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Background Method Results Discussion

- Wide range of interventions designed to reduce school readiness disparities by promoting positive parenting behaviors.
- Significant efficacy at individual child level, limited impacts at population level.
- Smart Beginnings is a population-scalable, tiered intervention promoting positive parenting and child school readiness.

Video Interaction Project (VIP)

- BA-level coach meets with family in one-on-one sessions at every well-child visit
- Sessions last 25-30 mins
- 14 sessions birth to age 3 (+extension to age 5)

1. Provision of toys & books to take home
2. Parent guides with suggested activities and guided planning
3. Videotaping and guided review of parent-child reading and/or play

*Builds on Reach Out and Read – scaled to >25% US low SES
*Evidence: RCTs: sustained impacts at school entry
*Manualized; scaling in progress(NYC, Pittsburgh, Flint)

Family Check-Up (FCU)

- MSW-level parent consultant meets with family in one-on-one sessions
- Only for families with positive screen for pre-existing / emergent risks (ecological / family, parenting, child)
- Handoff from VIP
- Continuation in home
- Annual, 3+ sessions

1. Video-recording and review to identify strengths and challenges
2. Motivational interviewing to build goals
3. Develop and implement shared plan to address parent goals

*Large evidence base: RCTs show sustained impacts on parenting, social-emotional development, and academic achievement
*Manualized, extensive scaling in later childhood/adolescence

Smart Beginnings

- Novel, tiered intervention model
- Addresses barriers to scaling and impact
 - Access
 - Heterogeneity of risk

All treatment families receive 1^o Preventive Intervention from birth: Video Interaction Project (VIP)

Families screened at 6 months. High risk receive 2^o/3^o Intervention: Family Check-Up (FCU)

Families screened at 18 months. High risk receive FCU

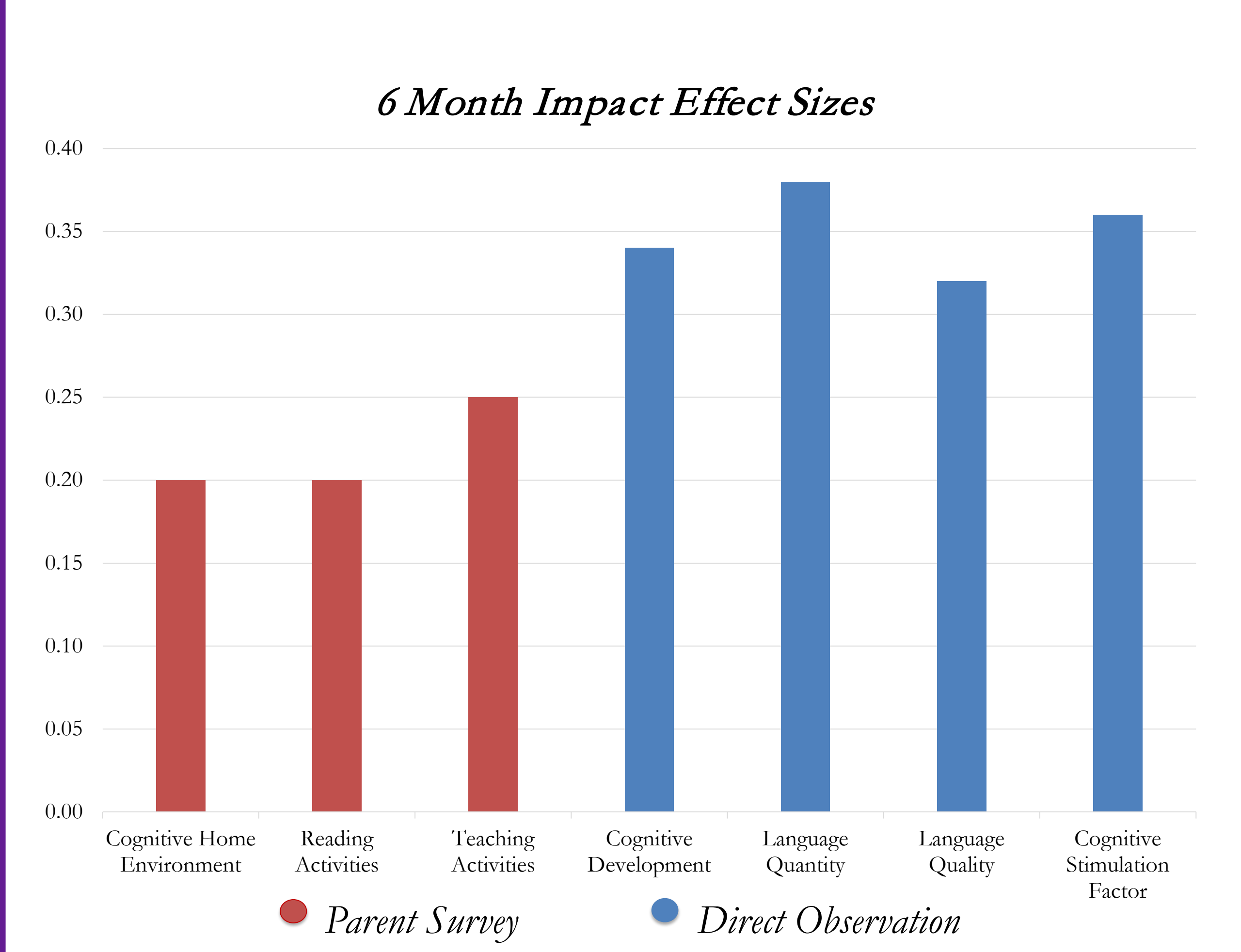
- Two-site RCT – NYC and Pittsburgh.
 - Families assigned to tiered SB model or usual care pediatric well-child care.
- Objective**
- Examine early impacts on support of language and cognitive stimulation assessed at 6 months.
- Participants**
- 403 low-income mother-infant dyads.
 - Inclusion criteria: full-term singleton non-low birthweight births with no significant medical conditions or eligibility for EI. Mothers had no known barrier to communication, spoke English or Spanish, and planned to receive pediatric care at the site.
 - Primarily immigrant Latino mothers in NYC (84%) and African-American mothers in Pitt (81%).
 - No significant differences between treatment groups at baseline.

- Measures**
- Parent Surveys*
- Parenting Your Baby: how often parents engage in positive parenting behaviors. 2 subscales: Supporting/Enjoying Your Baby & Planning Ahead.
 - Stim Q: cognitive stimulation in the home. 3 subscales: Reading Scale (READ), Parent Verbal Responsivity (PVR), & Parental Involvement in Developmental Advance (PIDA).
- Direct Observation*
- Parent-Child Interaction Rating Scales, Infant Adaptation

Key Impact Findings

| | 6 Months ¹ | |
|---|-----------------------|-----|
| | Impact (SE) | Sig |
| Parenting Outcomes (Survey) | | |
| Supporting/Enjoying Baby | 0.01 (0.05) | |
| Planning Ahead for Baby | -0.01 (0.06) | |
| Cognitive Home Environment | 1.22 (0.62) | * |
| Reading Activities | 0.58 (0.36) | |
| Verbal Interactions | 0.29 (0.31) | |
| Teaching and Play Activities | 0.33 (0.14) | * |
| Parenting Outcomes (Observation) | | |
| Sensitivity | 0.13 (0.13) | |
| Cognitive Development | 0.35 (0.12) | ** |
| Language Quantity | 0.60 (0.18) | *** |
| Language Quality | 0.48 (0.16) | ** |
| Affect Mutuality | 0.02 (0.15) | |

1. N=351, survey; 340, observation.
* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.



- Initial impacts show substantial promise of the Smart Beginnings tiered model in pediatric care.
 - Impacts on parent survey responses were further corroborated by observed parent-child interactions.
 - Successful transferability and implementation across sites.
- Future Directions**
- Future research will examine impacts of combined intervention on parent and child outcomes.
 - Will examine effects of parent participation and dose on intervention impacts.
- Implications**
- Importance of early support and scaffolding of positive parenting behaviors to create positive developmental trajectories over time.
 - Parental language and cognitive stimulation key mediators for later school readiness.
 - Provides evidence for pediatric primary care as unique point of access in engaging families
 - Support integration of primary and secondary/tertiary preventive interventions in healthcare.

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