

## Parenting/Parent-Child Relationship

### The Emotional Context Where the Infant Born: Parental Psychopathology and Marital Quality Cross the Transition to Parenthood

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The transition to parenthood could be considered a key moment in which the couple reorganizes itself and develops new patterns of interaction. When partners perceive the transition to parenthood as more successful, than their child can deal more successfully the transition from family to school at five years. Parental psychopathology was not so investigated in relation to this critical moment (Coyne *et al.*, 2002; Perren *et al.*, 2003; Low & Stocker, 2005) with the exception of postnatal depression, that was found to be influenced also by the quality of couple's satisfaction, or by violated expectations about the division of household work between the partners. The general aim of this study is to investigate the effects of *psychopathology* on couple's adjustment during the transition to parenthood. The sample included fifty-two couples ethnically homogeneous, consisting of 100% Italian people, from the middle class. In the most part of the couples there was at least one partner employed. The mean age of wives is 35.8 (SD= 2.2); the mean age of husbands is 37.9 (SD= 1.8).

Instruments: *Psychopathology*: Revised Symptom Checklist (SCL-90, Derogatis, 1977/1995); *Perceived Social Support*: Multidimensional Scale of Perceived Social Support (MSPSS, Zimet *et al.*, 1988); *Marital Quality*: Dyadic Adjustment Scale (DAS, Spanier, 1976; 2000); *Parental Distress*: Parenting Stress Index (PSI, Abidin, 1995); *Division of household*: a questionnaire specially designed to investigate the organization of the couple regarding the division of household work and the child care and the related satisfaction; *Sociodemographics*: a questionnaire specially developed to keep informations about parents' age, education, SES, years of marriage etc.

We discuss the findings about the associations between parental psychopathology and marital quality. We compare couples without psychopathology (Group 0), with couples in which a partner had a significant level of psychopathological symptoms (Group 1), and with couples in which both the partners had a significant level of psychopathological symptoms (Group 2). We found a negative correlation between marital satisfaction and psychopathology in *at least one* partner. Specifically the level of marital satisfaction was worse when only one partner had a significant level of psychopathology, while it was in the range when both partners had a significant level of psychopathology or had no psychopathology. These results suggest that the effect of psychopathology on marital satisfaction could be more evident when during pregnancy the couple experience a discrepancy in personal well-being. Secondly, we analyze the effect of parental psychopathology in the perception of changes in marital quality during the transition to parenthood and the role of social support as a possible mediator.

In conclusion, we discuss the role of social support as an element that can *influence* the relationship between psychopathology and couple's adjustment. This study can stimulate a

reflection about the role of parental psychopathology as a risk factor for development in infancy in a twofold way. There could be a “direct effect” due to the influence of parental psychopathology on child development; but there could be also an “indirect effect”, due to the influence of parental psychopathology on marital quality.

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# **Mothering Inner-City Children: Strategies that Promote Positive Child Development in a Low-Income Neighborhood**

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Research has found that living in poverty poses multiple risks to cognitive, social, and emotional development for children (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1997; Jencks & Mayer, 1990; Sidle Fuligni, Brooks-Gunn, & Berlin, 2003). The purpose of this presentation is to identify strategies used by African American mothers that can facilitate positive development among preschool-aged children living in a disadvantaged neighborhood using qualitative data.

Two questions inform this study:

1. What strategies do mothers living in an impoverished neighborhood utilize to counter negative neighborhood effects on child development?
2. How do insights on maternal strategies contribute to our understanding of neighborhood effects on child development?

The early work of Jencks and Mayer (1990) has been integral in building theoretical frameworks and identifying mechanisms through which neighborhood effects operate. Neighborhood resource theory and the collective socialization model provide the theoretical base of this presentation. The neighborhood resource model focuses on how the availability high quality neighborhood resources and services impact child development; while the collective socialization model centers on the influence of social relationships and the presence of middle-class adults who model conventional values and norms on child development.

Eighteen mothers were recruited from the Head Start program located in the Beecher Street Public Housing Project. In-depth interviewing was used to collect data for this study. The interviews discussed in this presentation were conducted between winter 1997 and winter 1999. Interviews were taped and later transcribed. Questions in the topical areas of: child rearing and parenting beliefs and behaviors, perceptions of social opportunities, views of the neighborhood, and Head Start experiences were the foci. Ethnograph, a computer software program designed specifically for qualitative research, was used to systematically organize, sort, and code interview data for analysis. Once broad themes were identified, then comparisons and theoretical interpretation of the data were made.

Head Start participation was found to both directly and indirectly promote positive growth and development among low-income African American children in this study. Strategies identified entail: securing local (the Head Start program was identified as a key local resource mothers sought to encourage positive outcomes among their preschool-aged children) and extra-local resources, maternal augmentation, reliance on conventionally oriented adults, confinement, and stressing conventional values. Employing resource seeking strategies enabled the mothers in this study to provide enriching activities for young children that can encourage cognitive and social development in this impoverished neighborhood.

Mothers also engaged in adult-directed maternal management strategies in an effort to expose children to conventional adult models and counter the influences of unconventional adults in the neighborhood. Reliance on selected adults, confinement, and commitment to conventional values are adult-directed maternal management strategies that can promote preschool-aged children's cognitive, social, and moral development.

This study describes positive contributions mothers make to child development, despite exposure to multiple risks. These findings offer future directions for Head Start programs in efforts to partner with low-income African American families to address the consequences of living and growing up in poverty for young children.

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## **Mothers and Babies: Continuity and Discontinuity in Adult and Infant Attachment in an Early Head Start Eligible Sample**

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**PRESENTER:** Susan J. Spieker

Research assessing parental state of mind with respect to attachment using the Adult Attachment Interview (AAI) has reported a significant degree of concordance between parental classification on the AAI and Infant Strange Situation attachment security classifications, even when the AAI is collected before the infant's birth. One noteworthy finding is that the "unresolved with respect to loss or trauma (U)" AAI classification has predicted the infant "disorganized/disoriented (D)" classification. The mechanism for this association is thought to be that caregivers who have not resolved loss or trauma behave in frightened or frightening ways with their infants, presenting a non-resolvable conflict for the infant that the source of fear is also the source of comfort and protection.

Lack of resolution, however, is orthogonal to the three major "organized" states of mind classifications, Autonomous, Dismissing, and Preoccupied. Transcripts that are incoherent around topics of loss or trauma still receive an alternate, best-fitting assignment to one of these three classifications. Significant stability of maternal AAI classifications from pregnancy to the child's first birthday, and across the transition to marriage has been reported in the literature; although there is some evidence that the unresolved classification is less stable than the other three. This study examined stability of AAI classification and infant Strange Situation classifications within a sample of low-income primary caregivers of infants eligible for Early Head Start, with particular attention to stability and change in AAI classification across a 4-year interval. It further examined concordance between parent and child attachment classifications.

The sample consists of 52 low income, primary caregivers who were administered the AAI in pregnancy or within the first few months of the infant's life, and again approximately four years later. Infant Strange Situations were administered at 19 and 30 months. We found relatively low, but significant stability only at the level of secure/insecure AAI classifications, but no stability in infant classifications. Moreover, proportion of secure AAI classifications in the sample increased significantly over time (from 46% to 58%) but the proportion of secure infants declined (from 50% to 25%). There were few associations across the generations, but parents classified Unresolved had fewer secure children than expected at 19 months. Although there was little evidence of AAI categorical stability, there was considerable evidence for probable underlying continuity in lack of resolution, whether or not the narratives provided sufficient evidence for U classification at any particular point in time. Parents with higher coherence ratings were older and had higher vocabulary scores. Lack of resolution ratings were significantly associated with parent reports of life stress and depressive symptoms.

## **The Keys to Interactive Parenting Scale (KIPS): A Practical Tool for Family Service Providers to Assess Caregiving Behavior**

Marilee Comfort, Phil Gordon

**PRESENTERS:** Marilee Comfort, Phil Gordon

Responsive parenting is so vital to a child's healthy development that nearly all early intervention programs include parenting services (Brooks-Gunn, et al., 2000; Shonkoff & Phillips, 2000). Even though service programs commonly set goals of improving parenting, very few actually assess caregiving behavior. Since only lengthy and cumbersome observational tools developed for research purposes have been available to assess parenting behavior, no instrument has gained common use among family service programs (Kelly & Barnard, 2000; Mahoney, et al., 1996). Structured observation of parenting behavior allows family service providers (FSPs) to assess what caregivers actually do, rather than what they say they do, as reported in survey tools.

KIPS, a 12-item structured observational assessment of caregiving behavior, was developed to meet the need for a practical tool for use in intervention services and in program evaluation. A KIPS assessment involves a 20-minute observation of a parent (or other caregiver) and a child, age two months through five years. The observation includes 15 minutes of free play session with a 5-minute clean-up period when appropriate. Videotaping is recommended to allow later viewing, and promote accurate scoring of the interaction. The video can be incorporated into intervention to stimulate caregiver self-assessment and facilitate discussion of specific parenting strengths, needs, and alternative parenting strategies.

An initial psychometric study of KIPS was performed with a convenience sample of 101 caregivers consisting of recovering mothers, Head Start fathers and community volunteers, representing 72% low income and 28% middle income families. The caregivers were 60% mothers, 38% fathers; and 2% grandmothers, ranging from 20 to 70 years. Their race/ethnicity was 59% African American, 27% Caucasian, 9% Latino, 4% Asian and 1% Other. The children were 52% female, 48% male, and ranged from 2 to 71 months, with a mean age of 34.6 months (SD=19.6), and 8% with special health or developmental needs. KIPS scores demonstrated high internal consistency ( $\alpha=.89$ ) and high inter-rater agreement (83%-96%). A partial correlation, controlled for sample membership, showed a significant association of KIPS and the validated Parent/Caregiver Involvement Scale (Farran, et al., 1986;  $r = .44, p = .014$ ), suggesting they measure a similar construct. ANOVA of KIPS mean scores showed one of the four groups, mothers recovering from substance abuse, showed significantly lower KIPS scores, ( $F=27.58, p<.0001$ ), suggesting that KIPS is sensitive enough to detect differences in parenting behavior in at risk populations.

In a second study with funding from the NICHD, we partnered with two service agencies, an Early Head Start Program (EHS) and a statewide Parents AsTeachers program (PAT), to investigate whether FSPs could objectively use KIPS with caregivers in their case loads. Twenty FSPs (10 PAT, 10 EHS) used KIPS to assess five caregivers randomly recruited from each of their case loads. The 100 caregivers were diverse: 84% Female, 16% Male; 56% African

American, 19% Caucasian, 12% Hispanic. The childrens' average age was 24 months, ranging from 2 to 61 months, and 18% had special needs. Agreement on KIPS items was calculated as within one point of expert panel ratings on the 5-point scale. Nineteen FSPs completed the study, and their assessment scores showed very high agreement with expert scores (92.4%). These results show that FSPs were able to objectively assess caregivers in their case loads.

Internal consistency of KIPS expert ratings showed an alpha of .96. KIPS mean scores showed a wide range from 1.90 to 4.88 for the total sample of caregivers, and were significantly different between programs [EHS=3.29 (.74), PAT=4.03 (.64),  $p < .0001$ ]. KIPS scores were significantly correlated with caregiver age, education, employment and marital status. When adjusted for age, employment, education and marital status, race and ethnicity were not significant factors. Using partial correlations controlled for program status, KIPS scores were significantly correlated with staff ratings of caregiver engagement in services (Staff Rating of Caregiver Engagement, Unger et al., 2004) and expert ratings of the extent and intensity of child playfulness (Test of Playfulness, Okimoto et al., 2000).

KIPS scores were not related to two self-report measures, the Maternal Self Efficacy Scale (Teti & Gelfand, 1991) and the Survey of Parenting Practices (Shacklee & Demarest, 2003). As found in other studies (Lovejoy et al., 1999), the fact that self-reports of parenting behavior do not usually correlate highly with an objective assessment underscores the importance of developing an objective observational measure for service programs.

To provide feedback on the usefulness and practicality of KIPS in the field, the FSPs completed surveys after completing KIPS scoring. Items were rated on a 5 point scale 1= Strongly Disagree to 5=Strongly Agree. Their impressions of KIPS' usefulness was favorable, as indicated by agreement with the following statements:

- KIPS provides useful information to assess parenting behavior.
- The information I gained is valuable enough to make it worth the time and effort needed.
- I became comfortable with videotaped observations.
- I found KIPS helpful in talking to families about parenting.
- I would like to continue using KIPS in my daily work.

None of the providers disagreed with any of the statements. The FSPs also responded that nearly all of their families were comfortable with the KIPS process (PAT 87.4%, EHS 90.0%). In addition to KIPS demonstrating reliability and validity, in focus groups the FSPs expressed enthusiasm for integrating KIPS into their services, believing that it provides useful information for parenting education and support.

These findings suggest that KIPS provides a practical tool for evidence-based parenting intervention and outcomes evaluation. Using KIPS, providers can tailor their services to individual parenting strengths and needs to build responsive parenting, promoting healthy development and the well-being of young children. Aggregating KIPS scores permits programs to measure outcomes using data collected by FSPs. KIPS provides a practical and efficient tool useful in both intervention services and program evaluation.

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## **Do Parenting Attitudes Mediate the Impact of Cumulative Risk on Problem Behaviors in Early Head Start Toddlers?**

Jessica Erin Vick

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Sameroff and colleagues (1987) suggest that low socioeconomic status is accompanied by social and psychological risk factors, and that the accumulation of these circumstances produces negative child outcomes. While cumulative risk is associated with negative child outcomes, there remain a significant proportion of children who are resilient to these multiple risks. Researchers have identified several factors present in the lives of resilient children as potential buffers for vulnerability, including a close bond with a caregiver and caregivers' positive emotionality (Ackerman et al., 1999; Garmezy, Masten, & Tellegen, 1984). Less is known about the potential impact of mothers' attitudes toward parenting on at-risk children's problem behaviors.

This study examined whether parenting attitudes mediate the relationship between cumulative risk (i.e. being a teenage mother, having more than one child under the age of 5, lacking a high school education, being unemployed, reporting a lack of resources, reporting a lack of social support, reporting clinical levels of depression, and receiving a HOME score in the lowest quartile of the sample) and children's problem behaviors. Participants consisted of 74 low-income mothers and their toddlers (females = 54%) enrolled in urban Early Head Start (EHS) programs. Data were collected during two-and-a-half hour visits conducted in mothers' homes. Mothers verbally responded to a series of questionnaires. A cumulative risk index was calculated as the sum of the number of risks experienced by each child. Scores on each risk factor were dichotomized into two groups representing the presence or absence of risk, and then the resultant scores were added (e.g. Gutman, Sameroff, & Cole, 2003). The Parental Attitudes toward Childrearing (PACR) Scale was used to assess mothers' attitudes toward parenting. The Brief Infant-Toddler Social and Emotional Assessment (BITSEA) was administered to assess children's problem behaviors.

To determine whether parental attitudes mediated the relationship between cumulative risk and children's problem behaviors, a series of simultaneous hierarchical linear regressions were performed according to the procedure recommended by Baron and Kenny (1986). The conditions for mediation held, and the results revealed that parental warmth and respect as well as parental conflict and anger partially mediated the relationship between cumulative risk and young children's problem behaviors. The impact of risk on children's problem behaviors was reduced when parenting attitudes were added into the regression.

These findings have important implications for the way in which Early Head Start centers design and execute interventions for high-risk mothers and their toddlers. Parenting attitudes may be amenable to change with targeted, intensive interventions. This study suggests that EHS programs should provide programs and services that foster parental warmth and respect and alleviate parental conflict and anger by helping mothers to be reflective about their role as a parent of a young child. Parenting education groups could be conducted that address the importance of a positive emotional response to EHS children who experience multiple stressors

in their family and community environments. In summary, Early Head Start should try to promote parent's positive attitudes toward their children in an effort to foster positive child outcomes.

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## **Parent Involvement in Nursery Activities and Parent-Child Interactions: An Examination of Homeless Families with Young Children**

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**PRESENTER:** Margo A. Candelaria

Almost half of the children living in homeless shelters are under the age of 5 (Burt, 2001). Studies have demonstrated that parenting is compromised in homeless families, with parent-child interactions more hostile and intrusive, and less sensitive than in non-poor mothers-infant dyads (Pianta & Egeland, 1990; Shaw & Vondra, 1995). Considering the challenges faced by these families, interventions focusing on improving the parent-child relationship are extremely important. An abundance of data indicate that early interventions successfully improve parent-child relationship outcomes in families that are not homeless (Brooks-Gunn, Berlin, Fuligni, 2000). No studies have examined intervention effects on homeless infants and toddlers, and there is a dearth of empirical investigations examining parent-child interactions in a homeless population.

The therapeutic nursery is an Early Head Start (EHS) classroom in an urban city that collaborates with two local universities to provide high quality child care to homeless families with children from birth to age three. In addition to childcare services, the nursery offers infant mental health and nursing services, and speech and language, occupational and physical therapy. Parents are encouraged to engage in a variety of activities including: taking photos with their children, creating a photo life baby book, circle time, child focused play activities, parent groups, separation practices, floor or cuddle time, infant massage, dyadic reading, ritual family breakfasts, parental guidance in becoming their child's best teacher through learning about the NCAST teaching loop, and guidance around understanding and responding to infant engagement and disengagement cues.

This investigation examined how parental involvement in nursery activities related to parent-child interaction scores and family characteristics. The Nursing Child Assessment Satellite Training (NCAST; Sumner & Speitz, 1994) was used to measure parent-child interaction. Results indicated that those parents who had improvements in or no change in NCAST scores spent more total time in the nursery than those parents whose NCAST scores decreased  $t(26) = -2.37, p = .03$ . Hence parents who spent more time engaged in nursery activities either improved the way they interacted with their children or did not decrease their maternal responsiveness under the stress of homelessness.

In addition, results indicated that mothers who were pregnant and mothers without other children not in their care spent more time in the nursery, together predicting 33% of the variance ( $p < .01$ ). This suggests that as pregnant mothers prepare to take on more mothering responsibilities, they are engaged in supportive intervention services focusing on parenting. It may be that pregnancy serves as a good time to target homeless mothers as they may be more responsive to interventions that help them focus on parenting under stressful circumstances. In addition, mothers who were able to keep all of their children with them, despite being homeless, were

more engaged in nursery activities. While those mothers who have their children with them may be more responsive to parenting interventions, it may be that those who have other children not in their care are not confident as parents and could serve as targets for therapeutic services.

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## **A Longitudinal Study of Mother-Child Play at 36 Months and Pre-Kindergarten Narratives**

Tonia Natalie Cristofaro, Catherine S. Tamis-LeMonda, Eileen T. Rodriguez

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Personal narratives about the past, an important feature of children's emergent literacy, encourage decontextualized language, essential for school readiness (e.g., Snow & Dickinson, 1990). Mothers' reminiscing styles affect children's narratives (e.g., Reese & Farrant, 2003). Given the documented relations between narratives and development, an emphasis on children from low-income families is necessary.

This study examined the language of 75 ethnically diverse mother-child dyads from the Early Head Start National Evaluation Project when children were 36 months old (Time 1) and the spring or summer before kindergarten (Time 2). The goals were to: (1) describe pre-kindergarten children's emergent literacy in terms of school readiness and narratives; (2) explain how mothers' narrative elements support children's narratives; and (3) investigate the contributions of children's and mothers' language at 36 months to narratives.

At Time 1, dyads were videotaped in their residences during 10 minutes of play with age-appropriate toys. Language was transcribed verbatim using the standardized format – CHAT, available through the Child Language Exchange System (CHILDES; MacWhinney, 2000). Vocabulary diversity was calculated using the VOCD program. At Time 2, children's school readiness was assessed using: (1) PPVT-III; Dunn & Dunn, 1997; (2) the Modified Story and Print Concepts; Mason & Stewart, 1989; and (3) the Woodcock Johnson Tests of Achievement, Letter-Word Identification and Applied Problems; Woodcock & Johnson, 1989. Dyads were videotaped sharing a personal narrative. Utterances were transcribed verbatim using CHAT; they were coded for 6 traditional Labovian narrative elements: setting, event, participant, description, evaluation, and appendage (e.g., Labov & Waletzky, 1967; Reese & Fivush, 1993). Children's narrative diversity (number of distinct elements) was calculated for prompted and independent, and mothers' diversity was coded for prompts and statements.

Children varied greatly in their language and school readiness. For example, scores on the PPVT ranged from below average to over a standard deviation above the mean. Also, on average, children scored an 8 on the Story and Print Concepts (composite score of book knowledge and comprehension), with a range from 0 to 11. While some children expressed 0 prompted narrative elements, others expressed 5. About 90% of children reported events and descriptions, while about one-third of children reported a setting.

Mothers' narrative elements related to children's narratives. Mothers who referred to more elements had children with more elements. Mothers' prompts related to children's prompted elements ( $r = 0.61$ ,  $p < 0.001$ ) and independent contributions ( $r = 0.31$ ,  $p < 0.01$ ).

Children's and mothers' 36-month language is being examined in relation to later language and narratives. Children's vocabulary diversity at 36 months is associated with their school readiness

factor score ( $r = 0.34$ ,  $p < 0.01$ ). Early PPVT scores also related to school readiness ( $r = 0.50$ ,  $p < 0.001$ ). Mothers' vocabulary diversity at 36 months related to children's independent narrative diversity ( $r = 0.24$ ,  $p < 0.05$ ). Regression analyses further examine children's and mothers' contributions at 36 months to child outcomes.

Thus, this study illuminates the diverse ways mothers from low-income families promote their children's language and narrative development concurrently and over time.

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## **Effectiveness of an Interactive Parenting Intervention for Children Ages 6 to 36 Months**

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The parent-child relationship is the first context in which children learn about the world (Barnard, 1997). Thus, early interactions and experiences between young children and their parents have a critical impact on children's future development. The parenting intervention presented in this poster is an interactive parenting program targeting the following goals: 1) enhancing parental understanding of child development, 2) teaching parents different activities they can do with their children to maximize their children's development, 3) giving parents an opportunity to practice those skills under the guidance and supervision of the facilitators, 4) helping parents develop a rich learning environment in their homes that will be conducive to optimal child development, and 5) strengthening the parent-child relationship through heightened parental sensitivity and responsivity.

Eight parenting groups were implemented, the groups met once a week for 12 weeks. The sessions lasted 90 minutes and included a caregiver only and a caregiver-child interactive component. The sample includes 65 caregiver-child dyads with children ranging in age between 6 and 36 months from low income neighborhoods that completed the parenting program.

In order to assess the effectiveness of the intervention, the following constructs were measured at the beginning and at the completion of the program: (1) Attitudes regarding Parenting Practices (Parental Modernity Scale: Ideas About Raising Children, Schaefer & Edgerton, 1985) (2) parental discipline practices (Parental Responses to Child Misbehavior, Holden, Coleman, & Schmidt, 1995), (3) parenting stress (Parenting Stress Index, Abidin, 1995), (4) knowledge of child development (Knowledge of Infant Development, MacPhee, 1981), and (5) parent-child interactions (The Crowell observation measure, Crowell & Feldman, 1988)

Results suggest that caregivers participating in this project present an increase in their knowledge of child development, a positive change in their attitudes regarding parenting practices, an increase in their use of positive discipline strategies, a decrease in their use of negative parenting practices, and an improvement in their interactions. Moreover, focus groups and interviews with participants revealed a positive perception of the program and a sense of improvement in the relationship with their children and their role as parents.

The results suggest the effectiveness of an interactive parenting program in impacting participants' parenting beliefs, parenting practices and parent-child interactions. Early parent-child interactions have a crucial impact on children's development, thus, there is a need for effective, evidence-based parenting intervention programs aimed at families living in high-risk situations.

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## **Father Involvement in Early Childhood: A Review of Recent Trends in the Research Literature**

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In the past decade, the child development field has experienced a notable upswing in activity around fatherhood, including efforts to define its multi-faceted nature, identify its contextual determinants, and provide evidence of its contribution to children's development (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Lamb, 2004). Recent theoretical and summary pieces about fatherhood research suggest that the field has come a long way conceptually and methodologically while expanding our understanding of fathers' roles in the lives of young children (Day & Lamb, 2004; Lamb & Tamis-LeMonda, 2004; Pleck & Masciadrelli, 2004). In recognition of the ever-changing landscape of family life and father involvement in the United States (Hernandez & Brandon, 2002), we identified the need for an up-to-date, comprehensive review of fatherhood research trends during early childhood in order to describe the direction of this literature and provide guidance for future inquiries. The current poster therefore poses several pertinent research questions that were addressed via systematic coding of literature from the past 15 years: (1) What has been the nature and extent of research literature that focused on fathers of young children? (2) Was there an increase over time in the number of father-inclusive publications? (3) Have sample sizes increased in studies of father involvement over time? (4) Are there trends toward more publications that focus on fathers who have typically been underrepresented in the literature, including minority, non-biological fathers, non-residential, and low-income fathers?

The literature review commenced with a comprehensive search for journal articles on father involvement within an early childhood population (Infant to 7), using the following nine online databases. In total, 274 articles were identified and coded across the following categories: type of paper (review, theoretical, empirical), empirical methods (qualitative, quantitative, mixed), age (infant, preschool, kindergarten, first grade, mix), residential status (residential, non-residential, mixed), socioeconomic status (low, middle-high, mixed), family ethnicity (minority, non-minority, mixed), and sample size (small, medium, large). Inter-coder reliability was performed on over 20% of articles, and reliability was above 95%.

Correlational analysis indicates that a significant and positive correlation exists between the publication year and the number of father-inclusive publications. As the years progressed from 1990 to 2005, the number of father related studies in early childhood increased. Two-group chi-square tests were used to determine if differences exist between earlier and later publications (1990-1997 vs. 1998-2005). Differences were found in the sample sizes between publication time periods; specifically, sample sizes have increased over time. Results also indicate that differences exist between the time periods with respect to the number of articles that focus on fathers who have been underrepresented; specifically more studies have included non-biological, low-income and non-residential fathers over time. Differences were not seen between the time periods in the number of articles that focused on minority fathers. Descriptive evidence also

reveals that the literature would benefit from more qualitative work, which would provide more of a conceptual frame for future research.

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## **African-American Fathers of Low Birth Weight Infants: Dads' Role in Children's Development**

Darlene M. Head-Reeves

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This study drew from the Early Childhood Longitudinal Study – Birth Cohort to explore relationships between various dimensions of fathering and low birth weight (LBW) infants' development in African-American families. Examining the links between father involvement and developmental outcomes for low birth weight children minority fathers is an important area of study because race is associated with an increased likelihood of having a preterm and/or low birth weight infant and birth weight is an early indicator of child health and wellbeing. Low birth weight is associated with higher infant mortality, a variety of health problems during infancy and the early years of life, and increased risk of long-term developmental disabilities. Exploring the patterns and effects of involvement of minority fathers in the lives of their low birth weight children can provide research, policy, and practice communities with vital information for intervention.

The sample included 140 LBW African-American infants with resident father and 206 LBW infants with no resident father. Descriptive analyses were conducted to examine cognitive and motor development in two family structures – resident and non-resident fathers. Bayley Short Form – Research Edition (developed specifically for the ECLS-B) mental and motor T-Scores were used in these analyses to allow comparison across groups as well as to national norms ( $m=50$ ,  $s.d.=10$ ). Descriptive analyses showed few differences in mental and motor T-scores of LBW infants by fathers' residence status. Across residence status group means were equal or close to national norms. Low birth weight infants with resident dads had a mean mental T-score of 50.33 (non-resident dad mean = 49.67) and mean motor T-score of 50.20 (non-resident dad mean = 49.09).

Regression analyses were conducted to examine explanatory utility of various indicators of fathering on low birth weight infants' mental and motor development. While several indicators of father behaviors with infants were significantly correlated with mental and motor development of low birth weight infants, standard multiple regression analyses revealed modest predictive utility of father variables included in the current analysis. Father's report of soothing a distressed child was linked to a slight increase in mental score and playing or walking outside with the infant was associated with better motor development.

This study used nationally representative data to explore relationships between various dimensions of fathering and infants' development. Descriptive analyses found few differences across birth weight status, resident status of father, and ethnicity of child in mental and motor development as measured in the ECLS-B. Research suggests that some children with low birth weight, non-resident fathers, and minority children begin to experience divergent trajectories, a finding not revealed in the current study. Future research using these data should examine when and if these divergent developmental trajectories begin to emerge. Also, the current study found few relationships between measures of fathering behavior and infants' development. As the

ECLS-B is a longitudinal study, future research using these data should continue to examine relations between fathering and low birth weight infants' development at later points in the developmental course.