a certain area of development (social, motor, cognitive, language, self-help)

3 = parent reports detailed description of child's progress in terms of what the child is actually doing progress-wise (each day he gets better are walking, he can now go from the table to the chair), a brief history of the child's developmental skills, e.g., "well, he started crawling at 5 months, but he really didn't start to walk until 18 months, but he could stand while holding on to the table at around 12 months". Parent may also go into detail regarding what s/he has to do to get the child to perform desired skills ("I have to work with her everyday to get her to walk, if I don't do it, she won't walk.").

If parent gives a "2" level response for 2 separate developmental areas (language, self-help), score a "3."

2 = there is clear indication of the parent having a sense of developmental progress, the parent is not vague regarding the child's progress but does not offer details on the child's behavior/skills (e.g., motor, communication). Examples of a "2" include "she needs to learn how to interact with other kids," or "he's not doing what he should be doing (at this age)", indicating awareness of the lack of progression. Also included are clear references to future performance, e.g., "I worry about whether he'll be able to walk", "I'm not sure when she'll be able to speak clearly".

1 = the reference to **progression** is vague or it is questionable that the parent is aware of progression, this can include statements the child is not "average" --- these are considered a less direct example of the parent's awareness of progress. Examples of a "1" include "she needs to interact with other kids," "he's not like normal kids (vs. "she needs to learn how to...)", or "it would make things easier if he could talk." A basic comparison is included here – "she does not walk (speak)."

0 = there is no mention of a developmental progression, but there is a mention of the child's behavior or skills (e.g., "he likes to run", "she can't talk", "she likes social interactions").

Comfort/save haven/secure base

Parent mentions him/herself comforting, soothing, or having contact with the (distressed or not) child in response to separation/threat/fear/disequilibrium on the part of the child or parent gives example of child's secure base behavior. Particularly salient are instances in which the parent reports the child was distressed by something, sought the parent, and the parent comforted the child. These are instances of prototypic comfort/save-haven behavior and when they are reported in a detailed manner they should be given a 3.

At the lower end of the scale are examples in which there appears to be evidence for general comfort or physical contact situations.

3 = Parent describes an episode in which s/he comforts or soothes a child in response to separation, threat, or fear. The parent must refer to the fact that the child was distressed (see above types of distress) **and** the (parent) behavior that resulted in the alleviation of the distress, e.g., "she was scared by the clown at the parade so I gave her a hug", "he is never happy when I drop him off at daycare, but if I stick around for a few minutes he seems to be ok", "she woke up the other night after a nightmare and I had to calm her down". In the case of a "3" it is clear the child's attachment system has been activated and that the parent's response terminated the attachment behavior.

2 =there is a report of safe haven/comfort-seeking behavior on the part of the child. The child is distressed and is seeking the parent for comfort because of distress, but there is no information on what the parent did in response to the child's behavior or whether the parent's presence alleviated the distress, e.g., "he was upset when I came home and calmed down when he saw me" or "she tugs my leg when I drop her off at daycare in the morning", or "she didn't want to go away from me/home on her first day at daycare", or "he saw a scary dog and ran and hid behind me". Also, any reunion behavior by the child is scored as a "2" e.g., "it's nice to come home at the end of the day because he gives me a big hug", "she's happy to see me when I pick her up from school" (in these cases of extended separations prior to reunion, we assume the child is in some state of disequilibrium even if there is no evidence for overt distress). In the case of a "2" it is clear the child's attachment system has been activated but it is not clear what the parent's response was, and whether that response terminated the attachment behavior

1 = Parent gives example of comfort-seeking or contact-seeking and there is no evidence of disequilibrium/distress of the child, e . g . , "he comes up to nuzzle while we watch t.v.", "he loves to runs up to my bed in the morning and give me a big hug" OR

parent reports unspecified child distress that s/he responds to, as in the case of caring for an infant, and the overall answer is unclear e.g., "she gets fussy sometimes and likes to be held." These are very vague or general answers in which comfort-seeking by the child and parental responses are both unclear. There is a possibility that the child's attachment behavior system has been activated but no clear evidence.

0 = no contact between child and parent, or contact (even pleasurable contact) is clearly not related to attachment system being activated in that situation, e.g. "he likes to play together in the tub" It is clear the child's attachment behavior system has NOT been activated.

NOTE: Management of child's physical needs (feeding, changing) are NOT scored here unless there is a comfort-seeking component.

Process codes: Perspective taking, Enmeshment, Neutralizing/defensive, Confusion of response.

This set of scales reflects process dimensions of the parent's representational system. Included are scales for constructs reflecting aspects of the parent's differentiation from the child (Perspective-Taking, Enmeshment), the processing of affect in the representations (Neutralizing), and indicators of disorganization in mental processes when discussing the relationship with the child (Confusion of Response).

As before, the coder should focus ONLY on content relevant to the TARGET CHILD and not code (on these scales) content referring to a sibling or another child, or children in general. Also, on these scales it is important the coder have a sense of the overall scale descriptor before assigning a particular code, because it is impossible to script each example in an anchor-point description.

Perspective-Taking

Parent's response indicates that s/he views the child with independent states, thoughts and feelings (these must be tenable, believable, not misattributions). Simply labeling

feelings (i.e., something internal to the child) (e.g. "she felt sad", "things have been hard for her" "he does better with a sitter than he used to") are scored a "1" because they do not qualify not as real perspective-taking, if s/he describes the idea of taking the child's perspective score a "1".

In order to receive a score of "3" the parent must provide an example indicating awareness of the child's perspective - including a description of the child's state and a NARRATED link between the child's state and the reason for that state. If the state is described and plausible reasons are included in the answer but NOT narrated, the response is coded a "2" and if the state is described without the answer including plausible reasons for the state, it is coded a "1." Examples of hypothetical perspective taking, e.g. "if she wanted to go to the park and I said no she'd be pretty mad" are coded IF the example is related to plausible real-life situations but NOT coded if its far in the future or not related to current parent-child interactions e.g. "I worry about how he feels when he gets to school" said of a 12 month old.

3 = parent puts him/herself in the position/mindset of the child and is not just labeling the child's feelings/thoughts. Parent's response is an attempt to understand the child from the child's perspective and offer reasons for the child's experience (reasons from the child's view). For a "3" answer, the parent identifies the child's state, links to state to a "cause" and narrates the link between state and cause, e.g., "she had a tough time adjusting to the new schedule because she needs stability after all the changes we've been through", "going to the doctor's is tough because she has no control over what happens". Statements such as "she liked to go to the library because she enjoys the time together" "he was angry because I took his toy away" are also included, although minimal.

2 =parent indicates awareness of child's perspective, and may offer concrete example of child's state and may give reasons for it, e.g. "she's more aware of her surroundings now" "she seems to be getting used to separations" but does not narrate the links between state and reason. A "2-code" is different from a "3-code" because the parent

is not explicit about what caused the child's internal state or does not narrate the link between the two. Perspective-taking of the sort scored a "3" is easily inferred in many answers because the parent may describe a scenario in which the child's feelings and the reasons for them are obvious, but the links are not narrated. These responses are scored as "2".

Also included as a "2" are attempts to understand the child's state without a clear explanation of the cause "he really seemed upset but no way I could figure out why" "I think he's getting more comfortable at daycare because he seems less upset, but its hard to tell" "I can see it in his eyes that he gets excited when we go to the park."

1 = parent gives a statement regarding child's state - this report does not offer reasons for the state, either explicitly or by inference. "He was angry" "she enjoys time together" "he hates the doctor visits" "she was hoping to go to grandma's for the day"

-Parent mentions the idea of perspective-taking is scored a "1", e.g., "I try to think about how he'll react to what I do"

- Hypothetical perspective-taking is scored a "1" for example "when he gets to school I wonder how he'll feel about other kids teasing him."

0 = no evidence of perspective-taking

Enmeshment

Parent can receive a 3 for any of several reasons all of which are hypothesized to reflect inappropriate parent-child boundaries on the part of the parent. At the high end parent attitudes, feelings or behaviors are clearly inappropriate for the child - 1) roles of parent and child are reversed or confused ("I need hugs from her to feel good", "she's really my best friend, I can't do without her"), 2) parent's feelings are conditional and identical to the child's feelings (as in, e.g. "if s/he feels happy, then I feel happy") , 3) hypervigilance that is without apparent reason (e.g. "I have to watch him all the time, I'm afraid someone might steal him"}, 4) identity confusion ("This child is my life, everything I do is for him, and he is

everything to me,"), and 5) awarding the child inappropriate power and influence ("she felt my neediness and saw a hole in me, went in and dug around.").

At the more moderate levels, the "enmeshment" of parent and child could be understandable but remains a possible risk to the child's development, such as - parent is overinvolved in child's life (e.g., "I do everything for her") or ("if I'm not there all the time he might do something to hurt himself"), ("she makes me feel good", "we're just always together, we're never separated") or inappropriateness with respect to boundaries ("I need to watch her all the time"). At low levels ("1") enmeshment may be normal for involved parent-child relationship.

3 = solid evidence of clear enmeshment, from the multiple options listed in above, e.g., "I go to her to cheer me up", such that it is apparent in the example that roles are reversed or parent is extensively overinvolved. The parent's feelings or beliefs are clearly inappropriate with respect to parent-child boundaries. See "high end" examples above. "I was sad last Tuesday but we clicked when he saw I was sad and came up and gave me a hug, I needed that to feel better."

2 = there is a mild quality to the above statements such that they seem to indicate some degree of possible overinvolvement ("we're just always together, we're never separated" "he takes care of me, I take care of him") or inappropriateness with respect to boundaries ("I can't let him out of my sight") or power ("I'm so close to him it threatens my relationship with my husband") See "moderate" examples above.

1 = slight "enmeshment" such that it appears quite appropriate for child and parent and children and would not have an apparent negative impact on the child ("she makes me feel good") ("I need to keep a close eye on him all the time"). This scale point may reflect normative parenting practices under many circumstances; even though there may be a tone of overprotection, or role reversal it is not clearly enmeshing and may seem

circumstantial, although not enough detail is presented in order to be certain that no enmeshment is indicated (i.e. the response is a "0").

0 = no evidence of enmeshment, there is no information in the response about the boundary between parent and child- "I try to spend as much time with him as I can", "she's just a great kid, I love her to death". The response may at first seem codable as a "1" but is qualified with additional information so as to support it's appropriateness in a particular situation "he's pretty clumsy so I really need to hover near him when we are at the playground and he's trying to climb around.

Neutralize

The overriding theme of this code is the parent's attempt to distance him/herself from the NEGATIVE affective component of the question. The code is akin to the avoidant or dismissing strategy in discussions of attachment, in which emotion in the context of a discussion/interaction is dismissed, neutralized, or avoided. If the end result of the response does not seem to neutralize negative affect or somehow avoid the question, neutralize should not be scored at the high end. A parent who delays in responding to the question, but then goes on to talk at length about something else or discusses other feelings is not neutralizing. The scale is designed to reflect the degree to which a parent "backs away from" discussion of emotion in the interview, and may take many forms - including not responding or denying in response to a question about feelings ("I don't know"), or more sophisticated forms in which the parent responds with great detail for events, etc but does not provide any information about their feelings.

3 = strong attempt to neutralize affect. In the extreme form this is seen when the parent denies/refuses to respond to question, but also includes when parent expresses direct reluctance to engage in affective discussion, dismisses affect or ignores affective component of the question, denies feelings, or retracts earlier admission of feelings. A parent should also be scored a '3' if s/he transforms the negative affective component of the question into something neutral or positive (e.g., talks only of

happy times in the anger question) or uses strong euphemisms in place of discussing negative experiences/emotions (e.g. "it's God's will).

2 = less clear example of a '3'. These include examples when the parent "veers away" from negative affect, such that s/he may begin answering the question with negative affect ("yes, sometimes I do feel mad..") but then moves away ("but that almost never happens, and in fact I think we are happy most all the time."). These responses acknowledge negative affect but in a veiled or incomplete manner. Unlike a "3" they admit the possibility of negative affect but then turn away from it or minimize it, sometimes putting a positive "spin" on it.

1 = vague talk about negative affect (using global statements of feelings or indirect attempts to deflect "you know" and "you" statements). These also include statements such as "he acts like a normal boy" "he really makes an impression on her" in the context of discussing negative affect/experience, "positive-wrap-ups" such as "but I really felt fine" after presenting a negative experience.

0 = no evidence of neutralizing

Confusion of response

See description of this scale following the Affect codes

Affect codes: Anger, Pleasure, Guilt, Worry/Anxiety about the Future, Sadness/Pain

The 0-3 scale is also used for the affective tone expressed in the response. Use primarily verbal expressions when coding. It is not necessary that the parent display the affect both verbally and nonverbally in order to receive a score of '3'.

Note: Unlike the other sets of scales, the parent's response is coded if any relevant content is included, even if it refers to another child or experience other than the target child. If the parent clearly expresses one of the affects listed below in any modality a score of '3' should be given, even if the affect is directed toward/in response to something other than the child

(e.g., doctors, scornful neighbors). The hypothesis is that if an affect is stimulated during this parent interview, it is part of his/her "representational space".

Affect codes:

Code the highest level present in the response.

3 = multiple, strong, or detailed expressions of a particular affect being coded, e.g., "it felt so wonderful to watch him take his first step", "I was so angry I could have.....".

2 = solid or clear example of affect, e.g., "yes I feel angry".

1 =vague or oblique reference (e.g., "frustration" for anger)

0 = no evidence

Anger

Parent mentions feeling angry (or related synonym- e.g. frustrated) or gives an example that includes his/her anger. "Frustration" is likely to be coded as a 2.

3 = multiple, detailed or strong expressions of anger, e.g "I was really angry at him, he really made me mad" or "I could have killed him he was so obnoxious" "I whacked her." "I felt like picking him up like a basketball."

2 = direct expression of anger "I was angry" "I got really frustrated" the narration of the anger is unembellished.

1 = vague or oblique reference to anger e.g, "I was frustrated (impatient, aggravated) with him"

0 = no evidence of anger

Pleasure

Parent expresses or mentions feeling a positive affect that can take any of several forms, or describes affection between themselves and the child. Examples of positive affects include happiness, joy, close, pride, loving, etc. Or, parent mentions physical affection or gives an example that includes his/her physical affection- e.g. a hug, warm touching, cuddling, child in lap in affectionate manner, etc. Or, parent mentions being proud of child/child's accomplishments, etc., or parent gives an example that includes his/her pride in the child. Score a '1' if the feeling is vaguely positive, e.g., "understanding".

3 = multiple or strong or detailed examples of one of the positive affects noted above e.g.

"this was probably the best time I could have had as a parent, she laid close to me and I stroked her hair and rubbed her back, I felt about as close to her as I think is possible" "we really had a wonderful time together, she nuzzled next to me, it was great."

2 = clear example of positive affect e.g. "I was proud of him" "he came up and gave me a big kiss" "I really love her".

1 =vague, or indirect example of positive affect e.g. "we understand each other well" "he's doing well in school" "he's affectionate"

0 = no evidence of positive affect

Guilt

Parent mentions feeling guilty or gives an example that includes his/her guilt.

3 = multiple, strong, or detailed example ("I was really guilty" I wish I had done things differently I was mad at myself for while).

2 = guilt is clearly mentioned in the response. Also, score a '2' if parent mentions affect synonymous with guilt, e.g., "I'm sorry I punished him", "I felt horrible/awful/bad/etc." and then goes on to explain that s/he felt that way because of something she had done. "I couldn't be there for her when she was in the hospital"

1 = vague or unclear admission of guilt, e.g., "sometimes I get upset with myself", "I wish I had done something else".

0 = no mention of guilt or related feelings

NOTE: many responses that seem like guilt may also be coded under "Pain/Burden."

Worry/anxiety about the Future

Parent mentions feeling worried/anxious or gives an example that includes his/her worry/anxiety that is in **response to thinking about the future** or what the child might experience that might be negative. These could include expectations. The primary issue in parent's response is uncertainty of child outcome - not parent feeling bad because of something that happened. Reports about how the parent thought in the past - "we wondered if he would live" are scored as well.

3 = multiple, strong, or detailed examples of worry or anxiety about the future "I was worried he would die" or "I can't stop worrying about whether he'll make it with normal kids"

2 = clear expression of worry e.g. "yes I worry about his walking"

1 = vague, indirect expression of worry e.g. "I am concerned about his development" "I wonder if she'll be ok with the sitter"

0 = no evidence of worry/anxiety about child's future.

Pain/Burden

Parent reports (or shows) feelings of pain, sadness or reports being overwhelmed, burdened, or encumbered with respect to being a parent, the parental role, or about the child's own tough experiences. This code is a fairly frequent element of many responses so coders should be alert to this.

3 = multiple, strong, or detailed examples of pain/burden, including "I sometimes wonder if I can give him what he needs", "at times it seems like **too much for me**" or "I get depressed about his lack of progress" or "it hurts me so **bad** to see him this way" "it was **a really** stressful time".

2 = clear statement of the pain/burden associated with parenting - statements like "it hurts me to see him not be able to do things like other kids" "he's really a lot of work" or if the parent starts crying when talking about sad/burden content.

1 = vague or equivocal statements such as "its hard to be a parent" "I needed some time to myself" "I missed her" "getting dinner together is a 2 hour production"

0 = no evidence of pain/burden

Confusion - NOTE: This is a global scale - score only after the entire interview has been coded

This is a scale of dysfunction - it is specifically designed to reflect the degree of disorganization present throughout the interview and discussion of the parent's relationship with the child. Confusion can be evident in many different ways in the discussion and includes - the parent's persistent inability to seize upon a response, rambling or tangential responses, lack of an organizational thread to the responses, a confused style of reporting in which the parent needs repeated re-statements or clarifications of the question(s), or

distorted responses. It also includes blatant misattributions. It is hypothesized that this scale reflects the degree to which the parent's model of his/her relationship with his/her child is unorganized, lacks structure, or is contradictory and not coherent.

NOTE: This is a global seven-point scale, allowing the coder to assign more variability than the other scales, that are more closely tied to specific responses.

7 = Very confusing. This rating is assigned when the interview contains multiple, frequent, and often extreme examples of the types of confusion noted above. The interview may be very tangential so that the interviewer has to constantly re-orient the parent to the task or question, it may contain many confusing responses to questions, so that the nature of the response is very difficult to understand, there may be multiple contradictions within and across responses so that the parent appears unable to identify a coherent picture of the child or their relationship with the child, or the parent may introduce odd or bizarre interpretations of child behavior or experiences with the child that appear more than simply idiosyncratic.

5 = Confusing. There are clear examples of confusion as noted above but there do not reflect the interview as a whole, may be isolated to certain topics or questions, or if frequent, they are not so severe as to impair understanding of the interview as whole. Nonetheless there is clear evidence for confusion at times during the interview.

3 = Mild confusion. There are milder examples of confusion as noted above. The parent may pursue tangents, ramble, give odd interpretations of child behavior or experience, etc.

1 = No evidence of confusion. Despite normal disfluencies, dialogue re-starts, etc. that occur throughout the interview, there is no evidence of mental confusion in the interview.

Appendix D: Parent Consent Form

University of California, Los Angeles

CONSENT TO PARTICIPATE IN RESEARCH

Infant, Toddlers and Parents in Los Angeles: Exploring Parent Practices, Routines, and Culture in Non Center Based Care Programs

Alma Cortes, M.S. ED from the Educational Leadership Program in the Graduate School of Education and Information Studies at the University of California, Los Angeles (UCLA) is conducting a research study.

Alma Cortés, M.S. ED del Programa de Liderazgo Educativo en la Escuela de Graduados en Educación y Estudios de la Información de la Universidad de California, Los Angeles (UCLA) está dirigiendo un estudio.

You were selected as a possible participant in this study because you are a participant in the Fall 2011 Baby and Me Classes at the Mar Vista Family Center. Your participation in this research study is voluntary.

Usted ha sido seleccionado como posible participante en éste estudio por ser participante en las clases “Baby and Me”(Mi Bebé y yo) del Centro Familiar Mar Vista, durante el otoño de 2011. Su participación en éste estudio es voluntaria.

Why is this study being done? ¿Por qué está siendo realizado éste estudio?

This study is being done to find out more information about the parents who attend classes in a family center rather than attend center based care. I would like to find out more about what parents are learning from the classes as well as how the classes can help parents.

Este estudio se está realizando para obtener mas información acerca de los padres que asisten a clases en centros familiares en lugar de asistir a centros de cuidados. Me gustaría saber más acerca de lo que los padres están aprendiendo de las clases, así como la manera en que las clases pueden ayudar a los padres.

What will happen if I take part in this research study? ¿Qué ocurrirá si tomo parte en éste estudio de investigación?

If you volunteer to participate in this study, the researcher will ask you to do the following:

Si participa voluntariamente en éste estudio, el investigador le pedirá lo siguiente:

1. I will meet with you for an half hour to an hour to ask you questions about you and your child. Here is a sample of some of the questions:
Me reuniré con usted durante media hora o una hora para hacerle preguntas acerca de su taller. He aquí unos ejemplos de alguna de las preguntas:
 - a. What gives you the most joy in being a parent?
¿Qué es lo que le hace más feliz de ser padre?
 - b. What gives you the most pain or difficulty in being a parent? How do you handle those feelings?
¿Qué es lo que le causa mayor dolor o dificultad de ser padre?
¿Cómo maneja esos sentimientos?
 - c. When you worry about (your child), what do you find yourself worrying most about?
Cuando se encuentra preocupado (por su hijo), ¿Qué es lo que más le preocupa?
2. The interviews will take place at the Mar Vista Family Center.
Las entrevistas tendrán lugar en el Centro Familiar Mar Vista.
3. Once all of the interviews have been conducted I will give a final copy of my report to the MVFC so that they can see what they can change or keep the same about the classes.
Una vez que todas las entrevistas hayan sido realizadas, le daré una copia definitiva de mi informe del MVFC para que pueda ver qué cosas pueden cambiar y cuáles pueden mantener en sus clases.

How long will I be in the research study?

You will only be asked to give one interview. However, if after the first interview was conducted and I need more information about some of the answers you have given, I may ask you for a follow up interview.

Sólo se le pedirá hacer una entrevista. Sin embargo, si después de la primera entrevista necesitase mas información acerca de alguna de las respuestas que usted dió, puedo pedirle una entrevista de seguimiento.

Participation will take a total of about *one hour*. If follow up is needed an extra half hour will be asked by the end of April.

Su participación le llevará alrededor de una hora. Si es necesario un seguimiento, le pediré media hora más a finales de Abril.

**Are there any potential risks or discomforts that I can expect from this study?
¿Se puede esperar algún riesgo potencial o incomodidad de éste estudio?**

- *Some of the questions asked are personal in nature because they are about your child. However, neither you or your child's name will be used in the study or in the report given to MVFC at the end of study.*
Algunas de las preguntas son de indole personal por que son sobre su hijo. Sin embargo, ni su nombre o el nombre de su hijo van a ser utilizados en el estudio o en el informe dado al MVFC al final del estudio.
- You may benefit from the study because you will be giving the researcher information that will help better the workshop classes for you and future families. ... Usted podra beneficiar del estudio porque estara dando el investigador informacion que ayudara a mejorar el taller para usted y futuras familias.
- The results of the research may give other students ideas about what families need and how to help parents work with children in the future.
Los resultados del estudio podran dar ideas a otros estudiantes sobre lo que necesitan las familias y como ayudar a los padres a trabajar con sus hijos en el futuro.

**Will I be paid for participating?
¿Me pagarán por participar?**

- You will receive a \$20.00 gift card to Target or Ralph's as well as a children's book for participating. Gift cards will be distributed in April after all the data has been collected. Children's books will be distributed right after preliminary interviews will be conducted.

Usted recibirá una tarjeta de regalo de Target o Ralphs por valor de \$20, así como un libro infantil por participar. Las tarjetas de regalo serán distribuidas en Abril, después de que todos los datos hayan sido recogidos. Los libros infantiles serán distribuidos justo después de la las entrevistas preliminares.

**Will information about me and my participation be kept confidential?
¿La información sobre mi y mi participación se mantendrá de
forma confidencial?**

I will not be giving the Mar Vista Family Center a copy of your interview or linking your name or a parents name with any thing that is said in an interview.

El Centro Mar Vista no tendrá ninguna copia de su entrevista, ni conocerá la vinculación de su nombre o del nombre de los padres con nada de lo que dijo en la entrevista.

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of secure coding procedure that uses pseudonym instead of your name to identify data. The list that links the pseudonyms to the participant names will be kept in a locked file cabinet or locked rom with limited access by authorized personnel only.

Se mantendrá la confidencialidad a través de procedimientos de codificación segura que utiliza seudónimos en lugar de su nombre para identificar los datos. La lista de enlaces de los seudónimos para los nombres de los participantes, se guardarán en un archivador cerrado o bloqueado y con acceso limitado al personal autorizado.

Under California law, the privilege of confidentiality does not extend to information about sexual or physical abuse of a child. If any member of the program staff has or is given such information, he or she is required to report it to the authorities. The obligation to report includes alleged or reasonably suspected abuse as well as known abuse. This includes disproportionate force against a child or elder (i.e., hitting) or withholding of basic needs such as food or medical care.

Según las leyes de California, el privilegio de confidencialidad no se extiende a la información sobre el abuso sexual o físico de un niño. Si algún miembro del personal del programa tiene o se le da esa información, está obligado a informar a las autoridades. La obligación de informar incluye tanto la sospecha razonable o presunto abuso, como el abuso conocido. Esto incluye el uso de fuerza desproporcionada contra un niño o un anciano (es decir, golpeando) o el no proveer de las necesidades básicas tales como alimento o asistencia médica

**What are my rights if I take part in this study?
¿Cuáles son mis derechos si tomo parte en éste estudio?**

You can choose whether to be in the study or not. If you agree to participate you may withdraw your consent at any time. Whatever decision you make, there will

be no penalty to you, and your decision to participate or not will not be reported to the Mar Vista Family Center.

Usted puede decidir si desea participar en el estudio o no. Si acepta participar, puede retirar su consentimiento en cualquier momento. Sea cual sea la decisión tomada, no habrá sanción para usted, y su decisión de participar o no, no será comunicada al Centro Familiar Mar Vista.

You may withdraw your consent at any time and discontinue participation at any time. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Usted puede retirar su consentimiento en cualquier momento y dejar de participar en cualquier momento. Puede negarse a contestar cualquier pregunta que no desee contestar y aun así permanecer en el estudio.

Who can I contact if I have questions about this study?

¿Con quién puedo contactar si tengo preguntas acerca del estudio?

The research team: El equipo de investigación:

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers.

Si tiene cualquier pregunta, comentario o preocupación acerca de la investigación, puede hablar con uno de los investigadores.

Please contact: Por favor, contacte con:

Alma Cortes
Doctoral Student
University of California, Los Angeles Graduate School of Education & Information Studies
(323)8191918
acortes@psych.ucla.edu

Carollee Howes, PhD.
Doctoral Student Professor
UCLA Graduate School of Education
UCLA Graduate School of Education & Information Studies & Information Studies
(310) 825-8336
howes@gseis.ucla.edu

If you have questions about your rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, please call the OHRPP at (310) 825-7122 or write to:

Si tiene preguntas acerca de sus derechos mientras participa en este estudio, o tiene preocupaciones o sugerencias y desea hablar con alguien diferente a los investigadores, por favor, llame al OHRPP al (310) 825- 7122 o escriba a:

UCLA Office of the Human Research Protection Program
11000 Kinross Avenue, Suite 211, Box 951694
Los Angeles, CA 90095-1694

*You will be given a copy of this information to keep for your records.
Se le entregará una copia de ésta información para mantener en sus archivos.*

SIGNATURE OF STUDY PARTICIPANT FIRMA DEL PARTICIPANTE EN EL ESTUDIO

Name of Participant
Nombre del participante

Signature of Participant
Firma del participante

Date
Fecha

**SIGNATURE OF PERSON OBTAINING CONSENT
FIRMA DE LA PERSONA QUE OBTIENE EL CONSENTIMIENTO**

Name of Person Obtaining Consent
Nombre de la persona que obtiene el consentimiento

Contact Number
Número de contacto

Signature of Person Obtaining Consent
Firma de la persona que obtiene el consentimiento

Date
Fecha

Appendix E: Class Leader Consent Form

University of California,
Los Angeles

CONSENT TO PARTICIPATE IN RESEARCH Consentimiento para participar en una investigación

Infant, Toddlers and Parents in Los Angeles:

Exploring Parent Practices, Routines, and Culture in

Non Center Based Care Programs

Bebés, Niños y Padres en Los Angeles:

Exploración de prácticas parentales, rutinas y cultura en programas de cuidado
no basados en centros

Alma Cortes, M.S. ED from the Educational Leadership Program in the Graduate School of Education and Information Studies at the University of California, Los Angeles (UCLA) is conducting a research study

Dear Parent,

You were selected as a possible participant in this study because you are a Workshop Leader in the Baby and Me Classes at the Mar Vista Family Center. Your participation in this research study is voluntary.

Alma Cortés, M.S. ED del Programa de Liderazgo Educativo en la Escuela de Graduados en Educación y Estudios de la Información de la Universidad de California, Los Angeles (UCLA) está dirigiendo una investigación.

Usted ha sido seleccionado como posible participante en éste estudio por ser instructor en los talleres de las clases “Baby and Me”(Mi Bebé y yo) del Centro Familiar Mar Vista. Su participación en éste estudio es voluntaria

Why is this study being done? ¿Por qué está siendo realizado éste estudio?

This study is being done to find out more information about the parents who attend classes in a family center rather than attend center based care. I would like to find out more about what parents are learning from the classes as well as how the classes can help parents. I would also like to find out what workshop leaders are teaching parents so as to add value to their experience.

Este estudio se está realizando para obtener mas información acerca de los padres que asisten a clases en centros familiares en lugar de asistir a centros de cuidados. Me

gustaría saber más acerca de lo que los padres están aprendiendo de las clases, así como la manera en que las clases pueden ayudar a los padres. También me gustaría saber qué están enseñando los instructores de los talleres a los padres con el fin de mejorar su experiencia.

What will happen if I take part in this research study?

¿Qué ocurrirá si tomo parte en éste estudio de investigación?

If you volunteer to participate in this study, the researcher will ask you to do the following:

Si participa voluntariamente en éste estudio, el investigador le pedirá lo siguiente:

1. I will meet with you for an half hour to an hour to ask you questions about you and your child. Here is a sample of some of the questions:

Me reuniré con usted durante media hora o una hora para hacerle preguntas acerca de usted y de su hijo. He aquí unos ejemplos de alguna de las preguntas:

a. In your experience why do parents decide to take parenting classes?

Según su experiencia, ¿Por qué los padres deciden tomar clases de crianza?

b. Why do you think parents should take a parenting class?

¿Por qué cree que los padres deberían tomar clases de crianza?

c. What are your personal beliefs about child care centers for infants and toddlers?

¿Cuál es su opinion personal acerca de los centros de cuidado de bebés y niños pequeños?

d. Should parents use them?

¿Deben los padres usarlos?

2. The interviews will take place at the Mar Vista Family Center.

Las entrevistas tendrán lugar en el Centro Familiar Mar Vista.

3. Once all of the interviews have been conducted I will give a final copy to the MVFC so that they can see what they can change or keep the same about the classes.

Una vez que todas las entrevistas hayan sido realizadas, le daré una copia definitiva del MVFC para que pueda ver qué cosas pueden cambiar y cuáles pueden mantener en sus clases.

How long will I be in the research study?

¿Cuánto tiempo estaré en el estudio de investigación?

You will only be asked to give one interview. However, if after the first interview was conducted and I need more information about some of the answers you have given, I may ask you for a follow up interview.

Sólo se le pedirá hacer una entrevista. Sin embargo, si después de la primera entrevista necesitase mas información acerca de alguna de las respuestas que usted dió, puedo pedirle una entrevista de seguimiento.

Participation will take a total of about one hour. If follow up is needed an extra half hour will be asked by the end of April.

Su participación le llevará alrededor de una hora. Si es necesario un seguimiento, le pediré media hora más a finales de Abril.

Are there any potential risks or discomforts that I can expect from this study?

¿Se puede esperar algún riesgo potencial o incomodidad de éste estudio?

· Some of the questions asked are personal in nature because they are about your child. However, neither you or your child's name will be used in the study or in the report given to MVFC at the end of study.

Algunas preguntas son de naturaleza personal, ya que son acerca de su hijo. Sin embargo, ni su nombre ni el de su hijo serán utilizados en el estudio o en el informe enviado al MVFC al final del estudio.

· You may benefit from the study because you will be giving the researcher information that will help the workshop classes for you and future families. ...

Usted se puede beneficiar del estudio, porque le será entregada la información de la investigación, lo que podrá ayudarle en sus clases a usted y a las futuras familias.

· The results of the research may give other students ideas about what families need and how to help parents work with children in the future.

Los resultados de la investigación podrían dar a los estudiantes otras ideas acerca de las necesidades de las familias, o de cómo ayudar a los padres a trabajar con sus hijos en el futuro.

Will I be paid for participating?

¿Me pagarán por participar?

· You will receive a \$20.00 gift card to Target or Ralph's as well as a children's book for participating. Gift cards will be distributed in April after all the data has been collected. Children's books will be distributed right after preliminary interviews will be conducted.

Usted recibirá una tarjeta de regalo de Target o Ralphy por valor de \$20, así como un libro infantil por participar. Las tarjetas de regalo serán distribuidas en Abril, después de que todos los datos hayan sido recogidos. Los libros infantiles serán distribuidos justo después de las entrevistas preliminares.

Will information about me and my participation be kept confidential?

¿La información sobre mí y mi participación se mantendrá de forma confidencial?

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of secure coding procedure that uses pseudonym instead of your name to identify data. The list that links the pseudonyms to the participant names will be kept in a locked file cabinet or locked room with limited access by authorized personnel only.

Cualquier información que se obtenga en relación con este estudio y que lo pueda identificar será confidencial. Ésta será compartida solamente con su autorización o conformidad con la ley. Se mantendrá la confidencialidad a través de procedimientos de codificación segura que utilizan seudónimos en lugar de su nombre para identificar los datos. La lista de enlaces de los seudónimos para los nombres de los participantes, se guardarán en un archivador cerrado o bloqueado y con acceso limitado al personal autorizado.

Under California law, the privilege of confidentiality does not extend to information about sexual or physical abuse of a child. If any member of the program staff has or is given such information, he or she is required to report it to the authorities. The obligation to report includes alleged or reasonably suspected abuse as well as known abuse. This includes disproportionate force against a child or elder (i.e., hitting) or withholding of basic needs such as food or medical care.

Según las leyes de California, el privilegio de confidencialidad no se extiende a la información sobre el abuso sexual o físico de un niño. Si algún miembro del personal del programa tiene o se le da esa información, está obligado a informar a las autoridades. La obligación de informar incluye tanto la sospecha razonable o presunto abuso, como el abuso conocido. Esto incluye el uso de fuerza desproporcionada contra un niño o un anciano (es decir, golpeando) o el no proveer de las necesidades básicas tales como alimento o asistencia médica.

What are my rights if I take part in this study?
¿Cuáles son mis derechos si tomo parte en éste estudio?

You may withdraw your consent at any time and discontinue participation at any time. You can choose whether to be in the study or not. If you agree to participate you may withdraw your consent at any time. Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Usted puede retirar su consentimiento en cualquier momento y dejar de participar en cualquier momento. Puede elegir estar en el estudio o no. Si acepta participar, puede retirar su consentimiento en cualquier momento. Sea cual sea la decisión que tome, usted no será penalizado, ni tampoco perderá los beneficios a los que tenía derecho de otra manera.

Puede negarse a contestar cualquier pregunta que no desee contestar y aun así permanecer en el estudio.

Who can I contact if I have questions about this study?
¿Con quién puedo contactar si tengo preguntas acerca del estudio?

- The research team: El equipo de investigación:

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers.

Si tiene cualquier pregunta, comentario o preocupación acerca de la investigación, puede hablar con uno de los investigadores.

Please contact: Por favor, contacte con:

Alma Cortes
Doctoral Student
University of California, Los Angeles
Graduate School of Education &

Carollee Howes, Ph.D
Doctoral Student Professor
. UCLA Graduate School of Education
& Information Studies

Information Studies
(323) 819-1918
acortes@psych.ucla.edu

(310) 825-8336
howes@gseis.ucla.edu

If you have questions about your rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, please call the OHRPP at (310) 825-7122 or write to:
Si tiene preguntas acerca de sus derechos mientras participa en este estudio, o tiene preocupaciones o sugerencias y desea hablar con alguien diferente a los investigadores, por favor, llame al OHRPP al (310) 825- 7122 o escriba a:

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11000 Kinross Avenue, Suite 211, Box 951694
Los Angeles, CA 90095-1694

*You will be given a copy of this information to keep for your records.
Se le entregará una copia de ésta información para mantener en sus archivos.*

**SIGNATURE OF STUDY PARTICIPANT
FIRMA DEL PARTICIPANTE EN EL ESTUDIO**

Name of Participant
Nombre del participante

Signature of Participant
Firma del participante

Date
Fecha

**SIGNATURE OF PERSON OBTAINING CONSENT
FIRMA DE LA PERSONA QUE OBTIENE EL CONSENTIMIENTO**

Name of Person Obtaining Consent
Nombre de la persona que obtiene el
consentimiento

Contact Number
Numero de Contacto

Signature of Person Obtaining Consent
Firma de la persona que obtiene el
consentimiento

Date
Fecha

Appendix E Parent Recruitment Form

UNIVERSITY OF CALIFORNIA LOS ANGELES

Infant, Toddlers and Parents in Los Angeles: Exploring Parent Practices, Routines, and Culture in Non Center Based Care Programs

Consentimiento para participar en una investigación

Bebés, Niños y Padres en Los Angeles:

Exploración de prácticas parentales, rutinas y cultura en programas de cuidado no basados en centros

Dear Parent,

The Mar Vista Family Center has agreed to participate in a study of caregivers of infants, and toddlers. As my dissertation I want to learn more about the ideas and beliefs of parents who attend classes in a family center rather than enroll their children in attend center based care. I would like to find out more about what parents are learning from the classes as well as how the classes can help parents. El Centro Familiar Mar Vista se ha comprometido a participar en un estudio sobre los cuidadores de bebés y niños pequeños. En mi trabajo me gustaría aprender más acerca de los padres que asisten a un centro familiar en lugar de matricular a sus hijos en centros de cuidado establecidos.

I want to interview parents who attend classed at Mar Vista Family Center in the fall of 2011 and have children between the ages of 0- 36 months. The interview will last about an hour and take place at the Family Center. In the interview I will ask you about how you and your child interact as well as how you think the classes are helping you at home. You will receive a gift card worth \$20.00 for your time.

Quisiera entrevistar a los padres que asistieron a clases en el Centro Familiar Mar Vista durante el otoño de 2011 y tienen hijos con edades comprendidas entre los 0 y los 36 meses de edad. La entrevista le llevará alrededor de una hora y tendrá lugar en el Centro Familiar. En la entrevista, le preguntaré cómo interactúan usted y su hijo y cómo cree usted que las clases le están ayudando en casa. Además, recibirá una tarjeta de regalo como compensación de \$20.00 por su tiempo.

Please fill out the form below, indicating whether or not you are interested in participating in the study, and return it in the envelope provided. Thank you for taking the time to consider this request.

Por favor, rellene el siguiente formulario para indicar si está interesado o no en participar en el estudio, y devuélvalo en el sobre adjunto.

Gracias por tomarse el tiempo para considerar ésta petición.

Please check one:

I am interested in participating in this study

I am not interested in participating in this study.

Your name: _____

Phone number: _____

Email address: _____

Estoy interesado en participar en el estudio.

No estoy interesado en participar en el estudio.

Su nombre: _____

Número de teléfono: _____

Dirección email: _____

Sincerely,
Atentamente,

Alma Cortes, M.S.
Doctoral Student

Carollee Howes, Ph.D.
Professor

Appendix F Class Leader Recruitment Form

UNIVERSITY OF CALIFORNIA LOS ANGELES

Infant, Toddlers and Parents in Los Angeles: Exploring Parent Practices, Routines, and Culture in Non Center Based Care Programs

Consentimiento para participar en una investigación

Bebés, Niños y Padres en Los Angeles:

Exploración de prácticas parentales, rutinas y cultura en programas de cuidado no basados en centros

Dear Class Leaders,

The Mar Vista Family Center has agreed to participate in a study of caregivers of infants, and toddlers. As my dissertation I want to learn more about the ideas and beliefs of class leaders who facilitated classes. I would like to find out more about what parents are learning from the classes as well as how the classes can help parents.

El Centro Familiar Mar Vista se ha comprometido a participar en un estudio sobre los maestras

de bebés y niños pequeños y padres. En mi trabajo me gustaría aprender más acerca de los padres que asisten a un centro familiar en lugar de matricular a sus hijos en centros de cuidado establecidos.

I want to interview class leaders who facilitated the Mar Vista Family Center classes in the fall of 2011. The interview will last about an hour and take place at the Family Center. In the interview I will ask you about how your role as a class leader. You will receive a gift card worth \$20.00 for your time.

Quisiera entrevistar a los maestras que asistieron a clases en el Centro Familiar Mar Vista durante el otoño de 2011. La entrevista le llevará alrededor de una hora y tendrá lugar en el Centro Familiar. En la entrevista, le preguntaré cómo es su desarrollo usted de las clases. Además, recibirá una tarjeta de regalo como compensación de \$20.00 por su tiempo.

Please fill out the form below, indicating whether or not you are interested in participating in the study, and return it in the envelope provided. Thank you for taking the time to consider this request.

Por favor, rellene el siguiente formulario para indicar si está interesado o no en participar en el estudio, y devuélvalo en el sobre adjunto.

Gracias por tomarse el tiempo para considerar ésta petición.

Please check one:

I am interested in participating in this study

I am not interested in participating in this study.

Your name: _____

Phone number: _____

Email address: _____

Estoy interesado en participar en el estudio.

No estoy interesado en participar en el estudio.

Su nombre: _____

Número de teléfono: _____

Dirección email: _____

Sincerely,
Atentamente,

Alma Cortes, M.S.
Doctoral Student

Carollee Howes, Ph.D.
Professor

Tables Describing the Findings

Table 1. Description of Participants/Caregivers

Descriptive Characteristics	n
Gender	
Male	3
Female	12
Age	
18-22	2
22-55	12
55+	1
Employment	
Current	9
Past	4
Ethnicity	
Latino/a	15
Immigration Status	
1-10 years	3
11+ years	9
Born in U.S.	3
Home Language	
Spanish	9
Spanish/ English	6
Relation to Agency	
Familiarity with Agency	7
Word of Mouth	8
Parenting	
Extended Family	2
Nuclear	13

Table 2. Children of Participants

Descriptive Characteristics	n
Age	
0-8	5
1-2 yrs.	2
2-3 yrs	8
Gender	
Boys	8
Girls	7

Table 3. Workshop Leaders

Descriptive Characteristics	n
Gender	
Female	3
Experience	
Taught Preschool	3
Parent	3
Formal Preparation	
Community	1
College	
College Degree	2
Professional	3
Development	

Table 4. Parent Motivation

Rationale	n
Spend time with Child	1
Interest in Class	1
Socialize with Other children	4
Word of Mouth	5
Get out of the House	2
Learn more as a Parent	5
Be with more Parents	2

Table 5: Reasons for not using formal child care

Reasons for not using child care	
Cost	2
Belief	11
No reason indicated	2

Table 6. Parent Scores on PDI-Practice, Values and Beliefs

<i>Practice of Caregiving</i>	0= No evidence	1=Low	2=Medium	3=high
Mentions compliance/control	2	0	4	9
Ineffectiveness of Compliance/Control	1	6	4	3
Business of Caregiving	0	1	7	7
Achievement	0	2	4	9
Comfort/safe haven	0	2	4	9
<i>Process of Caregiving</i>				
Perspective Taking	0	6	5	4
Enmeshment	7	0	6	2
Confusion of response	9	4	0	2
<i>Parent Affect</i>				
Neutralize	0	2	1	12
Anger	1	5	6	3
Guilt	0	5	6	4
Pleasure	0	0	6	9
Worry/Anxiety	0	2	6	7
Pain/Burden	0	6	5	4

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