University of Nevada, Reno

Home Visitors' Conceptions of Effective Practice in Home Visiting

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science

in Human Development and Family Studies

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May, 2020

Abstract

A mixed-method design was used to investigate home visitor conceptions on effective home visiting during a video-based professional development intervention. Home visitors ($N = 5$) employed by an Early Head Start-Home Based Option (EHS-HBO) program each recorded 8-14 of their home visits and met individually with a researcher four times overall. First, the home visitors answered open-ended pre-interview questions about effective home visiting. Second, they viewed a video segment from one of their home visits and answered open-ended questions regarding how they conceptualized effective home visiting after seeing the video. Next, the researcher shared with participants the results of scoring each video using two measures, a home visitor quality measure and a parent-child interaction measure and asked open-ended questions regarding how they conceptualized effective home visiting after being presented with the data related to the video of the home visit. The post-interview included the same pre-interview questions and three new questions related to experiencing this intervention. Within-case analysis suggested the video- and data-based intervention may enhance home visitors' conceptions and prompt reflective thinking. The content of these interviews was also explored in order to understand what home visitors understand to be effective practice. Findings indicate the emergence of three themes: (a) individualization and flexibility in practice; (b) responsiveness to families; and (c) didactic approach in the triad. The present findings indicate the utility of using video and data assessments for home visiting programs and support their use for the professional development of home visitors.

Keywords: home visitors, observation measures, professional development, reflective practice and thinking, video

Acknowledgments

Firstly, I want to thank my boyfriend, Emery, for believing in me when I could not believe in myself. Thank you for letting me vent, for helping me see different perspectives, and for pushing me when I needed it. Most of all, thank you for your love, support, and grilled cheeses. I want to thank my family for their praise and validation that helped me get to this point, which this way made me always strive to be the best I could be. I want to express my gratitude to my dad, who always believed I could achieve whatever I set my mind to, and for always reminding me not to forget who I am and what I represent. I want to thank my platonic life partner Elisa for understanding my brain and for helping me always. I would also like to thank my best friend, Naomi, for being such an amazing friend and proofreader. Lastly, I would like to thank my dogs, Dobby and Chicken, for being a reason I step away, take a walk, and get some fresh air at regular intervals.

I would also like to thank my advisor, Bridget Walsh, for guiding me on my journey through this program. Thank you for always answering my questions promptly and holding me accountable. I want to express gratitude to Dr. Walsh's research team, Rose, Shelby, and Sergio, for assisting me with data collection. Additionally, a big thanks to Evan for assisting me with analyzing data; you were a huge help. Lastly, thank you to Drs. Burnham, Oikonomidoy, and Hughes-Belding for serving on my committee.

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CHAPTER ONE: Introduction

General Problem Statement

In 2018, at least 3.2 million home visits were provided to families with pregnant women or young children (National Home Visiting Resource Center, 2019). It is not surprising that home visitor workforce development is a top agenda item for home visiting programs (Home Visiting Applied Research Collaborative, n.d.). According to Roggman et al. (2016), early childhood home visitors have unique roles that includes travel to each family, unexpected situations which are sometimes risky, to support the families' skill building, well-being, and positive childhood outcomes (e.g., school readiness). Professional development can include actively engaging practitioners, helping them relate new information to their practice, and considerations of direct application to their work (Dunst & Trivette, 2009; Oborn & Johnson, 2015). This descriptive case study with mixed-method data details a researcher-implemented professional development experience using video observations and assessment data to prompt reflection with home visitors on their practices and supporting parent-child interactions.

Most home visitors develop many of their skills on the job (Schultz et al., 2018), and existing efforts in the home visiting professional development literature focus on the inclusion of video and assessments (e.g., Innocenti & Roggman, 2018). The reasoning is that when home visitors record their home visits, and then they are assessed by psychometrically sound instruments by trained observers that home visitors are given constructive opportunities to reflect on their practice. Video is useful to promote home visitors' professional growth (Schultz et al., 2018) and video feedback is gaining more attention to provide home visitors with feedback and to demonstrate effective practices (Walsh, Innocenti, & Community of Practice for Professional Development, Ounce of Prevention Fund, in review; Schultz et al., 2018). A potentially helpful

way to promote this conceptualization is through an intervention model that includes video analysis and discussion of observational measures of home visiting quality. The existing professional development literature uses a framework of noticing (Radloff & Guzey, 2017; van Es & Sherin, 2008) in combination with video methodology (Innocenti & Roggman, 2018; Radloff & Guzey, 2017) and home visitor quality and parent-child interaction assessments (Walsh et al., in review).

To explore the possibility of a video- and data-based intervention creating or not creating changes, the researcher used a mixed method descriptive case study methodology (Yin, 2018), particularly to explore changes in home visitors' conceptions of effective practice in one Early Head Start-Home Based Option (EHS-HBO) setting before and after video analysis and reflection. According to Yin (2018), case studies are a method of research used "… to investigate a contemporary phenomenon in depth and its real-world context" (p. 286). A way to do this is with comprehensive interviews, which can occur with small groups or individuals. For individual interviews, this in-depth manner is conveyed with thoughtful questions that seek to find relationships within and between data. In doing so, descriptive case studies are set apart from other types of case studies. The findings from descriptive case studies create implications to encourage researchers to assess other explanations, improve upon the questions they ask, and consider different possibilities (Tobin, 2010). As coaching in the form of professional development, and professional development alone, is now required in EHS-HBO settings (HHS, 2019), there is a need to explore techniques, such as video- and data-based interventions. Due to this need, a mixed method study was developed to answer a research question posed: How does a video-and data-based intervention affect home visitors' conceptions of effective practice? (See p. 9 for the study's specific research aims).

Early Head Start-Home-Based Option

For two and a half decades, Early Head Start (EHS), a federally funded national initiative, has focused on promoting children's development while strengthening families at/below the federal poverty line (Acevedo-Polakovich, Spring, Stacy, Nordquist, & Normand, 2017). There are three EHS program models: home-based option (EHS-HBO), center-based (similar to Head Start), or a mix of home- and center-based (e.g., a locally designed option or family childcare) (U.S. Department of Health and Human Services [HHS], 2019). The EHS Home-Based Option (EHS-HBO) provides weekly home visits by qualified staff. EHS is a two-generational program, meaning that both children and parents are the focus. Specifically, the EHS-HBO serves families with pregnant women, 3-year-olds, toddlers, and infants, and delivers services and intervention in the home (HHS, 2019).

Evidence of EHS-HBO's effectiveness has been seen in the positive effects on primary outcomes as measured by home visitor direct observation or assessing, as well as self-reported data from parents (i.e., negative parenting practices) and from standardized instruments (HHS, 2019). A key example of EHS-HBO's effectiveness can be seen when a parent's self-reported data were known, negative behaviors were shown to be reversed when enrolled in a home visiting program (HHS, 2019). Effectiveness is further shown in the sustainment of positive effects for at least one year from the beginning of the program (HHS, 2019). Additional regulations of fidelity are displayed in the guidelines for EHS-HBO, such as the minimum number of required home visits, close oversight and supervision of home visitors, pre-service training of home visitors, fidelity standards, and monitoring of fidelity (Sama-Miller, Akers, Mraz-Esposito, Zukiewicz, Avellar, Paulsell, & Del Grosso, 2018). The close following of these regulations are essential for effectiveness to be displayed. Additionally, EHS professionals must

comply with the qualifications outlined in the Head Start Program Performance Standards (see HHS, 2019).

Home visitors have a wide range of training backgrounds and experiences (Sandstrom et al., 2020). Understanding the characteristics of home visitors and how to support them (e.g., reflective supervision, coaching, and more) through effective professional development is essential. Reflective supervision is ongoing and important to home visitors' practice (Forstadt, 2012). A reflective supervisor can help home visitors create an individualized professional development plan. A reflective supervisor can also act as a coach and use video and assessments to promote quality practice. There may also be individuals, such as a coach, to help provide an individualized space for home visitors to promote quality practice. The Head Start Program Performance Standards (HSPPS) mandate that EHS programs "implement a research-based, coordinated coaching strategy for education staff" (§ 1302.93, ACF, 2019). At present, home visitor researchers and practitioners are exploring approaches such as coaching (Innocenti & Roggman, 2018) or implementing coaching programs such as Practice-Based Coaching (see Snyder, Hemmeter, & Fox, 2015) that were designed for early childhood teachers, not home visitors. Additionally, early childhood home visiting programs are introducing and engaging in mentor coaching programs (HHS, 2019). A mentor coaching program can be viewed as a relationship between new and established professionals. This relationship has the following characteristics: it is (a) ongoing (the relationship occurs and changes over time); (b) individualized (the strategies are personalized to the needs of the mentee); (c) developmental (it builds on strengths and focuses on improvement where deficits are seen); (d) reciprocal (the mentor can and does learn from the mentee); and (e) nonevaluative (there is constructive criticism aimed at support and growth, and does not affect employment of the home visitor)

(HHS, 2019). Due to HSPSS standards calling for implementation of coaching, efforts that include a video- and data-based intervention must be explored as the home visiting field advances a variety of coaching techniques.

Home Visiting Nationally

Research in the past decade has certainly shown that home visiting is still a topic of importance, particularly as universal early childhood home visiting gains more attention. Outcomes related to home visiting have been studied, such as parent-child attachment (Moss, Dubois-Comtois, Cyr, Tarabulsy, St-Laurent, & Bernier, 2011), changes in parenting and child behavior outside of the home (Hermanns, Asscher, Zijlstra, Hofenaar, & Deković, 2013), and how crucial home visiting is for the success of both the parents and the children (Bryans, Cornish, & McIntosh, 2009; Chartier, Brownell, Isaac, Chateau, Nickel, Katz, & Taylor, 2017; Galanter, Self-Brown, Valente, Dorsey, Whitaker, & Bertuglia-Haley, 2012; Hermanns et al., 2013; Korfmacher, Adam, Ogawa, & Egeland, 1997; Korfmacher, Green, Staerkel, Peterson, Cook, Roggman, & Schiffman., 2008; Lawson, Alameda-Lawson, & Byrnes, 2012; Lin & Bates, 2010; Moss et al., 2011; Oxford, Spieker, Lohr, & Fleming, 2016; Raikes, Roggman, Peterson, Brooks-Gunn, Chazan-Cohen, & Zhang, 2014; Whittaker & Cowley, 2012; Williams, Cprek, Asaolu, English, Jewell, Smith, & Robl, 2017). Many different factors can influence the effect home visiting has on the parent and child, such as at what point the family is enrolled in a home visiting program, or the number of home visits that occur; upon comparison, even minimal amounts of visits can show how home visiting has influenced a parent and child positively (Raikes et al., 2014). Home visitors play crucial roles in facilitating these positive developments.

Home Visiting Locally

In Northern Nevada, Early Head Start is funded by a Department of Health and Human Services grant, supplemented by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which provides evidence-based home visiting services to at-risk, low-income families. Home Visitors in Nevada utilize program models, such as the Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and Home Instruction for Parents of Preschool Youngsters (HIPPY) (Fernandes-Alcantara, 2018). In their home-based visiting, EHS home visitors provide services such as referrals to community resources, complete health and developmental screenings, work with parents on engagement, and much more (Child and Family Research Center, University of Nevada, Reno, 2018).

There is no question that the work that early childhood home visitors do is important. Home visitors provide services to populations in need. For the year 2018, the National Home Visiting Resource Center (2019) reported that home visitors in Nevada provided at least 5,330 home visits and served 501 families and 542 children. The majority race of these families was White, and the majority ethnicity of these families was Hispanic or Latino (see Table 1). These statistics highlight not only the demographics and number of families that are being served but also show how many families could benefit from home visiting services (see Table 2). The number of both populations (those who receive services and those who could benefit from them) is staggering.

Table 1.

Statistics of Families Enrolled in Home Visiting Programs in Nevada (2018)

Primary Caregivers Without a High School Diploma	26%
Children < 1 Year Old	16%
Children 1-2 years old	32%

Children 3-5 years old	52%
Children with Public Insurance (e.g. Medicaid, CHIP, or TRICARE)	66%
Children with Private Insurance	19%
Children with no Insurance	5%
Primary Language - English	81%
Primary Language - Spanish	18%

Table 2.

Statistics of Families who Could Benefit from Home Visiting in Nevada (2018)

Pregnant Women and Families with Children < 6 years old who could benefit from Home Visiting	161,500
Families who met one or more of Target Criteria*	52%
Families who met two or more of Target Criteria*	21%
Children who Could have Benefitted from Home Visiting	15% (< 1 year old) 33% (between 1-2 years old) 52% (between 3-5 years old)

*e.g., the child was younger than one, the parent was a single mother, the parent had no high

school diploma, the mother (pregnant mothers included) were younger than 21, and were low-

income.

Research Highlights: Promoting Quality Practice

Home visitors need professional development and other support, such as coaching (i.e.,

home visitor-as-coachee) that promote their skills related to coaching parent-child interactions

(Peterson et al., 2018). There is an increased focus in the home visiting field to provide coaching

to promote the quality of home visits. Professional development is an important aspect of

promoting fidelity to an evidence-based home visiting model (Maxwell & Supplee, 2018; Walsh

et al., Ounce of Prevention Fund, in review). The intent of coaching home visitors is to produce

or nourish self-directed learners (Walsh, Innocenti, Manz, & Community of Practice for

Professional Development, Ounce of Prevention Fund, in review). Coaching is another method

to promote home visitor practice, and it can occur alone or in conjunction with other professional development efforts (HHS, 2019; Romano & Woods, 2018).

One method in particular that is shown to have positive effects on home visitors' effectiveness is reflective supervision, which is utilized to support the supervisor-home visitor relationship; and, in turn, this then supports the home visitor-family relationship (Forstadt, 2012; Tomlin, Hines, & Sturm, 2016; Tomlin, Weatherston, & Pavkov, 2014). When home visitors are provided the opportunity to discuss their home visiting practice with a trustworthy and knowledgeable individual, their practice is shown to improve, and positive effects are seen (Forstadt, 2012). When the reflective supervisor acts as a coach, there are concerns of power imbalances and over-burdening reflective supervisors, which suggests that coaching should be distinct from supervision, and warrants further attention.

Coaching experiences offer the opportunity for individualized support, which seems to be an integral part of any work to promote quality practice, and in the realm of professional development in home visiting, this includes the use of video and assessments (Innocenti & Roggman, 2018). Video feedback is gaining more attention to provide home visitors with feedback and to demonstrate effective practices (Schultz et al., 2018). The use of video to promote home visitors' professional growth is accepted (National Home Visiting Resource Center, 2019). A potentially helpful way to promote this conceptualization is through an intervention model that includes video analysis and discussion of observational measures of home visiting quality. The existing professional development literature uses a framework of noticing (Radloff & Guzey, 2017; van Es & Sherin, 2008) in combination with video methodology (Radloff & Guzey, 2017; Tripp & Rich, 2012).

There is a wealth of research regarding the efficacy of home visiting and future parent and child outcomes (Bryans et al., 2009; Chartier et al., 2017; Duggan, McFarlane, Fuddy, Burrell … Sia, 2004; Galanter et al., 2012; Hermanns et al., 2013; Korfmacher, Adam, Ogawa, & Egeland, 1997; Lin & Bates, 2010; Moss et al., 2011; Oxford et al.,2016; Pratt, Lipscomb, & Schmitt, 2015; Raikes et al., 2014; Williams et al., 2017); however, home visiting effectiveness is greatly dependent upon a competent and well-supported workforce. Understanding how to support home visitors through effective professional development, such as coaching, is crucial.

Research Aims

The goal of the current research was to answer the question, how does a video- and data-based intervention affect home visitors' conceptions of effective practice? Four aims guided the study: (1) to explore a video- and data-based intervention on home visitors' conceptions of effective practice by describing home visitor responses and comparing responses to interview questions from pre and post sessions. In conjunction with this exploration, then (2) to determine if and how the video- and the data-based sessions changed or did not change participants' conceptions. By determining if changes occurred, subsequently (3) to understand their experiences with the intervention. Once this understanding was found, it was necessary (4) to examine themes across cases in order to gather a sense of what commonalities there were between home visitors. As the use of video and assessments has gained focus (e.g., Innocenti & Roggman, 2018), a persisting objective of the current study was to see if the use of these interventions had an impact on conceptions of effective practice. In doing so, understanding of these conceptions were gathered as well as the identification of shared foci across home visitors.

Mixed method data were collected, assessment scores and inter-rater reliability (quantitative) and interview transcripts (qualitative), and the researcher focused on investigating

home visitors' conceptions of effective practice. To accomplish this, the researcher explored home visitors' conceptions of effective practice through an intervention that focused on reviewing a video and data, including two observational measures of a home visit. A descriptive case study methodology was used (Yin, 2018) as it always an investigation of phenomena in an everyday context. According to Yin (2018), "… mixed-methods research can permit researchers to address more complicated research questions and collect a richer and stronger array of evidence than can be accomplished by any single method alone" (p. 63). The present analysis included 20 interviews in total between a researcher and five home visitors. Each home visitor was individually interviewed four times over the course of one month.

Theoretical Frameworks

Two frameworks guided the present study: (a) Transformative Learning Theory and (b) Framework of Noticing. Each theory contributed to an additional understanding of teaching strategies, what home visitors and families alike get from home visiting, and how learning changes based on formative experiences.

Transformative Learning Theory

Adult learning principles are important to guiding work with professionals (Cox, 2015). Transformative Learning Theory (TLT) was developed by Jack Mezirow (1991) and describes how adults separate their purpose, values, feelings, and meanings from those they got from others. Transformative learning is the way people break their habitual thought patterns and develop new ways of learning and thinking. In Mezirow's (1997) words, it is: "… the process of effecting change in a frame of reference" (p. 5). The frames of reference that change contain two scopes: habits of mind and points of view. By changing their frames of reference, adults can

create more autonomy, or the ability to think about one's assumptions and validate one's attitudes, in their lives for themselves.

The process of creating this autonomy is through individual self-reflection, which begins by critically investigating one's thoughts and assumptions that motivate our (and others') feelings, intents, principles, and ethics investigating, as well as collective discourse between teachers regarding their assumptions of authority. In doing so, our meaning of the word 'autonomy' is created. This personal definition goes beyond the thoughts, beliefs, and judgments of those in supervisory or authoritative positions. When professionals in early childhood (e.g., teachers, home visitors) begin the process of transforming their learning, they can regain creativity in the work they are doing. Nevertheless, to reclaim the creativity of their work, it is necessary to engage in transformative learning.

Transformative learning encourages professionals to use more self-directed thinking when working in collaboration with others. As they advance their autonomous thinking, professionals can hit upon resourceful ways to apply their expertise with confidence. Transformative learning involves thoughtful reflection of the power structures in which professionals work and things that may interfere with their creativity; also, transformative learning involves discourse with colleagues about power differentials (Mezirow, 1997). In doing so, professionals are better able to move towards developing their autonomous thinking. By developing their autonomous thinking, professionals are galvanized to strengthen their control of their thoughts and decisions. This control then strengthens their practice as professionals as continued autonomous thinking allows them to see themselves as an authority. This authority grants them the ability to make decisions in their practice as professionals and bring their voice to the community of educators in which they reside. Transformative Learning Theory has an

important link to home visiting and adult learning. This link revolves around the thought that by giving professionals the understanding they need to engage in their work autonomously, they have the power and knowledge within themselves to effectively provide their families/clients with the information, resources, and support they need. In building autonomy, professionals have the potential to strengthen their confidence in their abilities and encourage continual best practices.

Framework of Noticing

An important feature of promoting educators' professional growth is to engage in a cycle of reflection. van Es and Sherin (2006) noted:

> In this cycle, teachers first describe in detail selected noteworthy situations from their classrooms, then ascribe meaning to those events, and then decide a course of action to take … [this] slows down teachers' thinking so that they can attend to what is rather than what they wish were so. (p. 247)

van Es and Sherin (2006) argued that reflection is exceedingly important for professionals. Additionally, they noted that reflecting provides professionals with the opportunity to understand their experiences on a different level and use the knowledge gained for decision making that has yet to come. While these researchers worked with classroom teachers, there are applications of the framework of noticing to professionals in other fields, such as home visiting.

van Es and Sherin (2006) argue that perhaps the most important part of the cycle of reflection is the second phase, from which the "Learning to Notice Framework" (p. 245) is created: to notice is to interpret, and the reason for noticing is just as important as the event itself.

This framework allows professionals to analyze teaching instances to identify what happened and reflect on practice instead of analyzing a situation to criticize or change it.

The Learning to Notice Framework has three main features: "(a) identifying what is important in a teaching situation; (b) using what one knows about the context to reason about a situation; and (c) making connections between specific events and broader principles of teaching and learning" (van Es & Sherin, 2006, p. 245). There are three dimensions of this noticing that affect professionals: (a) inattentional blindness (i.e., not seeing everything in a situation); (b) teachers utilizing their expertise of the context of an interaction to recognize what events they evaluate (i.e., when individuals become more experienced in a specific area, they are better able to understand situations that occur. When different people experience an event, what an individual sees is prejudiced by their experiences); (c) being able to connect specific instances with the values they embody (i.e., those knowledgeable in an area think about the instances as they relate to the ideas and values that situation embodies) (van Es & Sherin, 2006).

van Es and Sherin (2006) point to research regarding when highly experienced teachers analyze a video of a class discussion, they "… will describe the segment in terms of principles, using phrases such as, "I see this as scaffolding students' learning" (p. 246). Further, when teachers watch videos of teaching and asked, "what is this a case of?" they respond to the question in a way that helps them analyze the situation and identify the occurrence. In repeating this exercise, teachers can stockpile different instances that demonstrate these complex ideas and use their knowledge in the future. In doing so, teachers can take specific instances and generalize them, which allows them to respond while teaching. An important aspect of the proposed study's aim is to provide home visitors with the knowledge they need about their home visiting practice, whether positive or negative, to bring into their subsequent visits with their clients. In allowing

home visitors the opportunity to review their practices and discuss them in detail, they are allowed the opportunity to apply what they learn to their practice and see progress in areas in which they are lacking.

Definitions

Early Head Start-Home-Based Option (EHS-HBO). According to the Head Start Early Childhood Learning and Knowledge Center (2019), the criteria for EHS-HBO includes: (a) setting—a variety of services are provided to a portion of a program's enrolled families and take place in the child's home; (b) caseload—home visitors must maintain a minimum of 10 and a maximum of 12 families; and (c) duration—home visits must occur once per week per family for at least an hour and a half, and at least 46 visits must occur per year. Additionally, programs must provide 22 group socialization activities within the program year.

Coaching. Coaching is a professional development tool, which can be used in home visiting field to improve home visitor effectiveness in meeting the complex needs of families, improve child development outcomes, and meet home visiting field priorities (Walsh et al., in review).

According to the Head Start Program Performance Standards (2016), programs must plan for coaching that assesses staff strengths, identifies areas that need support, and ascertain who would get the most of out of intensive coaching. Programs must provide those who would benefit most from intensive coaching. Those identified must be provided the opportunity to be observed and given feedback. Those who were not identified to need intensive coaching should be given other professional development opportunities that align with the needs and goals of their programs.

Evidence-based practice. Evidence-based practice is a data-driven practice that relies on extant research as a guide (Levant, 2005).

Evidence-based programs. According to the Evidence-Based Leadership Council (2019):

> Evidence-based programs are programs that have been rigorously tested in controlled settings, proven effective, and translated into practical models. They have: Been tested in trials using experimental or quasi-experimental designs; Full translation has occurred in a community site; and Dissemination products have been developed and are available to the public.

Intervention. This study used a short-term intervention. It occurred between the pre- and pos-interviews, was video- and data-based, and included observing, analyzing, and reflecting on the intervention (Radloff & Guzey, 2017).

Parents as Teachers (PAT). PAT is an evidence-based home visiting model that used the Foundation Curriculum. There are four main parts to this model: Personal Visits, Group Connections, Resource Network, and Child Screening. These parts create four goals: To increase parent knowledge of early childhood development and improve parent practices; to provide early detection of developmental delays and health issues; to prevent child abuse and neglect and to increase children's school readiness and success. This model serves families prenatally through the entrance into kindergarten. Programs utilizing the PAT model follow minimum requirements for the delivery of these services. It is an everchanging curriculum with standards consistently added to maintain quality and best practices (Parents as Teachers National Center, 2019).

Professional development. According to Head Start Program Performance Standards (2016), professional development includes but is not limited to training in child abuse and neglect,

family engagement best practices, fostering of knowledge to improve outcomes for the children and family, and effective implementation of research-based curricula that meet Head Start performance standards. These activities should be "… high-quality, sustained, [and] intensive" (Improving Head Start for School Readiness Act of 2007, § 1433).

Reflective Practice. Reflection is stepping back to sort through about how one is working with families. According to Forstadt (2012), "Understanding how one's personal history, expectations of families, and judgments they may bring into the home visit" (p. 100). Home visitors need to reflect with supervisors or coaches to process and to plan their work (U.S. Department of Health & Human Services, Administration for Children and Families, Head Start Early Childhood Learning and Knowledge Center, n.d.)

Reflective Thinking. According to Branch and Parajape (2002), reflective thinking involves "consideration of the larger context, the meaning, and the implications of an experience or action" (p. 1185).

Technology. Technology includes but is not limited to email, video, and audio recording.

Video. Video includes the recording of home visits by the early childhood home visitor.

Observational Measures. Observational measures for this study include two psychometrically sound rating scales to measure the effectiveness of the home visitor's practice and parent-child interactions.

CHAPTER TWO: Literature Review

Measuring a home visitor's effectiveness is complex. Video interventions have been shown to be highly useful for strengthening best practices for home visitors, while at the same time allowing parents further insight into the benefits of being enrolled in home visiting programs (Groeneveld, Vermeer, van Ijzendoorn, & Linting, 2011). Providing feedback to home visitors in the form of discussing a video of a home visit has been shown to promote effective practice (Schultz et al., 2018). As such, home visitors are tasked with engaging in reflective practice to contemplate their practices and what changes need to occur for ongoing effectiveness to be seen in their home visiting practice (Forstadt, 2012).

Relatedly, by programs devoting resources to efforts, such as coaching programs for home visitors, and utilizing home visiting measures, programs are better able to ensure they are providing effective services and achieve positive outcomes (Pew Charitable Trusts, 2015). Following is a review of research related to the professional development of home visitors and the use of video, technology, reflective practice, and video coding measures. Subsequently is a review of research regarding themes seen in outcomes of home visiting and the effectiveness of home visits. While investigating empirical studies and resources related to the present topic, it was notable that there is not a wealth of knowledge regarding home visitors' conceptions of their practice. Due to this, the following review aims to note and discuss what peripheral research exists related to home visitors' practice. Conceptual constructs of the effectiveness of home visiting are measured through observations of home visitor behaviors as well as parent engagement and child engagement, the main point being how home visitor behaviors affect parent behaviors, which subsequently affect child behaviors.

Professional Development of Home Visitors

Home visitors engage in professional development when they are supported by a professional to relate new information to the practices and how to directly apply what they learn to their work (Dunst & Trivette, 2009; Oborn & Johnson, 2015). Professional development is imperative to evidence-based home visiting (Maxwell & Supplee, 2018; Walsh et al., in review). A topic related to the research aim about what home visitors conceive to be effective practice is the coaching home visitors provide to parents or primary caregivers. Krick Oborn and Johnson (2015) address coaching in their study, wherein they blended performance feedback (i.e., home visitors are provided following a professional development activity) into the strategies taught during coaching. This was achieved by providing performance feedback to home visitors after viewing video-recorded home visits. The researchers noticed a lack of performance feedback's use in the coaching of home visitors. Further, they found in past literature that home visitors utilized the teaching strategies they learned when being coached with the presence of performance feedback; however, the researchers noted there is an unknown aspect. That is, research is missing regarding which coaching strategies work for individual home visitors. Therefore, Oborn and Johnson (2015) remarked on the potentially difficult logistics of providing performance feedback to individual home visitors. They found that the use of technology (i.e., video and email) to increase home visitors' use of coaching strategies would likely be the most effective route to follow. Their research questions were:

(a) what effect do workshops and subsequent coaching via electronic performance feedback have on the percentage of time home visitors' spend using caregiver coaching strategies during home visits, and what effect do workshops and subsequent coaching via

electronic performance feedback have on the number and type of family routines that are addressed during home visits as possible opportunities for embedded learning? (p. 158-159).

The results showed minimal changes for home visitors' use of strategies taught to them (Oborn and Johnson, 2015). Further, when the results were shared with home visitors, there was minimal response to the feedback. A month after the results were shared, researchers probed further to see if home visitors were utilizing strategies they were taught, and there was still minimal use. Lastly, the researchers noted that between 25% to 55% of the home visit involved doing things that did not involve the child, and there was no interaction during this time between parent-child nor child-home visitor. The researchers remarked that their findings add to the growing literature that shows performance feedback provided via technology, including video and email, has the possibility of producing positive change in the practice of home visiting.

A topic of importance and growing interest in home visiting research is reflective practice with the home visitor, which "… includes understanding his or her own personal history, expectations of families, and judgments they may bring into the home visit" (Forstadt, 2012, p. 100). Forstadt noted there is a lack of the use of supervisory reflective practice (home visitors reflecting on their practice with their supervisor) in home visiting programs. She pointed out that most of the research surrounding home visiting includes but is not limited to parent involvement, home visit efficacy, dangers related to child abuse and neglect, health outcomes, and relationship building (e.g., parent-child, parent-home visitor, and child-home visitor). By bringing reflective practice into home visiting programs, home visitors can think about other topics related to their home visiting practice they may not have thought about prior.

Forstadt (2012) noted that programs supporting the relationship between the home visitor and their supervisor promote the home visitor's relationship with the families they visit. Additionally, Forstadt commented that the use of reflective practice in other professions (e.g., nursing) showed increased employee efficacy. By fostering a positive relationship between the professional and their supervisor, Forstadt noted previous research that showed increases in job satisfaction, collegiality, and employees' ability to share their thoughts and opinions because there was no fear of retribution. Forstadt noted that ongoing reflective practice is key to it working and that reflective practice skills (e.g., paying attention to what you value and how these values affect your actions) should be implemented over time as opposed to all at once.

Forstadt's (2012) reasoning for her research was to see how the home visiting program fared when a new system of supervision was implemented. She recruited participants from 15 home visiting programs within the state of Maine and had a total of 88 participants. Forstadt (2012) designed, implemented, and analyzed a pre- and post-survey with closed and open-ended questions. These surveys investigated such topics as job satisfaction, confidence in their work, their perceived relationship with their supervisor before training and after six months of reflective practice, and open-ended questions wherein home visitors could reflect on their practice in their own words. The researcher utilized different surveys to measure the variables of interest. For the job satisfaction measure, Forstadt (2012) used "… the Jobs in General scale, a validated eight-item measure of overall job satisfaction … and the Work on Present Job subscale of the Abridged Job Descriptive Index … a five-item measure" (p. 103). For the confidence measure, Forstadt (2012) used a 23-item measure she designed to measure confidence regarding facets of home visiting. For the supervisory relationship measure, Forstadt (2012) used "… a five-point Likert-type scale ranging from strongly agree to strongly disagree" (p. 104). Forstadt

(2012) analyzed the open-ended questions by sorting, coding, and examining the answers with "… the constant comparative method" (p. 104). Forstadt (2012) noted the importance of including these questions as they allowed the home visitor to provide answers unrelated to the approach used and for unanticipated answers. She received 59 pre-survey responses and 63 post-survey responses. The returned pre- and post-surveys showed high job satisfaction. Home visitors were trained in effective practice and surveyed before and after engaging in the practice for six months. In adding reflective practice, home visitors were shown to have increased confidence levels and were better able to evaluate their home visiting practices critically. Further, there were increases in their listening and communication skills. Forstadt (2012) concluded that by giving home visitors more "tools in the toolkit" (p. 109) (e.g., teaching reflective practice, encouraging fostering the relationship with their supervisor), they feel more confident in their home visiting practice.

Coaching Home Visitors

In the home visiting field, home visitors coach parents (Peterson et al., 2018; Petkus, 2015; Institute for the Advancement of Family Support Professionals, 2018), and coaches collaborate with home visitors with home visitor-as-coachee (Walsh et al., in review a, b). There has been scant attention on the home-visitor-as-coachee. Walsh et al. (in review a, b) examined a few existing studies with the home-visitor-as-coachee and found that video and assessments are imperative for coaching interventions. The proposed study includes video observations and assessments to explore how video observations and assessments may be used to coach home visitors.

Coaching is established and known as effective in the early childhood and early intervention fields (e.g., Artman-Meeker, Fettig, Barton, Penney, & Zeng, 2015; Powell &

Diamond, 2013). Walsh et al. (in review) explored coaching in these other fields and found common elements, such as the characteristics of coaches, characteristics of the professional as a coachee, logistics of coaching, processes and content, theoretical framework, fidelity, and outcomes. It is plausible that coaching can promote outcomes that are important to the home visiting model (e.g., EHS-HBO). Outcomes that are important to EHS-HBO include: (a) child development and school readiness, (b) child health, (c) family economic self-sufficiency, (d) linkages and referrals, (e) maternal health, (f) positive parenting practices, and (g) reductions in child maltreatment (HHS and U.S. Administration for Children and Families, 2019).

Positive Parenting or Parent-Child Interactions

Positive parenting or parent-child interactions are the foundation for all other home visiting components, and professionals are in a key position to promote strong, healthy child-parent relationships (Institute for the Advancement of Family Support Professionals, 2018). As seen in Parenting Interactions with children: Checklist of Observations Linked to Outcomes (PICCOLO) (Roggman et al., 2013b), the conceptual constructs of positive parenting are encapsulated in four domains: (a) affection (being warm toward the child, being physically close, and using positive expressions); (b) responsiveness (responding to the child's words, interests, feelings, signals, and actions); (c) encouragement (enthusiastically supporting the child's play, exploration, effort, interest, creativity, and inventiveness); and (d) teaching (sharing play, engaging in conversation, encouragement of difficult tasks, answering questions and explaining the answer) (Roggman, Cook, Innocenti, Jump Norman, & Christiansen, 2013a).

If parents feel strongly about their abilities to parent their child, the benefits are noticeable, as displayed in Korfmacher et al.'s (2008) study: parents who feel they are parenting well, foster relationships with the home visitor. When parents feel they are being told what they

are doing is wrong, the opposite occurs. When parents feel confident in their abilities, which is fostered by the parent-home visitor relationship, the parent-child relationship blossoms, this then culminates in creating an environment where not only parents can set goals with their home visitors, but these goals can be met because parents feel like they have the skills and abilities to help their child without getting discouraged.

According to Korfmacher et al. (2008), if a parent feels capable in their ability to be involved in their child's life, this translates to in-home involvement. They also noted that home visiting had had much research surrounding it, showing the majority of home visiting programs having the same goals (e.g., improving maternal and child health, promoting child developing and school readiness, encouraging positive parenting, and preventing child abuse and neglect).

While Korfmacher et al. (2008) pointed to the need to foster the parent-child relationship both inside and outside of the home, Whittaker and Cowley (2012) took on the maximizing of home visiting, the key being personalization. Whitaker and Cowley (2012) asserted that the facets of quantity and quality work hand in hand to have parents feel like they are making a difference and forming a bond. While the bond between parent and child is important, they point to the triad between the parent, child, and home visitor being the most important aspect for home visits to be successful. When the triad is present, the home visitor supports the parent and helps foster their self-efficacy to parent their child positively.

Moss et al. (2011) looked at short-term attachment-based programs that encouraged "maternal sensitivity and child attachment security and reducing child attachment disorganization and behavior problems among maltreated children" (p. 196). As a primary source for the study of improving sensitivity in parents reported for child abuse and neglect and fostering attachment children, their findings of being able to improve both parental sensitivity

and child attachment while reducing disorganization in the children involved in their research corroborates other researchers' conclusions regarding the importance of this research.

Moss et al. (2011) and Oxford et al. (2016) both showed that home visiting could change the trajectory of children in welfare programs by teaching the parents to understand their children's social-emotional needs. The researchers noted that a good quality parent-child relationship was an indicator of positive future outcomes. Further, they found a benefit of having home visitors who are professionally supported and have an understanding of attachment theory. Understanding how to convey what they were seeing on a video recording of a home visit to the mother was helpful, and increasing sensitivity in caregivers, especially mothers, promoted positive development in children.

Wheeler, Ludtke, Helmer, Barna, Wilson, and Oleksiak (2013) realized they needed to find a standardized tool to use in their community, and choose one in particular: "The PICCOLO was chosen as one of these tools because it (a) is an observational tool, (b) focuses on the parent-infant relationship, (c) is strength-based, (d) is standardized, and (e) has been demonstrated to be effective in measuring parenting interactions linked to positive outcomes for children" (p. 352). They go on to state that by using PICCOLO, the home visitor/interventionist/therapist would be able to point to specific and concrete observations to foster positive parenting by focusing on their strengths while showing the parents how their relationship with their child affects their development. Because home visiting happens over time, they note that the consistent use of the PICCOLO helped them to maintain focus on the family strengths and allowed for reflection by the home visitor while being a tangible source that documents the progress a family makes over time.

Roggman, Cook, Innocenti, Jump Norman, and Christiansen (2013) wanted to use the psychometrically sound measure to examine diverse, low-income families that were not studied as much. PICCOLO was used to look at over 2,000 low-income families from European American, African American, and Latino American ethnicities. The children in the videos ranged from 10 to 47 months. Roggman et al. (2013a) found that the parents in their study scored highly on developmental support of their children, which correlated with school readiness. In their discussion, the researchers pointed to the fact that the PICCOLO measure tends only to recognize the positive side of behaviors while ignoring the negative, but this also correlates with high parental support, which is then passed on to the child. This study focused on a diverse group of families, including Spanish speakers. This study shows that the PICCOLO is applicable across ethnicities within the U.S.

Bayoğlu, Unal, Elibol, Karabulut, and Innocenti (2013) were able to show the vast applicability of the PICCOLO measure. Their goal was to see if the psychometrically sound measure of the PICCOLO could apply to a wide spectrum of development in children, including those who are not neurotypical, and if it could be used in home-based as well as center-based care. Lastly, they translated the measure into Turkish to see if the PICCOLO would transmute to not only a different language and culture but to a different country entirely. They recruited participants from "… well-child clinics, kindergardens [sic], and public health centers" (p. 332) and used 130 ten-minute videos of mother-child interactions.

The researchers found that the PICCOLO translated well and had reliability and validity in a different country, culture, and language. The difference in culture is displayed in the affection measure wherein the Turkish mothers showed high affection at ages 1 and 2 while showing high teaching scores at 2 and 3. The researchers conclude with their hope of showing

that early childhood education is important for overall development that Turkish families would give it the attention it deserved. This study displayed that PICCOLO was a measure that worked in diverse populations and can help highlight values in cultures that are not studied as often as North American societies. A trend with the discussed research was that the majority of the interactions coded were mother-child ones; the following research aimed to look at father-child interactions.

Anderson, Roggman, Innocenti, and Cook (2013) used PICCOLO on fathers instead of the usual mother to identify items that could be added to create the PICCOLO-D (for dad). An important addition was the measure of playfulness. Fathers' interaction with their child is beneficial to development and could be "... possibly unique, as suggested by researchers considering aspects of father-child attachment … fathers may have opportunities to support early security by being sensitive and responsive in the context of play" (p. 340). The researchers followed a model that depicts relationships between the dad and child as transactional within the familial system. That is, the father and the child gained satisfaction from their interactions.

A limitation of Anderson et al.'s (2013) study was that research of parenting behaviors of fathers is lacking, and what research exists lacks consistency, which makes generalizing hard; furthermore, the same populations have been studied (European American, married, middle-socioeconomic-status families). Anderson et al. (2013) set out to contribute to existing research by closely examining fathering in early childhood and how dads foster development in their children in a different way than mothers. They aim to create a database of behaviors that could be used for future research.

Anderson et al. (2013) collected video recordings of mother-child interactions at three time periods - 14, 24, and 36 months, and video recordings of father-child interactions during

two time periods - 24 and 36 months. The families included were part of Early Head Start from

diverse backgrounds, including African American, European American, and Latino American

fathers who were biological or nonbiological, resident or nonresident, and low-stability fathers.

The videos were rated using the original PICCOLO, and based on the researchers' observations,

22 playfulness items were added. The researchers found that PICCOLO-D was a solid measure

of interaction between father and child and could be used to help fathers foster development in

their children. They found that fathers displayed different qualities than mothers on some

behavior measures, such as the lack of child-directed speech among fathers. The largest

takeaway from the present study was that if home visiting programs seek to improve upon

positive parenting with the families they work with every caregiver, including fathers, need to be

a part of every aspect of child development.

Lippard, Riley, and Hughes-Belding (2016) investigated PICCOLO in childcare

classrooms. Because PICCOLO is well-established and shown to be a worthwhile measure, using

it in a classroom makes sense because of all the opportunities teachers have to teach, whereas

parents tend to be more focused on affection (Lippard, Riley, & Hughes-Belding, 2016). The

researchers aimed to look at teacher-child relationships because of how important they are. They

used PICCOLO to look at children's experiences in the classrooms and well as potential

correlations of interactions and behavior in the classroom. Their specific questions were as

follows: "Is the PICCOLO a reliable measure for capturing the variability of toddlers'

interactions with teachers? Are there indications that the PICCOLO is a valid measure for

capturing the variability of toddlers' individual interactions with teachers?" (p. 552).

Lippard et al. (2016) observed ten toddler classrooms from six licensed centers. In total,

40 children were ranging in age from 18 to 36 months. The researchers use subscales to account

for things like using names in the classroom as the use of pet names is not typical. They found that teachers have distinctive interactions with different toddlers; there was a 64% variance in affection, 47% in responsiveness, 46% in encouragement, and 47% in teaching. The researchers conclude by stating that PICCOLO worked well for use in a classroom setting, can be used to assess teachers' interactions with individual children meaningfully, and the scores gathered correlated (i.e., teacher-reported behaviors were the same as observations).

The studies reviewed in this section examined the use of these measures in different populations than the population utilized for the present study. These conceptual measures can be used in a variety of situations. While there is no through-line for when and where they can be used, the effectiveness of and what outcomes are seen in home visiting can be measured using these measures. Previous research shows the varied uses and benefits of them.

Home Visiting Quality and Outcomes

Early childhood home visiting, in general, has become integral to strengthen family and child outcomes (Lawson et al., 2012; Moss et al., 2011; Raikes et al., 2014; Roggman et al., 2013a; Williams et al., 2017). Early Head Start-Home Based Option is a popular home visiting model, but research tends to find only small to moderate effects of the program on family and child outcomes (Walsh & Mortensen, 2019). Constructs defined in Home Visit Rating Sales— Adapted and Extended to Excellence (HOVRS-A+) (Roggman, Cook, Innocenti, Jump Norman … Hallgren, 2012) display what qualities should be seen in home visits from the home visitors, the parent(s), and the child. The seven domains measured by HOVRS-A+ lead to positive outcomes of existing and continuing: (a) responsiveness to family (plan the home visit with input from the parent, and identify family strengths to support child development); (b) relationship to family (the home visitor interacts with all members of the family warmly and with respect); (c)

facilitation of parent-child interaction (facilitates supportive parent-child interactions in a developmentally supportive manner); (d) non-intrusiveness and collaboration (support the parent in being the child's primary teacher while not interrupting); (e) parent-child interaction (the parent and child interact positively in developmentally supportive manners); (f) parent engagement (the parent participates in the home visit and interacts with the activities of the home visit); and (g) child engagement (the child is interested and participates in the home visit) (Roggman, et al., 2012).

Raikes et al. (2014) found that the impact their study had on parenting behaviors (e.g., support of play, reception to emotions) predicted positive future outcomes for children socially and cognitively when positive changes in parenting behavior were seen. Hermanns et al.'s (2013) focus was on short- and long-term changes in parent responsiveness and diminishing externalizing and internalizing behavior of children. They concluded by noting that home visitors need to focus on the needs of their family, not on conducting a "successful" home visit. (i.e., flexibility with the curriculum). These findings corroborate research from Lawson et al. (2012), wherein they display that the one-size-fits-all mentality does not translate to conclusive results that can be applied to other programs. Their findings indicated that by focusing on the needs of each family, positive results were more likely to be found.

Positive results in evidence-based home visiting programs have corroborated the importance of in-home interventions for children. Moss et al. (2011) displayed the importance of these interventions by their creation of positive parent-child attachment. Hermanns et al. (2013) displayed the importance of these interventions by showing positive changes in parenting and the improvement of negative behaviors in the child. While home visiting can be a transformative experience for both parent and child alike, the results range and show that different factors show

different effects, even if nominal, as seen in Raikes et al. (2014), home visiting has positive effects. The positive outcomes of home visiting come from a variety of factors, a major one being home visitor facilitation of parent-child interactions (see Peterson et al., 2018). For these interactions to occur, the home visitor needs to coach parents (Peterson et al., 2018; Institute for the Advancement of Family Support Professionals, 2018). The next part of this literature review will focus on conceptual measures of effectiveness and home visit observation measures.

Roggman, Innocenti, Jump Norman, Boyce, Christiansen, and Peterson (2016) wanted to look at processes of home visits closely as opposed to the broad viewpoint in which they noted home visits are usually examined. By utilizing the Home Visiting Rating Scales (HOVRS) measure to do this, they were able to look at variations in home visits and find ways to improve them. Their specific objectives were as follows: "(a) to examine the psychometric properties of observation-based, home visit quality ratings; (b) to explore home-visiting practices and family engagement in relation to other aspects of home visits; and (c) to explore home-visiting practices and family engagement in relation to parenting and child outcomes" (p. 197). They examined videos of home visits for 71 families enrolled in an Early Head Start program. Each video was a maximum of 90 minutes in length.

Firstly, the researchers noted that the high scores given were indicative of the ability to use video recordings as opposed to live observation. They found that strong parent and child outcomes were aligned with high scores on the measure, which they note is a great sign that points to the benefit of encouraging positive parenting. An indirect conclusion of the present study displayed that high scores on HOVRS predicted high vocabulary in the child. The scores in HOVRS also predicted supportive parenting, and parent engagement was high when time was spent focused on child development. These conclusions add to the validity of the notion that

home visiting over time creates support for parent and child alike, which creates positive outcomes by the end of their time with a home visiting program, and these positive outcomes continue after home visiting ends. The researchers concluded by pointing to the need for high-quality practices in home visiting to encourage positive interactions; furthermore, using measures that indicate what needs to be observed is useful for professional development for the home visitor and has the added benefit of helping improve home visiting programs. HOVRS follows the strengths-based approach, but by using it to identify areas for improvement, a foundation can be built for future positive interactions and development of the same in the triad.

In 2019, Roggman, Cook, Innocenti, Jump Norman … and Peterson utilized HOVRS-3 (2019) in their study: "The Home Visit Rating Scales: Revised, Restructured, and Revalidated." Roggman et al. (2019) made changes to the scales of the measure to simplify and distinguish what the Home Visit Rating Scales measure. Changes were made, such as rewording scales, adding definitions, and creating consistency. Additionally, the structure was changed from a list to a grid, and there was a reordering of the scales. Roggman et al. (2019) utilized existing data to test HOVRS-3 and used the same measurement development sample as they did for HOVRS-1 by training undergraduate and graduate student research assistants. In the practice phase, these student researchers reached and maintained an 85% interrater agreement. When disagreements were found, they found consensus on their codes before watching any more home visit videos. Reliability for the scores was scrutinized for observers and scales with inter-rater intraclass correlation coefficients (ICCs). ICCs showed cohesion in the items within each scale and was above .75 reliability; for observers, they were above .70, meaning that HOVRS-3 scores are only needed from a single observer to show reliability. Roggman et al. (2019) noted that in comparing the HOVRS (2008) and HOVRS-3 (2019), there were more similarities in the averages of the

scales, and the scores for the HOVRS-3 were higher than HOVRS. They also noted that when

scores were higher for the home visit with HOVRS-3, the outcomes (e.g., child development,

family engagement) by the end of the home visiting for parents and children were higher as well.

The changes made to HOVRS-3 reflected adaptation and engagement practices of home visitors.

Adaptation and engagement practices are especially evident in changes to the relationship and

responsiveness scales. Overall, the revisions made more aligned HOVRS-3 with extant research

that displays the importance of the home visitors' relationship with their clients. Additionally, it

will be a more useful tool for home visiting programs and can be used to encourage continual

improvement for home visitor practices as well as professional development activities such as

supervised reflection, coaching, or mentoring.

Overall Impacts and Continued Study

As mentioned, there seems to be disparate results coming from research on home visiting,

which perhaps suggests that professional development of home visitors is needed now more than

ever. Raikes et al. (2014) pointed to a gap in research and questioned how the impact of early

home visiting affects later outcomes in parenting, especially as most of the research tends to be

focused on children ranging from age six months to three years of age. Home visiting research

has examined the efficacy or lack thereof, and the modest impact home visiting seems to have.

The parenting impacts on early child outcomes predicted future impacts, although, once again,

the results were modest (Raikes et al., 2014).

Hermanns et al.'s (2013) research examined *both* short- and long-term changes in

families. Their focus was on the reduction of stress levels within families, the enhancement of

parental self-esteem, and the improvement of parents' social relations. Hermanns et al. (2013)

applied the intervention theory which states that by offering social support, (a) The wellbeing of

the mother improves, (b) Feelings of parental competence increase, (c) Actual parenting behavior becomes more adaptive, and eventually (d) Child behavior improves. From their research, they were able to display significant increases in maternal well-being, life satisfaction, and feelings of competence. Also, they saw a significant decrease in depressive mood and an increase in parental responsiveness to their children. Hermanns et al. (2013) stated that regarding their long-term changes, they were still noticeable 3.5 years post-study. The researchers concluded with the assertion that having a focused visit that did not allow for much wiggle room on what activity occurred is not a necessity for a "successful" home visit, and that by focusing on what the family needs and not on the structure home visitors had a deeper impact. These findings corroborate research such as Lawson et al. (2012), wherein they display that a one-size-fits-all mentality does not translate to positive results.

Hermanns et al. (2013) may have been able to show substantial gains in the years after their study. However, they concluded that although it was worthwhile for the families, when it comes to researching home visiting, lack of structure makes it hard to figure what it is about visits that make them effective. Something that was shown that had little to do with the structure of the home visit that improved outcomes was helping the mother improve her overall well-being. These results point out the benefit of focusing on the child *and* the parent to foster a positive parent-child relationship as well as a parent-home visitor relationship.

The research into home visiting is so wide and varied without a lot of clear-cut answers for how programs can improve: from Moss et al. (2011) showing that short-term programs tended to provide adequate positive outcomes, to Hermanns et al. (2013) showing that both long- and short-term programs were viable and showed the need for structure, to Bryans et al. (2009)

pointing to the fact that although home visiting is preventive, there was a mighty need for reflection on the refinement of the current approach and practice of home visiting.

The overall concluding question for the research mentioned above is: what can be done to strengthen home visiting outcomes? Home visiting is meant to be preventive; however, it seems a majority of the programs engage with families in home visiting after they are involved with another agency due to reports of child abuse and maltreatment, which is tertiary prevention. This body of research concludes by showing increases in parental support increases the parents' self-efficacy (Whittaker & Cowley, 2012). Increases are also seen in involvement in their child's schooling (Korfmacher et al., 2008); in the lessening of child abuse (Lawson et al., 2012); in fostering secure attachment (Korfmacher et al., 1997); in increasing program retention (Galanter et al., 2012); and improvements in the overall public health of communities (Bryans, 2009). Other factors can potentially contribute to improvements, such as the utilization of effective home visiting coding measures and professional development of home visitors. The following section discusses these topics.

Professionals' Conceptions of Effective Practice

Another related topic to the practice of home visiting is teacher/professional noticing: identifying situations that occur in a classroom, making connections between the situation and philosophies of teaching, and using one's knowledge about the context of the situation to discover the purpose of the interaction (van Es & Sherin, 2002). Although there are many differences between home visiting and early childhood classrooms (Roggman et al., 2016), there may be some similarities between home visitors and teachers. Home visitors can be considered similar to teachers in the sense that home visitors need to interpret the interactions they have in their home visiting practice. Radloff and Guzey (2017) utilized a framework of teacher noticing,

adapted from van Es and Sherin (2008) wherein "… teachers learn to notice and interpret classroom interactions" (p. 572). This framework was displayed in combination with observing, analyzing, and reflecting on videos of their teaching.

Radloff and Guzey (2017) noted that their research echoed previous research regarding the usefulness of video intervention to support teachers in thinking about their teaching practices and evaluating themselves. They remarked that while their findings may not be generalizable, they noted the importance of the research nonetheless, as it showed that conceptions of effective teaching practices (e.g., being creative in the classroom) differed before and after seeing videos of teachers engaging in effective practice. This topic is related to home visiting in that if home visitors learn and implement teacher noticing in their home visiting practice, improvements could be seen. The proposed study adapts the framework Radloff and Guzey (2017) to explore home visitors' conceptions of effective practice and give them tools for their toolkit to improve their home visiting practice.

An additional topic of importance is the personal characteristics of home visitors. Schaefer (2016) explored this in their research study. Schaefer (2016) noted that the study was designed specifically to fill a gap in the literature and expand what we know about effective home visitors. Schaefer (2016) utilized a purposive sampling technique, which included choosing their participants by asking the home visitors' supervisors questions about the home visitors in their program. The participants (n=11) chosen were considered to be the best by their site supervisors. Data collection took place over six months and included open-ended interviews, situational vignettes, and a quantitative empathy scale. Data were analyzed with qualitative research software and coded with axial coding to create connections between the categories and subcategories that arose. The data were then interpreted for meaning.

Schaefer (2016) remarked that there was a consensus between supervisors regarding what made the home visitor participants stand out to them:

Virtually every supervisor immediately mentioned their recommended best home visitor was organized, which contributed to the home visitor's success … Significant organizational skills are required to stay on top of the abundance of forms, data entry, and planning necessary for home visiting (p. 87-88).

Schaefer (2016) noted that some supervisors preferred home visitors who worked well with clients over those who are "… only good at paperwork" (p. 88). Schaefer (2016) found that home visitors specified three main themes that made them excellent at their job: "… their nonjudgmental attitude, approach to families, and ability to form relationships with clients" (p. 88). Home visitors did not find consensus on how they would respond to the vignette scenarios, and, based on the empathy scale, high empathy was not found among home visitors.

Schaefer (2016) reconstructed the data to find five characteristics, in order of prominence, that described the participants: "1) Effective at forming and maintaining empathic, therapeutic relationships, 2) Self-awareness, 3) Lifelong learner, 4) Belief in change, and 5) An ecological approach to working with clients" (p. 88). Schaefer (2016) noted that these findings are key because the forming of relationships involves factors such as empathy, respect, and agreeance – all of which effective home visitors, such as these participants, possess. Further, home visitors' self-awareness is necessary to engage in professional development activities, such as reflective practice. This self-awareness creates a reciprocal connection with the formation, as mentioned earlier, of relationships as reflective practice strengthens the previously mentioned factors. Lifelong learning is an important characteristic, as well, because it allows home visitors to continually reflect on their practice, work to improve their practice, and become experts in the

field. This willingness to continually learn, in turn, encourages home visitors to maintain a positive attitude about their work to uphold continuous improvement.

By believing their clients can change, home visitors can focus on their client's strengths and encourage change, as well as focus on their strengths and pinpoint the best way to help their clients change. Lastly, a home visitor's knowledge of the ecological approach is important because it helps home visitors to understand their clients' circumstances and not blame them. By understanding ecological systems, home visitors can empower their clients to achieve such goals as escaping the cycle of poverty. That being said, this empowerment is but one contributing factor to breaking out of the societal and structural inequities in place to limit escaping the cycle.

A method for home visitors to achieve competencies explained above is by following the Institute for the Advancement of Family Professionals National Family Support Competency Framework for Family Support Professionals (2018). The Institute developed a framework of competencies for professionals such as home visitors to achieve. They separated the framework into ten domains: (a) Infant and Early Childhood Development; (b) Child Health, Safety, and Nutrition; (c) Parent-Child Interactions; (d) Dynamics of Family Relationships; (e) Family Health, Safety, and Nutrition; (f) Community Resources and Support; (g) Relationship-Based Family Partnerships; (h) Cultural and Linguistic Responsiveness; (i) Effective Home Visits; (j) Professional Practice. The highest level of the competencies for each domain requires home visitors to coach families; for example, coaching parents to differentiate their child's cries. As home visitors need to coach parents for them to be effective and engage in things like positive parenting, it makes sense that home visitors would benefit from being coached so they can promote effective strategies in their home visiting practice. In doing so, home visitors have the skills necessary to handle any situation that occurs and thus feel more confident in their abilities.

Summary

Based on the review of the literature, professional development for home visitors is important to promote model fidelity and positive family and child outcomes (Bryans et al., 2009; Chartier et al., 2017; Duggan et al., 2004; Galanter et al., 2012; Hermanns et al., 2013; Korfmacher et al., 1997; Lin & Bates, 2010; Moss et al., 2011; Oxford et al.,2016; Pratt et al., 2015; Raikes et al., 2014; Williams et al., 2017). Home visiting model outcomes include positive parenting practices (e.g., lessening child neglect, ignoring frustrating but not unsafe behaviors, increasing praise, decreasing negative expressions toward the child, displays of enthusiasm, effort, and engagement with programs) (Bryans et al., 2009; Chartier et al., 2017; Galanter et al., 2012; Hermanns et al., 2013; HHS, 2019; Korfmacher et al., 1997; Korfmacher et al., 2008; Lawson et al., 2012; Lin & Bates, 2010; Moss et al., 2011; Oxford et al., 2016; Raikes et al., 2014; Whittaker & Cowley, 2012; Williams et al., 2017).

A way to promote model outcomes such as positive parenting practices is to engage home visitors in professional development opportunities (ACF, 2016; Artman-Meeker et al., 2015; Forstadt, 2012; Krick Oborn & Johnson, 2015; Romano & Woods, 2018; Peterson et al., 2018; Petkus, 2015; Pew Charitable Trusts, 2015; Powell & Diamond, 2013; Walsh et al., in review). Professional development strategies based on observations of the home visit and providing home visitors with information from assessments have potential to promote home visitors effective practice. The quality of the home visit is measured with constructs as seen in HOVRS-A+ such as (a) responsiveness to family (plan the home visit with input from the parent, and identify family strengths to support child development); (b) relationship to family (the home visitor interacts with all members of the family warmly and with respect); (c) facilitation of parent-child interaction (facilitates supportive parent-child interactions in a developmentally supportive

manner) (Roggman et al., 2012). Positive parenting behaviors during a home visit that that are attributed to good home visit quality are seen in PICCOLO (Roggman et al., 2013b). These include: (a) Affection; (b) Responsiveness; (c) Encouragement; (d) Teaching.

The present mixed method study was concerned with exploring a method that may be useful to incorporate into coaching home visitors. Professionals' conceptions of effective practice (Radloff & Guzey, 2017; Roggman et al., 2016; van Es & Sherin, 2002) are important to explore. Additionally, video observations and assessments are also utilized to investigate these conceptions (Groeneveld et al., 2011; Innocenti & Roggman, 2018; Schultz et al., 2018; van Es and Sherin 2006; Walsh et al., in review). Psychometrically sound measures such as PICCOLO (Roggman et al., 2013b) and HOVRS-A+ (Roggman et al., 2012) provide additional insight. The combination of videos and assessments may promote home visitor discussions, goals, and reflections of effective practice (Walsh et al., in review).

The present study mostly followed the methodological framework used in Radloff and Guzey's (2017) study, which included: pretest, intervention, and post-test. Framework of noticing (van Es & Sherin, 2008) guided the proposed study to promote engagement in reflection practices by home visitors. There is a dearth of research on the video recording of home visit observations and assessing them with psychometrically sound measures to determine how home visitors conceive their practice with families. Video is useful to promote home visitors' professional growth (Schultz et al., 2018) and video feedback is gaining more attention to provide home visitors with feedback and to demonstrate effective practices (Schultz et al., 2018; Walsh et al., for Professional Development, Ounce of Prevention Fund, in review).

To explore this possibility, a descriptive case study methodology was used (Yin, 2018) with mixed method data. It is anticipated that in observing, analyzing, and reflecting on their

home visiting practice by way of video and data review, home visitors will think about what practices are effective. Further, they will take this thinking into subsequent home visits and has the potential to lead to added positive outcomes for the children and families they serve.

CHAPTER THREE: Method

Participants

Families. Home visitor-nominated families within an EHS-HBO program participated in video-recording of their home visits. The home visitors chose these families because of the probability of keeping appointments/low attrition in which data could be gathered. We began with nine nominated families from six home visitors; from those nine, one dropped out before the study began (see Table 3 for demographics of these eight families), five dropped out part-way through, and four continued through to the end (see Table 4 or demographics of parents who continued through to the end and Table 5 for demographics of parents who dropped out). The fifth parent who dropped out did so as the video portion of the research project concluded, so the data from their home visits were included. Distinguishing differences between the parents who stayed in the study and those who dropped out were potentially related to the age of the parent, number of children the parent had, or other unknown factors (e.g., if they were living in crisis, if other agencies were involved). While there was another young mother who stayed through the entirety of the study, she was still over the age of 18. Additionally, the parents who stayed in the study had between 1 and 3 children. The site supervisor of the EHS-HBO program provided basic demographics about the target families to the researcher regarding when the child began the EHS-HBO program (see Table 3). The demographics are over five months and are from the period in which the research study took place. Noted is the number of visits that occurred, the number of times the parent canceled visits, and whether the mother was enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These demographics were chosen as they were what the EHS-HBO program was able to provide to researchers.

Table 3.

Demographics of Target Families

Start date of Home Visits	End date of Home Visits	Number of Home Visits Completed	Number of Home Visits Canceled	WIC participation (0=no 1=yes)
10/02/17	12/18/17	11	0	0
10/05/17	11/28/17	9	4	1
10/04/17	2/22/18	9	8	1
10/05/17	2/15/18	11	2	0
10/03/17	2/27/18	21	0	1
10/05/17	11/21/17	7	1	1
10/05/17	2/20/18	13	4	1
10/03/17	2/27/18	17	1	1

Note. Includes families who dropped out and families who continued through to end of the study.

Home Visitors. Five home visitors from one EHS-HBO that is a Parents as Teachers affiliate in the western United States participated. They were selected for their willingness to participate in the study and successfully recommended which of their families they visit would also be willing to participate. Additionally, the home visitors at this affiliate were connected to the university in which the researcher was also affiliated. See Table 6 for home visitor demographics. All the home visitors who participated in the study reported that they are female. Their ages range from 27 to 54, and one home visitor preferred not to share her age. Each home visitor has a college degree; four have a bachelor's degree, and one has an associate degree. Four of five home visitors identified as White and one identified as Hispanic/Latino. They each reported having ten or more years of experience in home visiting and a related field (education, social work, and so forth).

Table 4.

Demographics of Parents

	Age	Gender	Ethnicity	Highest level of education	Number of children	Living with partner
Parent 1	29	Female	Native American	Some college	3	Yes

Parent 2	26	Female	Hispanic/Latinx	High school or GED	3	No
Parent 3*	21	Female	White	Some college	1	Yes
Parent 4	30	Female	Hispanic	Bachelor's Degree	3	Yes
Parent 5	19	Female	Hispanic/Latinx	High school or GED	1	Yes

Table 5.

Demographics of Parents Who Dropped Out of Study*

	Age	Gender	Ethnicity	Highest level of education	Number of children	Living with partner
Parent 1	16	Female	Hispanic/Latinx	In high school	1	Yes
Parent 2	35	Female	White	Some college	6	No
Parent 3*	21	Female	White	Some college	1	Yes

*This parent dropped as the video portion of the research project was concluding

Note. It is unknown why Parent 1 and Parent 2 dropped out of the current study; Parent 3

enrolled her child in center-based care.

Table 6.

Demographics of Home Visitors

Participant's pseudonym	Age Education	Ethnicity/Race	Gender	Years of Experience
Karla (Case 1)	n/d Bachelor's	White	Female	10+
Mila (Case 2)	27 Bachelor's	White	Female	10+
Mara (Case 3)	51 Bachelor's	White	Female	10+
Marta (Case 4)	54 Bachelor's	Hispanic/Latinx	Female	10+
Shaunice (Case 5)	37 Associates	White	Female	10+

Researcher Background

In 2015, I received my bachelor's degree in Psychology. In 2017, I began my graduate education in a master's program in Human Development and Family Studies. I began as a research assistant for this study when the coding phase was set to begin. Before this experience, I had only a surface-level understanding of what home visiting entailed and leaped at the chance to be a part of this study and broaden my understanding of home visiting. I was subsequently trained in the home visiting observation measures used in this study and utilized these to observe (see Observer Training section) and code the videos of home visits that were recorded by the home visitors. Through this process, I have developed an understanding and appreciation of early childhood home visiting. While engaging in research related to this topic, I have noted the importance of home visiting and home visitor training/professional development. To me, being able to look at home visitors' conceptions of what they think is effective in home visiting is not only crucial to program change but retention of quality home visitors.

Context

The home visitors were each interviewed four times by one researcher. These interviews were approximately one week apart in a quiet room at the location of their Early Head Start center. The pre-interviews ranged from 26 to 37 minutes; the video reviews (not including the viewing of the 20-minute segment) ranged from 7 to 12 minutes; the data reviews ranged from 20 to 26 minutes; the post-interviews ranged from 12 to 26 minutes. While the interviews were occurring, the center moved; thus, the first three interviews occurred at the old location, and the post-interview occurred at the new location. The EHS-HBO program is in the western United States and affiliated with a university. To reiterate, at the time of the study, the site was a Parents

as Teachers affiliate. Five out of eight families participating in the study received MIECHV-funded home visiting services.

All the home visitors at the EHS-HBO program participate in a community of practice (CoP). Lave and Wenger (1991) argue that members in a community of practice begin as peripheral participants who begin by paying close attention to the practices and rules of a community. As they move from the novice role, they begin to act on the learned practices. Wenger, McDermott, and Snyder note: "Communities of Practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (p. 4). The existing CoP structure allowed for the home visitors' participation in this study to count as part of their CoP time. Within this CoP, home visitors had weekly meetings, experienced coaching, participated in ongoing reflective supervision, and had monthly CoP meetings.

Before the study commenced, the site supervisor, director, and researcher met to discuss the use of video-recorded observations and the scoring of them to assess the quality of the home visits and developmental parenting. The home visitors anticipated some challenges with video recording but stated that this activity would promote quality practice. Video recording occurred from November 2017 to March 2018. For all the participating home visitors, this was the home visitors' first experience with video recording their home visits. Home visitors reported that home visiting measures were utilized in the past but were completed in-person and often by the home visitor or supervisor. The study was approved by the EHS site's director and the university's Institutional Review Board before commencement.

Measures

A recurring theme in home visit observation measures surrounds behaviors parents and children engage in and how home visitors facilitate these behaviors. The combination of videos and assessments may promote home visitors' discussions, goals, and reflections (Walsh et al., in review, a). A goal of Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO: Roggman et al., 2013b) is to encourage positive parent behaviors. It is a goal of the Home Visit Rating Scales—Adapted and Extended to Excellence (HOVRS-A+) to see what behaviors home visitors engage in when facilitating home visits and identify levels of engagement for the parent and child (Roggman et al., 2012).

Video recording home visit observations and assessing them with measures, such as the PICCOLO (Roggman et al., 2013b), and the HOVRS-A+ (Roggman et al., 2012) is used to promote effective practice. HOVRS-A+ was chosen because when data were collected, between October 2017 and June 2018, it was the most current iteration of the measure. HOVRS-A+ is an extension of HOVRS-A, which was released in 2010. HOVRS-A was adapted from HOVRS, which was originally released in 2008. Each adaptation was developed with input from supervisors and practitioners across many home visiting programs.

Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO). This outcome measure was used to collect data on developmental parenting (Roggman, Boyce, & Innocenti, 2008). PICCOLO is a rating system that measures four scales of parental behavior during a home visit: (a) Affection; (b) Responsiveness; (c) Encouragement; (d) Teaching. Within each scale there are seven or eight behaviors that are given either a 0 [Absent], 1 [Barely], 2 [Clearly]. The scores are then summed. PICCOLO uses a 10-minute segment within the home visit wherein the behaviors are most likely to occur. PICCOLO's inter-rater

reliability (i.e., agreement between coders) is 0.77 (Roggman et al., 2013b). The conceptual constructs of PICCOLO center the four scales (affection, responsiveness, encouragement, and teaching).

In observing a home visit, there are guidelines the observer must follow when providing scores (i.e., in the segment chosen, there needs to be enough of a sample of a behavior and enough interaction for outcomes to be displayed). As PICCOLO is an outcome measure, it is safe to say that the goal is for the scores given to increase over time. In the affection domain, a behavior to be scored is the tone of the parent's voice. If a parent has a harsh tone of voice, they will be given a 0. Over time, the hope would be for this score to raise to a 1, some warmth of tone, then a 2, warm tone throughout a visit. In the responsiveness domain, a behavior to be scored is attention to what the child is doing. So long as the parent is engaging with their child during the home visit, they would receive a 2. If they are otherwise ignoring their child, they will receive a lower score. In the encouragement domain, a behavior to be scored is waiting for a child to respond after suggesting something they could do. It is with the openness of being unobtrusive that a parent would receive a 2 for this behavior. In the teaching domain, a behavior to be scored is explaining reasons to a child, whether they asked a question or not. As this is an infrequent behavior, a score of 2 on this behavior would mean the parent explained the reason for something in a complex manner. PICCOLO is an outcome measure of home visits. Its utilization over time encourages the identification of strengths and noting areas where improvement is needed.

Home Visitor Rating Scales—Adapted and Extended to Excellence (HOVRS-A+). The conceptual constructs of HOVRS-A+ centers on seven items—the first four are home visitor practices, the final three measurement parent and child engagement: (a) responsiveness to family

(plan the home visit with input from the parent, and identify family strengths to support child development); (b) relationship to family (the home visitor interacts with all members of the family warmly and with respect); (c) facilitation of parent-child interaction (facilitates supportive parent-child interactions in a developmentally supportive manner); (d) non-intrusiveness and collaboration (support the parent in being the child's primary teacher while not interrupting); (e) parent-child interaction (the parent and child interact positively in developmentally supportive manners); (f) parent engagement (the parent participates in the home visit and interacts with the activities of the home visit); and (g) child engagement (the child is interested and participates in the home visit). In each scale, there are 4 to 9 items that are given a score of either [1] Needs training; [3] Adequate; [5] Good; [7] Excellent. This measure was used to collect data on effective home visiting practices after observing an entire home visit. HOVRS-A+ is used to provide feedback to programs to identify strengths and what should be focused on to provide the best support for families possible. The scores of each scale of averaged then summed creating a final score, the higher the score, the better the home visit. The inter-rater reliability (i.e., agreement between coders) for this measure is .88 (Roggman et al., 2012).

Procedure

Video Recorded Observations. Fifty-three home visits were recorded. The visits recorded by the home visitors were recorded using their Microsoft Surface Pro Tablets provided to them by EHS for their position. There was one family that requested that a member of the research team record their visits rather than the home visitor. These home visits were recorded with a camera borrowed from a rental service provided to students by the university. The videos were then uploaded to a secure Google Drive account by the home visitors. This account was only accessible by the lead researcher and the home visitors. All home visit videos were then

downloaded to a USB Flash Drive and transferred by a member of the research team to a password-protected Dropbox account to be accessed by coders. Nine home visits included Spanish as the primary language. These were translated to English by two members of the research team fluent in Spanish, then subtitled manually with Aegisub Subtitle Editor, a subtitle creation and editing tool. A native Spanish speaker subsequently reviewed the videos for errors and inaccuracies before being re-uploaded to Dropbox to be accessed by coders. These videos could be used for later home visitor reflective practice. Reflective practice in home visiting is necessary to retain home visitors who are satisfied with their job (Forstadt, 2012).

Observer Training. To ensure that the three observers, all of whom would be coding the videos for this research, achieved inter-rater reliability five training meetings across one month were held to discuss the measurements that would be used. Each observer scored 80% on a quiz about each measure before coding commenced. During training, videos were sourced from YouTube and were watched as a group to practice, and then new videos were independently observed. Observers reached 80% agreement on two consecutive practice videos for each of the two measures before official coding of video-recorded home visits occurred. Our research team also interacted with the authors of the observation measures to get clarification on some constructs before data collection commenced.

In order to keep any potential biases in check, coders discussed their biases during the practice and coding phases with each other to ensure any frustrations with the process were expelled before discussion and reasoning of codes. This ongoing and open dialogue was anecdotally reported to keep any potential biases from affecting scores.

Observers. The three trained coders were all White females, two possessed their bachelor's degree in Human Development and Family Studies, and one possessed a bachelor's

degree in Psychology. One coder was a graduate student not enrolled in a program, one was in their second year of the Human Development and Family Studies Master of Science program, and one was in their first year of the same graduate program. The consensus meetings were facilitated by a male graduate student in Public Health who was accepted to medical school.

Coding Phase and Inter-Rater Reliability. In total, there were 53 videos, 44 videos in English were coded, and nine videos in Spanish were coded. Consensus meetings were held approximately every three to five weeks for eight months. In these consensus meetings, codes for each video were reviewed by the coders. The measures were discussed sequentially, and codes were modified when either there was (a) not a majority agreement, or (b) a coder had enough evidence for their chosen code. In other words, two of the three coders needed to have the same code on an item. If there was no majority, the portion of the video in which the codes corresponded was reviewed. The coders then discussed the video segment, and a code was then agreed upon. If a coder disagreed with the agreed-upon code, they had the opportunity to provide their reasoning and advocate for their code based on evidence they gathered from the video segment. When there was full disagreement on an item, the measures were carefully reviewed, with focus on the wording of the item in the measure, and a consensus was found. This method was chosen to mitigate fatigue among the coders as well as allow for discussion and debate when needed (i.e., if one coder seemed firm about their code was the best option).

Overall, inter-rater reliability IRR for PICCOLO was 86.2%, and inter-rater reliability for HOVRS-A+ was 82.8%. The average inter-rater agreement for each measure was 84.4%. See Table 7.

Table 7.

Rater Disagreements/Agreements

HOVRS-A+	
Total Disagreements	1,422
Total Agreements	6,837
Total Data	8,259
Disagreement Percentage	17.2%
Agreement Percentage	82.8%
Krippendorff's Alpha	.684

PICCOLO	
Total Disagreements	434
Total Agreements	2,701
Total Data	3,135
Disagreement Percentage	13.8
Agreement Percentage	86.2%
Krippendorff's Alpha	.863

Note. Total disagreements and agreements are sum amount of codes from the observational measures. Krippendorff's Alpha was used to calculate inter-coder agreement between three coders; α = .684 and α = .863 indicate adequate inter-coder agreement (see Krippendorff, 2004).

Interviews

Home visitors (*N* = 5) individually met with a researcher four times within one month, and these sessions included: pre-interview (13 open-ended questions); intervention (two sessions: video analysis of home visits (three questions) and discussion of individual scores from three measures (three questions)); and post-interview (same 13 questions as pre-interview plus three questions about their experiences with the intervention). See Appendix for intervention questions. The interview questions were inspired by Radloff and Guzey's (2017) study. Three experts in the home visiting field reviewed the questions prior to the intervention and minor changes were made to promote clarity.

Each interview lasted between 7 to 37 minutes. All four of the individual sessions were audio-recorded and transcribed verbatim by the researcher.

Video Analysis and Assessments

One broad theme in the home visiting professional development literature is the inclusion

of video and assessments (Innocenti & Roggman, 2018; Walsh et al., in review). The second

intervention session consisted of reviewing a video of a home visit. The video was 20 minutes of

a single home visit video. The video was chosen based on high scores for HOVRS-A+ and

PICCOLO. To provide home visitors with a primer and refresh their memories of the home visit

(as it was recorded nearly a year prior), 10 minutes were watched prior to viewing the 10-minute

segment that was chosen for PICCOLO during the coding phase of this study. This segment was

chosen for coding as there was a substantial amount of interaction occurring in the triad and/or

with the home visit activity. After viewing the video, the home visitors were asked three

questions about whether they thought the home visit was effective or ineffective (see Appendix)

and to provide examples of its effectiveness and ineffectiveness. The third session consisted of

reviewing the data from the three measures. It was explained to the home visitors that the data

they were reviewing were from the observation measures used to code the home visit video

viewed in the previous session. The home visitors were read a scripted description of the

measure; then, the data were reviewed sequentially (i.e., PICCOLO and HOVRS-A+ were

explained, and the data were presented). After reading the script, graphs, charts, and tables were

presented (see Figure 1) to home visitors, the codebooks were presented to the home visitors to

review the wording of the measures to explain where their scores came from. After describing

and reviewing each measure in detail, the home visitor was asked if they had questions or

required clarification to ensure understanding. The home visitor was subsequently asked their

thoughts on the measures and how they relate to effective home visiting. After this review

process, the home visitors were independently asked three additional questions about the presented data (See Appendix).

Figure 1.

Example HOVRS-A+ Graph

Items: 1-4: Home Visitor Practices 1-4; 5-7: Child and Parent Engagement
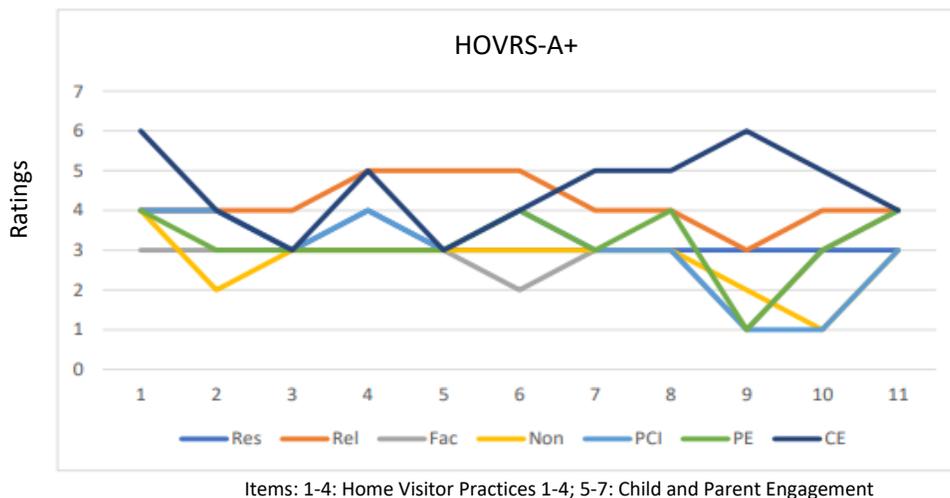
Overview of Data Analysis

An iterative process, including reading, rereading, and coding, was used to investigate the data from four sessions (pre-interview, video review, data review, post-interview) for each home visitor for what thoughts, ideas, and behaviors home visitors stated to be part of effective home visiting. To investigate home visitors' conceptions of effective practice, mixed method data were collected, including: (a) assessment scores (PICCOLO and HOVRS-A+); (b) inter-rater reliability (i.e., agreement of scores) using percentage agreements and Krippendorff's alpha (quantitative); and, (c) interview transcripts (qualitative). Within-case descriptive analyses were used to address two research aims: (1) to explore a video- and data-based intervention on home visitors conceptions of effective practice by describing home visitor responses and comparing

responses to interview questions from pre and post sessions, and (2) to determine how the video-and the data-based sessions changed or did not change participants' conceptions.

According to Yin (2018),

> As the case study evidence is examined, explanatory propositions are revised, and the evidence is examined once again from a new perspective in this iterative mode … the procedure is partly deductive (based on the statements or propositions at the outset of the case study) and partly inductive (based on the data from the case study)" (p. 169).

To explore home visitors' experience with the intervention, three open-ended research questions during the post-interview were reported. As with the rest of the data from the interviews, these responses were analyzed using an iterative strategy. That is, data were repeatedly reviewed. For these particular questions, it was necessary to review the responses to see how home visitors felt about their experience with this professional development activity. Counting was utilized to generate and verify meaning (Sandelowski, 2001). Each response was coded for valence to investigate whether it was a positive, negative, or neutral experience.

The fourth research aim was to explore themes across categories. Thematic analysis was used in conjunction with the use of emergent descriptive coding (Braun & Clarke, 2016) to generate categories, focused coding to generate subthemes, and synthesize themes. These themes are represented in numbers to describe and understand the experiences of these participants. According to Sandelowski (2001): "Counting is integral to the analysis process, especially to the recognition of patterns in data and deviations from those patterns, and to making analytic or idiographic generalizations from data" (p. 231).

Organization of Data for Within-Case Analyses: To Address Research Aims 1 and 2

In order to achieve within-case analyses, home visitors' conceptions of effective practice were explored through an iterative process that included repeated reviewing of the interview transcripts. During the review, written notes were taken to indicate keywords (i.e., flexible, effective) when a topic was mentioned more than a few times. General analyses were formulated regarding behaviors home visitors ascribed as being effective (Cook, Innocenti, Jump Norman … Hallgren, 2012) for home visiting. Upon the completion of multiple reviews, potential themes were assigned a color and the interviews were reviewed several more times highlighting with the assigned colors. Of particular note was comparing home visitors' responses to the same questions in the pre- and post-interview (see Appendix) in order to see if there were changes pre- and post-intervention. From this, emergent codes and patterns were generated (Rossman & Rallis, 2017).

Analysis and Interpretation of Transcripts for Within-Case Analyses: Research Aims 1 and 2

To reiterate: the 20 interviews were transcribed verbatim by the graduate-level researcher (i.e., thesis author). Before data analysis occurred, the transcriptions were individually provided to the home visitors to provide them the chance to read and were given the opportunity to reply with any questions or concerns about what was said within the interviews. No home visitors replied via email or in-person with questions or concerns.

The interview transcripts were then read and reviewed multiple times by the researcher to identify and interpret the following: the home visitors' initial conception of effective practice; their viewpoint post-video review; their thoughts on the data and measures; and to compare the

pre- and post-interview answers as well as the home visitors' experience with the home visit activity. Upon review of interpretations, data analysis by the primary researcher then began; patterns emerged and were validated or invalidated as more reviews of the transcriptions occurred. Yin (2018) recommends "playing" with the data. Examples include:

> Putting information into different arrays, reflecting different themes and sub themes … making a matrix of contrasting categories and placing the evidence within such a matrix … creating visual displays … tabulating the frequency of different events … putting information in chronological order or some other sequence (p. 167).

The data were played with in a couple of ways. First, an Excel sheet was created to facilitate within-case analyses. The home visitors' responses to the interview questions were input in the cells to search for keywords (e.g., effective; flexible) readily. The pre- and post-interview questions and answers were placed next to each other to investigate any changes in the home visitors' answers. Likewise, the answers to the video and data review questions were placed next to each other to investigate patterns.

Organization of Data for Home Visitor Experiences with the Intervention and Thematic Analysis: To Address Research Aims 3 and 4

Differences between home visitors were examined with emergent descriptive coding and thematic analyses (Braun & Clarke, 2016) in order to identify emergent themes. To begin, the data were analyzed generically, following a framework from Rossman and Rallis (2017): "1. Organizing the data 2. Familiarizing yourself with the data 3. Identifying categories 4. Coding the data 5. Generating themes 6. Interpreting 7. Searching for alternative understandings 8. Writing the report" (p. 237). This process was chosen because while it is methodical, it is not

linear and allows for movement, back and forth, through the phases. In doing so, "… you *immerse* yourself in the data, become deeply involved in words, impressions, and the flow of events. Then … let [the data] *incubate*. This [immersion] leads to *insight* about the salient themes and meaning embedded in the data" (emphasis retained) (p. 237). In synthesizing, the separate case studies are treated as if they were their own independent study (Yin, 2018). In doing so, patterns across each case respect the reliability of the individual cases. Each home visitor's answers were analyzed based on the patterns found in their interviews; then, these patterns were compared with the other home visitors to identify the salient themes. After these themes were identified, particular focus was placed on the home visitors' experiences with the intervention. Their responses to the final three questions of the post-interviews were examined closely and coded for valence. Responses were reviewed and interpreted as positive, negative, or neutral then tallied and placed in a separate document.

Analysis and Interpretation for Home Visitor Experiences with the Intervention and Thematic Analysis: To Address Research Aims 3 and 4

Thematic analyses of all interview transcripts occurred with the use of emergent descriptive coding. This process was followed as open coding encourages the generation of categories (e.g., patterns) and the properties (e.g. themes) these categories hold (Yin, 2016). For the current study, categories were generated and synthesized. To achieve this generation and synthesis, the transcripts were reviewed several times to discover the properties each interview held. Of specific importance was the behaviors home visitors discussed that they conceived to be integral for effective home visits. Occasionally, this meant interpreting what a home visitor was discussing as being something they believed to be effective or ineffective. These themes were assigned a color and were physically highlighted to provide a visual aid for tallying the quantity

of times a theme presented itself and generated meaning (Sandelowski, 2001). Home visitor experiences with the intervention were additionally reviewed, interpreted, and tallied once coded for valence (positive, negative, neutral).

Rigor of Within-Case and Thematic Analyses

Once these potential themes were identified, coded, and grouped by the primary researcher, the interviews (audio and transcriptions) along with the home visit videos and related data were provided to a research assistant, an undergraduate honors student in the Human Development and Family Studies program, for review. He was asked to analyze the transcripts and identify the home visitors' conceptions of effective home visiting based on their answers to the interview questions and his interpretations of them. To combat any threats to validity, efforts to meet triangulation (i.e., "to collect converging evidence from different sources") (Yin, 2016, p. 83) were performed. One such effort occurred when the research assistant met with a faculty supervisor who then validated the quality of his work, and no changes were made.

Once this review process was completed, a meeting was held between the graduate student researcher and research assistant. In this meeting, the interviews were discussed in detail. The discussion included what the home visitors' conceptions were, notable themes within and between the interviews, and differences and similarities between the pre- and post-interview, in particular. Each point was reviewed with careful consideration. In doing so, there were no disagreements in the discussion. The researcher then made a list of the themes discussed, and the interviews were reviewed again by the researcher to see how often the identified themes were specifically mentioned or alluded to by the home visitor. The identification of themes initially occurred using broad strokes. The validated patterns that emerged were then focused and grouped based on similarity, then grouped once more to narrow the themes down to three. The

researcher provided these themes to the research assistant. The transcripts were then reviewed by the research assistant once more to read through, identify, interpret, and tally (i.e., play with the data) how many times each of the three themes appeared within them.

The researcher's and the research assistant's tallies were then compared. This method was chosen as it recognizes that researchers bring their own perspectives and understanding during the process of data analysis (Charmaz, 2006). Additionally, case study research accommodates a "… *relativist* perspective … acknowledging multiple realties … [and] multiple meanings with findings that are observer dependent" (emphasis retained) (Yin, 2018, p. 16). In following this inductive strategy, the quantitative data gathered via the home visit observation measures (i.e., HOVRS-A+ and PICCOLO) add a unit of analysis for the whole case study. In investigating the data from these measures, further information about relevant concepts emerge (Yin, 2018).

Throughout the open coding process, the researcher recorded her subjective thoughts and discussed them with the faculty supervisor as needed. A discussion of subjective thoughts throughout the data analysis process promotes researcher reflexivity (Allen, 2000).

CHAPTER FOUR: Results

The purpose of this study was to investigate the conceptions home visitors hold regarding effective practice in home visiting. To accomplish this mixed-method data, assessment scores (quantitative) and responses to open-ended interview questions (qualitative), from five individual home visitors were analyzed in order to examine their conceptions of effective practice. To address the first research aim, data were gathered through semi-structured interviews, and responses were described and compared, with particular focus on pre- and post-interview responses. The findings are presented case-by-case. Within each case, the findings from the interviews are organized with a summary and relevant quotes. To address the second research aim, within these summaries are the home visitors' initial conceptions of effective home visiting and their thoughts and viewpoints on the video of the home visit in order to determine how the video and data-based interviews changed the home visitors' conceptions. Quantitative data appears in this chapter related to the two measures for each participant. Following the presentation of case-by-case findings are the participants' experiences with the interventions (third research aim), and the findings of the three salient themes that emerged during interview analysis (fourth research aim).

Case 1: Karla

Background. As stated in Table 6, Karla is a White female-identifying home visitor working at an EHS-HBO affiliate in the western United States. She declined to disclose her age when demographic information was gathered. She has a bachelor's degree and has worked in home visiting or a related field for ten or more years. Karla's nominated parent was 29 at the time of this study. The parent identified as female and Native American. She indicated that the highest level of parent education was some college. The target parent has three children (one

enrolled in the EHS-HBO program) and was living with her partner (marital status unknown) at the time of the study.

Initial Conception of Effective Practice (Pre-Interview). Karla's initial conception of effective practice embodied individualization. For Karla, this included being intuitive to the family's needs and wants while reinforcing positive behaviors and healthy habits by explicitly stating them to the parent. She catered to the family needs, even if it meant tailoring her initial plan for a visit. To Karla, effective practice is mostly related to "… building relationships with families and meeting them where they are." For her, this meant not only being emotionally agile or educationally (to what they know and how they best learn) but in her flexibility location-wise, as well: "We can meet at a park, we can meet here [EHS], we can meet anywhere." Being effective for Karla meant that "… even little baby steps of progress are okay." Karla's conception of effective practice did not always include herself as a primary interactor in the home visitor, parent, and child triad. When asked if she included herself as one, she said: "it depends." Karla remarked that for one of her higher functioning families, "praising their parenting skills … that's all I did because they were so engaged with the child." She noted, "that's very unique." When asked about when she considers herself more of a primary interactor than the parent, she related that with one family, "it's bare-bones." She noted she facilitates the parent-child interaction for this family by using "theatrical modeling" to make a big deal out of small milestones in order to give the parent "concrete tools."

Karla added a personal touch to the evidence-based home visiting curriculum due to the necessity of individualization. She agrees that at points in facilitating a parent-child interaction, she may have to do something over and over and use redirection (e.g., handing toys to the parent) for a parent-child interaction to be sustained. Sometimes, facilitation includes embracing other

family members (e.g., siblings, grandparents, aunts, uncles, and neighbors) who may be in the home at the time of the home visit to promote the child interacting with people other than their parent. When asked about the necessity of flexibility in home visiting, Karla stated, "That's probably the biggest … one of the biggest descriptor words: "flexible." Karla maintains this flexibility by observing "what kinds of things that they [the child] like and always have those" that way when a child is not engaging you can rely on what typically works for the family, "you always have a backup." When she noticed things she would like to see the parent doing, she noted she models by, "making it a big deal for the parent, so they notice." Karla utilizes this flexibility to change the home visit according to what is happening at the time. Overall, the initial conception of effective practice revolves around meeting the parent where they are at, promoting parent-child interactions through individualization while implementing the home visiting curriculum, and being flexible when a home visit plan may change.

Video Review. To reiterate, Karla and the home visitor watched 20 minutes of the video, 10 minutes of which garnered the highest scores from the observation measures. Karla's viewpoint post video review surrounded her conception of having made progress over time with the family in the video. She recounted the growth she had seen with the parent in particular: "When I first saw her, she was super skeptical was not interactive … it was nice to step out and watch her ... watch how many new skills that she's learned over time." The strengths Karla saw in the video were related to her modeling for the parent, and the back and forth conversation they were able to have. The weaknesses Karla noted were concerning not attempting to have the parent extend the play with the child and felt she spent too much time writing notes; Karla remarked, "I was so stressed and nervous." When asked if being filmed stressed her out, she said, "I don't know. I probably would have been painting and been a lot more playful [if she was not

being filmed]." When reflecting on this visit, Karla indicated she might have been too

unstructured with this parent. However, when asked to discuss the progress she had seen from

the parent in the video, she noted that informality was what was required for a home visit to meet

this family's needs. Of this she said,

> I think depending on who you're working with, you can offer tons and tons and tons of
> information. For this particular mom, probably not. She gets saturated. At the beginning,
> when I first started visiting with her, she couldn't go very ... she couldn't visit very long,
> and she would pack my stuff up and send me on my way.

When asked about the progress that had been made from when this family first entered

the program until when this video took place, Karla remarked that "she was so closed off when I

first met her." Karla went on to say that when their home visiting relationship first began, "she

would just sit and … visits [were] super short. She'd be like, "Okay, time to go." Always

wanting to put him to bed, and she didn't do a lot of developmental things with him." Karla

noted that upon review of the video, "she [the parent] did a few really good [things] extending

the play." When asked for an example, Karla said, "Her painting and talking about what he was

doing, those are amazing skills for her."

Data Review. Upon the researcher and home visitor's review of the data gathered from

the home visit videos, Karla wished she had seen better scores for the PICCOLO measure. When

asked what scores for another family might look like, she remarked that "if I was choosing a

mom for her parenting skills, I wouldn't have chosen this mom." Karla continued, "I know this

score's [teaching] low, but it's way better than it used to be." She noted that PICCOLO seemed

to be the best for displaying effective parent-child interactions and home visiting practices,

particularly the teaching domain (See Table 8).

Regarding the scores from HOVRS-A+, Karla did not have any thoughts on how they were reflective of effective home visiting. She noted she thought the measure was good, but that the family and herself were "lacking in different areas." Karla did not have much to say about the measure itself but requested to be sent the full measures and manuals for clarification. When asked what she believed represented effective home visiting or positive parent-child interactions, Karla responded, "I don't know." When prodded, Karla went on to say, "All I saw was terrible scores."

Table 8.

Home Visit Quality and Parent-Child Interaction: Descriptive Statistics for Karla

Scale/Subscale	*M*	*SD*	Range
HOVRS-A+ (*n* = 9)			
Responsiveness	3.27	.47	3-4
Relationships	4.18	.60	3-5
Facilitation of PC Interaction	2.82	.75	1-4
Nonintrusive Collaboration	2.73	.79	1-4
Parent Child Interaction	3.00	1.20	1-4
Parent Engagement	3.18	.87	1-4
Child Engagement	4.54	1.04	3-6
PICCOLO (*n* = 11)			
Parental Affection	7.11	2.20	6-11
Parental Responsiveness	4.89	1.36	3-7
Parental Encouragement	1.67	1.41	0-4
Parental Teaching	.55	.72	0-2

Note. n=number of videos. Scores for HOVRS-A+ range from 1-7. These scores come from the sum of the ratings within each of the seven measures. Scores for PICCOLO range from 0-16. These come from the sum of the scores within each of the four measures.

Post-interview. Based on the interview analysis, Karla mainly remarked on the usefulness of the measures for reflective practice. Karla's answers to the open-ended questions did not largely vary. Her initial conception of effective home visiting revolved around individualization and "… meeting them where they are." In the post-interview, Karla stated her definition of effective home visiting, "Connecting with families and encouraging relationships with the family. Success for the family … there's a lot." For Karla, being effective as a home visitor means progress is being made with the family. One noticeable change at post-interview was her inclusion of herself as a primary interactor in the home visit and quickly being able to list examples of content for home visits, such as "child development … safety, resources, referrals, planning the next visit, finding out what the family needs, what the family wants, future plans, and then, of course, the open-ended questions." To conclude, Karla was asked three questions about her experience during these interviews.

Change in Conception. While there was not much of a difference in the content of Karla's answers to the questions in the four interviews, Karla's responses to the questions were more expansive in the post-interview. They included some key phrases from the interview questions themselves to describe what effective home visiting is to her. Karla consistently mentioned that she met the parents where they were at, individualized the curriculum, pointed things out to the parent, and tried to make a big deal of the child's milestones, no matter how small. Karla noted it was helpful for her to see a video of herself, but not until the post-interview. She said why it was beneficial to watch the video, "After I watched [and] after I talked to you …

I should have been asking a lot more leading questions of [the mom] … so yeah, it did help me."
She was disappointed in herself for choosing the family she did for this study; she said, "[I]never
would have picked that family … that's what I'm disappointed about."

Case 2: Mila

Background. Mila is a White female-identifying home visitor working at an EHS-HBO
affiliate in the western United States (see Table 6). Mila was 27 at the time the interviews
occurred. She has a bachelor's degree and has worked in home visiting or a related field for ten
or more years. Mila's nominated parent was 26 at the time of this study. The parent identified as
a Hispanic/Latinx female, and her highest level of education was a high school diploma or GED.
The parent had three children (all of whom were enrolled in the EHS-HBO program) and was not
living with her boyfriend during the period in which this study took place.

Initial Conception of Effective Practice (Pre-Interview). Mila's initial conception of
effective practice surrounded productivity and change; she stated, "effective home visiting is
being able to conduct a visit where both the family and the home visitor feel comfortable, and
either discussions or activities are accomplished." When asked if this meant implementing
something, she agreed that when she sees changes occur, home visiting is positively affecting the
families she serves, especially when, "you get to see … the fruit from all of your discussion and
modeling, or just … techniques that you've discussed and the family being able to do something
like that." Mila told an anecdote about a family whose child was having "behavioral challenges"
and how:

> [they] talked a lot about routines and establishing a bedtime routine and consistency …
> and just a couple days ago, the family mentioned how they have the routine now, and the

kids are now sleeping at appropriate times. There's no more tantrums happening, and if they do occur, they're not as extreme as they used to be … so to me, that was … pretty cool with seeing how those discussions and talking about techniques … throughout the months proved [to] be effective.

When Mila was asked who the primary interactors were for a home visit, her initial conception of effective practice did not include herself as one. She said, "it's mainly mom and her children." After being asked if she would add herself as a primary interactor, she answered that she would because "it's a triad." She went on to note that she sees herself more as a facilitator: "I'm here to bring you ideas and activities versus I'm here to interact … [and] chat with you and be your friend." Mila utilizes the family to guide where they would like the home visit to go in terms of content and activities. While she does try to "do the curriculum as planned, I also tried to implement things that the family is interested in."

For interactions to occur while still allowing the family to guide the home visit, Mila noted the use of modeling and doing things like sitting on the floor to facilitate parent-child interactions. When planning for these visits, she relies on families to communicate to her what topics on which they would like to focus. Regarding this, she said, "I always tell my families ... if there's something that you really want me to research or plan for next visit, make sure you see [me] write it down on our home visit form." For the activities that she does bring, she again sees herself as a guide for the parent-child interactions and emphasized modeling for the parent and encouragement of positive behaviors for the child. Further, she explicitly brings activities "where the child might need their parent for something, whether it's to understand the activity or to create it." She furthered emphasized her facilitator role here by saying, by doing so, "they [the parent] take charge with it like they decide what do with this stuff." Mila credited her own skills

and experience for knowing how to promote parent engagement. She remarked that she knows what open-ended questions to ask to get a conversation going: "I don't care about what, I will eventually find a way to tie it back in [to the main topic of the home visit]." Overall, Mila's conception of effective practice revolved around facilitating parent and child engagement in the home visits and seeing positive changes throughout the family's enrollment in the home visiting program.

Video Review. After watching 20 minutes of the home visit video wherein her highest scores from the observation measures were garnered, Mila's viewpoint surrounded the reflections she made during the home visit itself. Mila said, "I would repeat back or maybe perhaps add a little bit more to what she [the mom] had to say." Further, in response to why she chose the water beads activity, she noted how she maintained flexibility while still figuring out a way for everyone to participate. She remarked that she specifically wanted water beads as the activity:

> Because days prior to that … the toddler, he had been getting into the family's laundry room, and he knew exactly, even though the family moved them around, he knew exactly where to find those Tide pods, and he would burst them.

Mila noted that she found "something he [focus child] really wants to do" when she brought water beads for the focus child's visit because of their similarity to Tide pods. Concerning participation, Mila noted the importance of sitting on the floor during a home visit. The mom was physically unable to due to being pregnant; however,

Even though she wasn't there down physically with us, I feel like she was still able to
participate. She had comments about what the kids were doing, she made observations,
you know, and she kind of did it as best as she could.

While discussing this point, Mila commented that while it was a striking aspect, she
reflected that she could have done a better job of including her even more, "just as we would do
something to include a child who can't participate." Another reason Mila found the visit to be
effective was because she and the mom maintained their focus on the children, she said, "Yeah,
there were some times when we strayed in conversations, but I feel like it was tied back to the
kids." Concerning missing components, Mila reflected that she perhaps should have commented
on things she saw the child doing at the moment to strengthen the teaching element of home
visiting and the "value of the visit." She reflected, "I could have brought information on fine-
motor development … or even cognitive development. I could have brought a handout and
information as to what's going on right now with their development." Overall, Mila found the
home visit that she viewed to be effective because of her facilitator approach and "because it did
have some structure to it."

Data Review. When reviewing the data for the two measures, Mila commented that upon
reviewing the scores from PICCOLO, "I think it's just a reminder of how important it is for the
parents to be down on the floor with us, playing with the kiddo." She went on to say, "I'm not
surprised by the scores that we got." When asked what it might look like for the family in a
different scenario, she reflected on using the measure herself prior wherein parent-child
interactions were stronger: "I did PICCOLO with this family myself at other times, and it was a
little bit different than these results." The difference was due to the parent interacting with the

child more: "during that activity, we were all down on the floor, and mom was interacting. So, I

can see … there was an opportunity for improvement." (See Table 9).

While HOVRS-A+ was not used for each of Mila's home visit videos due to some of the

visits being prenatal focused, upon examination of the HOVRS-A+ data provided, Mila noted

that "it's a good assessment … just to see the overall strengths of a home visitor." Overall, the

most crucial finding Mila saw was related to "building that trust, so families feel comfortable

talking about their different concerns and needs." She reflected the same aspect regarding what

represented effective home visiting, "being that area of support for the family … this [the

support] I think reflects how important it is to be able to connect with family and establish, you

know, a responsive and trusting relationship with them." Mila concluded by noting that the home

visit was effective because she was able to be flexible while still sticking to the curriculum

> I think that's one of the greatest things about home visiting is meeting families at their
>
> needs versus trying to talk down to them, saying, "This is our curriculum, and this is what
>
> we need to do right now.

Table 9.

Home Visit Quality and Parent-Child Interaction: Descriptive Statistics for Mila

Scale/Subscale	*M*	*SD*	Range
HOVRS-A+ (*n* = 6)			
Responsiveness	3.71	.73	2-5
Relationships	5.23	.73	4-6
Facilitation of PC Interaction	2.50	1.05	1-4
Nonintrusive Collaboration	3.33	1.03	2-5
Parent Child Interaction	3.67	1.63	3-6

Parent Engagement			
Child Engagement			
PICCOLO (*n* = 3)			
Parental Affection	5.67	3.51	2-9
Parental Responsiveness	3.33	2.52	1-6
Parental Encouragement	1.33	1.53	0-3
Parental Teaching	.33	.58	0-1

Note. n=number of videos. Scores for HOVRS-A+ range from 1-7. These scores come from the sum of the ratings within each of the seven measures. Scores for PICCOLO range from 0-16. These come from the sum of the scores within each of the four measures.

Post-interview. Differences regarding Mila's answer to the question "how would you define effective home visiting?" showed a change between the pre-interview and the post-interview. In the pre-interview, Mila's conception of effective practice surrounded productivity, change, and seeing techniques used: "Effective … would be, you know, being able to observe something pretty neat during the parent-child interaction." In her answer to the same question during the post-interview, she utilized words that were included in the intervention questions:

Effective home visiting … Meeting the families where they're at, and working on things they wanna work on, but you know, being especially flexible to their needs to wants. Just being responsive to what they have to say and helping them facilitate their action plans.

In the pre-interview, Mila overly explained who the primary interactors of a home visitor are; in the post-interview, Mila succinctly answered, "Parent, child, and home visitor." Mila's home visiting practice, pre- and post-interview, included a lot of adapting and being flexible to

families' needs. She said, "that's how I see the flexibility … just being able to twist it [an occurrence] into a teachable moment." Mila gathers input from the family in order to plan for the visit while keeping in mind unexpected happenings may occur that could shift the visit entirely. She facilitates parent-child interactions by finding a focus via joint (parent and home visitor) planning of the activity, which Mila sees as an "incentive" for these interactions to occur. Further, she brings materials that are not available in the home to create a novel activity for the parent and child to work with together. To conclude, Mila was asked three questions about her experience during these interviews.

Change in Conception. Mila did not have a marked change in conception between responses from the pre-interview occurred, a home visit video and data were reviewed, and the post-interview. The techniques she uses in her home visiting practice were present in both interviews; including, how she facilitates interaction, modeling, well-thought-out plans for her activities, and especially understanding, care, and consideration for the families she visits. Further, she found something for her practice to focus on: parent-child interactions: "That was something that's been on my mind, like, trying to foster a lot of that, so that's something that I've kept it in mind is like, "okay, how do I make sure it's, you know, solid?.""

Case 3: Mara

Background. Mara is a White female-identifying former home visitor of an EHS-HBO affiliate in the western United States (see Table 6). Mara was 51 at the time the interviews occurred. She has a bachelor's degree and has worked in home visiting or a related field for ten or more years. Mara's nominated parent was 21 at the time this study took place. The parent identified as a White female. The parent indicated her highest level of education included some

college. She had one child and was living with her partner (marital status unknown) during the period in which this study took place.

Initial Conception of Effective Practice (Pre-Interview). Mara's initial conception of home visiting revolved around relationship development, responsiveness, support, engagement, and the parent's perception of progress. In her words, she noted that ideally,

> The underlying foundation of a good home visit is the relationship that's developed, the responsiveness to families' needs and interests, the support that can be offered in a good home visit, how engaged the parent is … and if, you know, the parent makes progress by their own … not my definition of what their progress should be … it's an ongoing process … in general. It's being supportive. Pointing out things that are going well, offering ideas, trying to meet the parent where they are … trying to be aware of the different learning styles [and] just being really sensitive.

Mara saw herself as a supportive figure to facilitate the parent-child interaction; she said,

> You want to interact with the child, and a parent and whoever else is in the household; but, the focus is not for the home visitor to either talk to the parent the whole time or talk to the child the whole time … their relationship is really the primary interaction.

She commented that a facet of the PAT curriculum is related to the child associating the activity with the parent, as opposed to the home visitor, "this is our [the parent and the child] time to do something fun, together." She noted that she broadens this support to extended family, too, while putting the parent-child interaction first and foremost;" it's an invitation. It's establishing a relationship with them, too. It's extending, you know, the listening that we do and also … maybe pointing out strengths of what the parent is doing if there are other relatives."

Mara displayed responsiveness to the family by watching cues of the parent and the child; she said, "you really follow the flow of the family … it's just very, being aware and interactive and respectful of what's going on."

Further, when facilitating the parent-child interaction, she noted that while she may not always be able to get a parent to interact with the child during the home visit, she still tries. These efforts transpire by using strategies such as "handing objects and toys to the parent" and asking a lot of open-ended questions. Mara remarked on the need to be flexible when home visiting, as you are not always aware of what you are walking into when you enter a home visit, but that you continue with the visit. When challenges arise, such as attempting to get a child to engage, she always looked for the "… just right challenge … which just hits that child developmentally where they are, because once you find that spot, they're going to want to continue doing that." Mara utilizes modeling to promote parent-child interactions further and to promote parental responsiveness; she tries to teach the parent how

> To become an observer. To begin to give them the vocabulary that we used in development … talking about the different … domains of development, and to give them the vocabulary to be able to make those observations, and to really help the parents see what their child is doing and how amazing their child really is.

She concluded by adding how important it is to point out these things as the parent may not always know what they are seeing or have the descriptive vocabulary to label it. To get parents to encourage their child, Mara remarked that she first will ask a lot of questions but will also be reflective about things such as boundaries and cultural beliefs. By knowing these things, she is better able to serve families. She noted that sometimes it is necessary to make observations to understand a parent's comfort with teaching and that it is important to reassure and support

them to be empowered to do things like encourage and teach their children. Mara noted that in supporting and empowering the parent, value is cumulated for future home visits.

Video Review. Upon reviewing the 20-minute video of the home visit and if the home visit was effective, she said, "these like … this abstract standard of effective home visiting …" She noted that while she could point to the positive aspects of the video, it is hard to say, "whether or not it fits into that definition of effective home visiting." She agreed that she would consider the home visit effective because of the overall flow of it and her relationship with the mother and child. Other effective facets she commented were present were "warmth, interaction … positive reinforcement," but that she could have "maybe observed a little more actively." Mara noted that overall, according to her definition of effective, the one she watched would be considered as such. In particular, the visit being "family-oriented, warm, and enjoyable" were factors that contributed to its effectiveness.

Data Review. Upon review of the data, Mara did not have too much to say about the measures themselves. Due to her prior knowledge of the PICCOLO measure, she noted that it was common for scores to be low in the Teaching domain of this measure. Regarding HOVRS-A+, Mara said, "I think it could be a really useful tool." She went on to note how helpful it could be for a home visitor to choose which portion of the measure to focus on for the home visit. Mara remarked that having the data to review allows for reflection and self-improvement for both the parent and home visitor, as there is an objectivity to having a data set to review (See Table 10).

Concerning how the findings support Early Head Start's needs and goals, Mara noted having the data gives concrete tools to the organization, "because home visiting itself … is sort of like a nebulous kind of thing … so to have something that gives it a little bit of structure, I think, is super helpful." She said that the measures could be utilized as "part of [Early Head

Start's] standards to have home visitors which are constantly striving to achieve something that's just that much better." Further, that they could be helpful "to just kind of explore where families might be" and that usage over time would be significant to see if the observation measures helped show a positive change.

Table 10.

Home Visit Quality and Parent-Child Interaction: Descriptive Statistics for Mara

Scale/Subscale	*M*	*SD*	Range
HOVRS-A+ (n = 8)			
Responsiveness	4.10	.57	3-5
Relationships	5.50	.53	5-6
Facilitation of PC Interaction	4.89	.60	4-6
Nonintrusive Collaboration	4.78	.67	4-6
Parent Child Interaction	5.33	.71	4-6
Parent Engagement	5.11	1.05	3-6
Child Engagement	6.44	.53	6-7
PICCOLO (n = 7)			
Parental Affection	11.14	1.95	8-13
Parental Responsiveness	11.5	2.27	8-14
Parental Encouragement	7.88	3.87	1-13
Parental Teaching	5.25	3.77	0-10

Note. n=number of videos. Scores for HOVRS-A+ range from 1-7. These scores come from the sum of the ratings within each of the seven measures. Scores for PICCOLO range from 0-16. These come from the sum of the scores within each of the four measures.

Post-interview. Mara's answers in the post-interview were succinct and to the point. There were similarities between her answers to the intervention questions. Mara noted she was able to use the video to reflect on her home visiting practice, saying "there could have been a little bit more observation and things like that." This ties back to her comment when reviewing the data wherein she said it would have been "really beneficial" to choose a domain from a measure in which to focus on during a home visit. Mara was encouraged by the coaching and reflective supervision she received as a home visitor; she mentioned how she "would have like to have seen [the video and data] earlier in my career." It was clear that Mara gained knowledge from the video and data. To conclude, Mara was asked three questions about her experience during these interviews.

Change in Conception. Mara had nearly synonymous answers to the intervention questions. Her home visiting practice revolved around maintaining flexibility, being open to change, planning age-appropriate activities, and using her observations to improve her practice. Upon reflecting on the video that was watched, she said, "there could have been a little bit more observation and things like that," and that choosing domains from the measures to focus on would be "really beneficial" to strengthen one area of practice at a time.

Case 4: Marta

Background. Marta is a Hispanic/Latinx female-identifying home visitor working at an EHS-HBO affiliate in the western United States (see Table 6). She was 54 at the time the interviews occurred. She has a bachelor's degree and has worked in home visiting or a related field for ten or more years. Marta's nominated parent was 30 at the time this study took place. The parent was a Hispanic identifying female. The parent's highest level of education was a bachelor's degree. She had three children (all of whom were enrolled in the EHS-HBO program)

and was living with her partner (marital status unknown) during the period in which this study occurred.

Initial Conception of Effective Practice (Pre-Interview). Marta's initial conception of effective home visiting surrounded a lot of components, including: "… [effective home visiting] is to have a positive attitude and be respectful to families, culture, and beliefs, and build a good relationship with them." She went on to say:

In order to be very effective [it's] all these things, components, together is what makes the parents comfortable; and then we can work together because they, too, [are] asking me. So now, I am able to hear and see and observe what the needs are.

Regarding primary interactions during the home visit, she did not include herself and said, "I feel like when I come to the homes, I feel that I just encourage them to do it and support the parents." Marta reiterated she mainly tries to encourage and support the parents more than anything. She remarked that she provides activities for them and helps them to engage with their children actively and be involved. While she is part of the interaction, once she gets the parent and child started with the activity for the home visit, she takes a step back and notes her observations.

During the interactions with the parents, her main topic that she stressed was child development, which is part of the PAT curriculum and the EHS outcomes. That said, she does solicit input from parents concerning what they would like to do during the home visit to promote interactions between the parent and the child. She brings different activities and extra items to the home, ensure positive interactions can occur, and when they do that they are sustained. She engages every member of the family in the home visit whenever possible, and,

while it depends on the activity, she will include everyone if she can: "When I know ahead of time that there is, there will be more kids. I know that when it's summer, they have siblings at home. So, I always prepare activities that is multi-age."

Further, she tries to identify and sympathize with the parents; she said, "I try to put myself in their shoes." She commented that she is affectionate with the children she visits because, upon reflection, if someone were great with her own children, she would be happy with that person. Hence, she tries to bring her own experiences of being a parent into home visiting by talking to the parents she visits to encourage the fostering of a positive parent-child relationship. She noted she always tries to be respectful of the parent and values their opinions during the home visits and socialization events. Also, she utilizes resources in the community to help the parents obtain items they need (e.g., onesies). She reflected that it is the attitude that she brings in the beginning of a home visiting relationship that solidifies the building of a supportive relationship as home visiting continues.

An aspect of the building of a relationship is flexibility while home visiting. For example, if siblings of the focus child are present, she broadens the visit activities to include them. She also is flexible when scheduling visits with all of the families on her caseload. She also agrees to briefly watch the child while the parent uses the restroom during a visit. She engages the parents by having a conversation about what is happening and promotes child engagement by doing things like modeling participating and following the child's lead. To encourage parent-child affection, she encourages children to verbally express their feelings, "especially to the mom." To promote touch as affection, she utilizes activities such as Patty Cake and Ring Around the Rosie to grow this affection and develop attachment between the parent and child.

To facilitate parental responsiveness, Marta noted that with her prenatal visits, she tries to teach the parent the foundations of prenatal attachment for these behaviors to be present when the child is born. She seeks to educate and to coach them by asking questions and creating routine schedules with them to make them aware of their child's needs. She remarked that she models for parents to encourage a child's curiosity and always explains the benefits of why the activity is worthwhile during a home visit. In her practice, Marta always emphasizes to the parents that a child is learning, even if it may seem like they are not.

Video Review. After reviewing 20 minutes of video of a home visit, one question that was asked was if the video was an example of effective home visiting. She initially stated that it was not the best home visit. She noted that the focus child was the infant; and that she brought an activity to do with the mom and the infant and other items to keep the infant's two older siblings engaged during the visit. She reflected that the parent did not want to do the activity that was brought for them to do, and the visit was stressful due to the siblings being present. Marta reflected that ideally, she likes to be flexible with families, but in reality, it creates challenges during a visit. In a sense, to Marta, this combination created a sort of chaotic environment that made the home visit ineffective, mainly because they were not sitting on the floor:

> I know when we sit on the floor, and we are with the kids on the floor, we control more
>
> the kids … it was so hard … to be sitting on the couch, mom sitting on the couch, kids
>
> trying to play, [focus child's sibling's name] taking away stuff.

She noted that upon review of the video, she noticed that progress in her practice had been made from the time it was recorded to when it was reviewed. She said that while she brought information about birth control that she told the parent she would, it was challenging to

plan for this home visit with multiple ages present and "… mom is learning to be a new mom again, you know, for the third time."

Regarding what was missing in the home visit, Marta remarked that there could have been more engagement between the parent and the focus child. Upon further discussion and reflection, Marta reversed her previous comments on its ineffectiveness. While she agreed the previously mentioned deficiencies were unhelpful, she found it effective because of the way she saw the parent interacting with her children; Marta reflected, "I really like how mom was using a nice voice. She all the time was calm … she didn't seem aggressive with the kids." She went on to say that while the video was lacking, but as she recognized the progress made by this family, she reflected on the visit by stating the strengths of the family and herself.

Data Review. Upon the joint review of the data with the researcher, Marta stated that it was helpful to see the data as it reiterated what she knew about the parent: that she frequently interacted with her children and was consistent in positive parent-child interactions while enrolled in the home visiting program. She said, "by observing what Mom did … she was very warm with her kids. How to share, how to play. As a home visitor, I think I did my part." As the focus child for the home visit video was younger than ten months in age, no PICCOLO scores were provided. Marta noted that the data from HOVRS-A+ was helpful for reflection: "… to see back, what am I doing that didn't work … maybe I can work more on this and next time do much better." (See Table 11). Marta noted the importance of parental consistency and how it supports the goals of this and similar families. Concerning consistency, she said, "I think the families when they are very stable every week you see in the home visit; I see their children, they're learning more, their progress is faster than others that [are] constantly canceling the home visit." Concerning Early Head Start's goals, she noted that the consistency in the findings support those

as well, particularly about school readiness. Marta remarked that the "results of the research measures were amazing" and "helpful to show what home visitors need to focus on in order positive changes to be displayed in their home visiting practice."

Table 11.

Home Visit Quality and Parent-Child Interaction: Descriptive Statistics for Marta

Scale/Subscale	*M*	*SD*	Range
HOVRS-A+ (*n* =9)			
Responsiveness	3.44	.52	3-4
Relationships	4.89	.78	4-6
Facilitation of PC Interaction	4.13	.99	3-5
Nonintrusive Collaboration	4.63	.52	4-5
Parent Child Interaction	5.25	1.16	3-7
Parent Engagement	5.00	1.31	3-6
Child Engagement	5.25	1.28	3-7
PICCOLO (*n* = 6)			
Parental Affection	12.67	1.63	10-14
Parental Responsiveness	13.17	1.17	11-14
Parental Encouragement	11.33	1.97	8-13
Parental Teaching	8.00	3.90	3-13

Note. *n*=number of videos. Scores for HOVRS-A+ range from 1-7. These scores come from the sum of the ratings within each of the seven measures. Scores for PICCOLO range from 0-16. These come from the sum of the scores within each of the four measures. PICCOLO scores are included here as the home visit videos switched off between three children.

Post-interview. Changes were seen between the pre- and post-interview conceptions of home visiting. Initially, Marta pointed to the building of a relationship first, as well as observations of the families' needs and wants. When asked to define effective home visiting in the post-interview, Marta answered, "When a home visitor is successfully supporting parents and their children's development. And when we see the progress of the goals that were being set up for the children in the family." Another notable change was including herself as a primary interactor, as she had not previously, "I think the three [parent, child, home visitor] of us [are primary interactors]." She went on to note that "mostly I think it's mom and the parents and the child and all the children," but when asked if she was also a primary interactor, she responded, "yes." Concerning the facilitation of the home visit, Marta's answers did not vary too much from this interview comparted to the pre-interview. In each interview, she spoke about encouraging the parent to interact, supporting their needs, and, above all, respect them. She noted she brings activities that keep both the parent and child engaged and have positive triadic interactions; otherwise, when she brings an activity with no input from the parent and child, "I notice that engagement is really not the way that I expected it to be." She remarked on the importance of being on the child's level, namely the floor, because "when the parents use the couch and the child is [on the floor] there's not much engagement because it doesn't work for some reason." She was consistent in that she utilized the same strategies from the pre- to post-interview. To conclude, Marta was asked three questions about her experience during these interviews.

Change in Conception. Marta's answers did not vary interview to interview. In the pre- and post-interviews, she emphasized the importance of the strategies she uses in her everyday practice such as, asking open-ended questions to the parents: "Sometimes I ask them, "what [have] they been observing during the week or home visit? What do you observe today about

your child? Just engaging them." Modeling for the parent: "I always … model how to value what the child is doing and what the child can do," and for the child: "I just model [emotions for] them, and I just say, "Oh," I say, "Can you tell mom how she feels after [the child throws a tantrum]? Do you think she feels sad?" Bringing engaging activities and aiding the parent: "When I provide activities to them … I don't step out; I don't step away. I'm there, and so I'm just supporting them … I just let them flow, their engagement [and] their involvement" and getting the parent's opinion on activities to do: "We always talk about what the child might be interested in learning and what he [or she] likes to do." A notable difference was previously not including herself as a primary interactor during the pre-interview and then including herself as one in the post-interview.

Case 5: Shaunice

Background. Shaunice is a White female-identifying home visitor working at an EHS-HBO affiliate in the western United States (see Table 6). Shaunice was 37 at the time the interviews occurred. She has an associate degree and has worked in home visiting or a related field for ten or more years. Shaunice's nominated parent was 19 at the time of this study. The parent identified as Hispanic/Latinx and female. Her highest level of education was a high school diploma or GED. She had one child and was living with her partner (marital status unknown) during the period in which this study took place.

Initial Conception of Effective Practice (Pre-Interview). Shaunice defined effective home visiting as "meeting the family where they're at," and emphasized that this could look different from family to family (e.g., families living in crisis vs. stable families). When asked who the primary interactors are during a home visit, Shaunice did not include herself as one. She noted that the content of the interactions in a home visit changes daily and is dependent on the

curriculum as well as extenuating factors (e.g., crises at home). When facilitating parent-child interactions, Shaunice commented that she emphasizes to parents at the outset of her home visits with them that she is not there to play with or babysit their children, but that they are there to do an activity together. She utilizes strategies, such as handing items to the parent or verbalizing what the activity is to the child. For engagement to occur, depending on how it is going, she will continue an activity or find a new one to keep both the parent and child engaged and interacting with each other. She will ask the parents what they think and will try to ask specific questions regarding what they are doing if she notices their engagement is drifting.

Shaunice demonstrated responsiveness by allowing the parent the time to speak about current issues that may be bothering them at the beginning of a visit before delving into the activity with the child, "80% of them, they need to say what they need to say first and then we can move on … they have to let me know all of that kind of stuff first … before we can really get into anything else." She remarked that she fosters a relationship with the parent by finding a connection with them, or discover something in common with them, even if it is as small a thing as how they do their hair: "You have to sometimes find like a commonality between you. Whether it's … they pull their hair up on a ponytail like I do every day, or whatever it is. You just have to find something that you can connect with them." She said that by doing that on top of listening to them, hearing what they need to say, and following through when you say you will do something (e.g., bringing a list of dentists covered under Medicaid), the relationship is positively fostered. She noted that by "hearing what they're saying," you can still then use what they talk about to spin "it back onto … their family and their children." For the parent-child interactions to occur, Shaunice noted that she gives the parent a task for the activity and will do things such as leaving items behind for the family to use after she goes:

Yesterday, I left the boxes with the family … I said … they can sit in there and they can color. Or … make it a little home … I give her different ideas. Whether they follow through with it or not … it's totally up to them, but I leave them things for them to do that.

A notable aspect of Shaunice's flexibility concerned not having expectations for how a family should act, she said,

We have to be flexible with the way we view our families. If we have one rigid way of viewing how everybody's supposed to behave and everybody's supposed to parent, and every house is supposed to look, we're going to be devastated every single time because nobody is going to meet what our views are … we really want to mold what is going to be best for that particular family.

Additionally, Shaunice stated, "if you're super rigid, you're not going to fit into those amazing family dynamics that each family has." Shaunice reminds herself that she is not always going to fit into the dynamic a family has, she has to remain flexible, and remember what levels of knowledge (e.g., child development) the family holds. When asked about facilitating affection between the parent and child during a home visit, Shaunice noted its tie to parent engagement: "with the parent-child activity … [it's] giving them that time with their parent." Shaunice reflected on how excited children are at times when she comes to visit, but she noted, "We really try to bring it back to the parent … [for example] if we're working on walking skills, then having baby face mom instead of facing us." She guides them to attend to their child to facilitate the noticing of milestones their child reaches and pointing out things about these milestones they may not realize are big deals. However, she is mindful of different cultural values as well and does not try to overstep those boundaries: "we have to be really cautious about … their values.

Maybe they were taught not to hold them every time they cried." She noted that to encourage parental responsiveness, she informs parents it can be as simple as a verbal response and using words with their children. She does this by promoting "Sportscasting what they [the child] do and having … conversations with them even though they're not speaking like what you think are words ... they're words to them." Shaunice promotes parental encouragement sometimes by encouraging and pushing them to get out of their comfort zone, which she finds to be helpful as time goes, changes are seen. To promote parental teaching, Shaunice models for parents but tries to do so as in a non-condescending manner, as fostering the relationship is of the utmost importance: "I don't want to feel condescending. I will model and say, "Oh my gosh, look how well he's doing this." I'll just point it out to the parent, but I wouldn't ever tell them, "you need to do something." She simply provides suggestions and hopes for the best that they do something she suggested, but as she said before, it depends on each family and each visit.

Video Review. Upon review of the video, Shaunice noted that it was an example of an effective home visit because "I think it shows the relationship that I have with Mom and with the baby." She remarked that while she did notice a shift in the parent once the videoing of the visit began, the parent still engaged with the child and the home visit content: "It was very different before we starting videotaping, too, and then when she [parent] moved [in with her mom], it changed dramatically. But she's always really engaged with her baby." However, Shaunice went on to note the changes she saw in the parent, "[when] we started videotaping I think she really started to freeze up." Regardless, Shaunice thought the video was an accurate representation because she thought "it turned out really well." In particular, because of the parent-child relationship, "You could still see the relationship between Mom and baby. She was very affectionate with him and knew the things that were important to him in his learning." Shaunice

pointed to her relationship with the parent, as well as her relationship with the child. When asked what was missing from the video, Shaunice reflected that she could have encouraged the parent to take more interest in the interaction between herself and her child a little more, "what was missing is … her really taking an interest more in what he was actually doing. Telling him what he was doing instead of me telling [her] what he was doing." She went on to say, "I would have liked her to tell, just to kind of sportscast what he was doing a little bit." However, Shaunice did say again this could have been missing because the parent was not entirely comfortable with being recorded. Shaunice reiterated that while she could have tried harder to get her engaged with the visit, the lack of effort did not take away from seeing the parent being affectionate with the child: "what was effective is that she is affectionate with him, and you can definitely see that, and she knows her baby very well … being a first time teen mom, I think that's huge." Lastly, Shaunice remarked that the home visit's effectiveness was tied back to the child's enjoyment; she said, "he loves that activity." Additionally, the parent "talked all the time about how much he loved it."

Data Review. Upon review of the data, when questioned about how the data supported the family's needs and goals, Shaunice said that an essential item she saw from the data was the support the parent gave to the child and likewise the support she gave to the parent (See Table 12). When asked about Early Head Start's needs and goals, Shaunice noted that the most critical finding was regarding the relationship-building aspect, which includes the relationship with the child and the parent. She said, "we strive to have a relationship with the parent so they can have a really good relationship with their child." No PICCOLO data were gathered for Shaunice's home visit videos as the outcome measure is used for children 10 months and older. Shaunice noted that having multiple home visit measures help to create a full picture of effective home

visiting, but that her knowledge of future progress and what happened before and after the videoing occurred and after the study ended could skew her thoughts. She finished with the caveat that while the recording was worthwhile, you may not get the real person by having home visits recorded.

Table 12.

Home Visit Quality and Parent-Child Interaction: Descriptive Statistics for Shaunice

Scale/Subscale	*M*	*SD*	Range
HOVRS-A+ (*n* = 8)			
Responsiveness	3.88	.83	3-5
Relationships	4.75	.89	4-6
Facilitation of PC Interaction	3.29	1.38	2-6
Nonintrusive Collaboration	3.86	.90	3-5
Parent Child Interaction	5.43	1.40	3-7
Parent Engagement	5.00	1.15	4-7
Child Engagement	3.86	1.34	2-6

Note. n=number of videos. Scores for HOVRS-A+ range from 1-7. These scores come from the sum of the ratings within each of the seven measures.

Post-interview. Shaunice's initial conception of home visiting surrounded meeting the families where they were at the time of the home visit. In the post-interview, she defined it as "Relationship building … making them feel stronger … and more effective as parents … in not only being a parent but advocating for the child." She also noted that the relationship was not only with the home visitor but was also related to the parent's relationship with their child. When asked if she included herself as a primary interactor, Shaunice did not include herself but did note that different interactions would occur (e.g., parent-child, home visitor-parent, or parent-

other). The content of the interactions varied, but ideally, it was the parent and child interacting with the activity. Shaunice facilitated that by having the parent interact with their child and occasionally model what to do. Shaunice reiterated that relationship building is at the center of her home visiting philosophy and noted the importance of trying to find a commonality between yourself and families.

Additionally, she noted the importance of getting the parent and child to have a positive relationship. Shaunice reflected on one family wherein the mom "always called her son a jerk." Hence, she asked the mom, "what other kinds of names do you have for him" to facilitate more positivity in the parent-child relationship. She further drove this point of encouraging parent-child interactions by leaving activities behind and giving advice on "how they can expand on what we're doing [in a home visit]." She asks the parents open-ended questions and does what she can to get both the parent and child involved with what they are doing. Shaunice further encourages positive interactions by providing suggestions to the child "show mom your pretty picture" or "when they're afraid of something, "if you sit at mom's lap, maybe it won't be so scary" … that kind of stuff." Facilitation additionally translated to pointing things out to parents for them to respond to their children positively and appropriately. An example Shaunice provided was when tantrums occurred. After the tantrum ended, she would ask the parent, "well, what other good things could we have done?" remarked.

Change in Conception. Shaunice expressed similar sentiments, both pre- and post-intervention. Shaunice's thoughts on effective home visiting revolved around the building of a relationship between herself and the parent. Additionally, facilitating the parent-child relationship, being flexible with a family's needs and wants, and doing what needed to be done to have what she considered to be a pleasant home visit. She remarked that this activity made her

think of her work as being more significant than previously thought and that it was an opportunity to "…think about what we're [home visitors] doing in a different way." In discussing her home visiting practice and its relation to the measures used, she mentioned it helped point things out for her to position her focus then.

Home Visitor Experiences with the Intervention

To address the third research aim, participants' responses to three open-ended questions asked at the end of the fourth session (i.e., post-interview) are presented. See Table 13 for direct quotes.

Overall, their experiences with this professional development activity were positive. The participants found the experience to be interesting and worthwhile. Two home visitors specifically reflected on feeling like participating in this study made them feel valuable and professional. Regarding the review of the home visit video, overall, participants found it to be helpful for their home visiting practice, particularly concerning what they saw was missing from their home visit. Generally, participants used their recollection of the video to help them with their future practices. Regarding the review of the assessment data, participants additionally found it to be helpful again for their future practices and changes that could be made that would garner them higher scores on the observation measures.

Table 13. *Valence of Home Visitors' Experiences*

Subthemes		
Negative: disappointment with how the study went overall, frustration regarding the experience, difficulties.		
Positive: growth, feeling important and valuable, interesting to see video and data, helpfulness for future practice.		
Neutral: uncertainty regarding experience, not knowing if this was helpful for their work as a home visitor.		
		Representative Quotes
Valence	**Number**	

Positive	19	"[This experience was] Definitely [helpful]. Yeah, at least the way that … I think what stuck with me is the parent-child interaction part of it. That was something that's been on my mind like, trying to foster a lot of that. Yeah, so I do have a visit happening tomorrow. And so that's something that I've kept it in mind is like, "Okay, how do I make sure it's, you know, solid?" (Mila) "Actually, it's been really awesome. It was really cool interacting with Bridget. It was really nice to feel that we were considered professional, and we had valuable information. That really was lovely, and no, it was really ... I think it was a great experience. I enjoyed working with Bridget in the coaching. Yeah, there were just a lot of positives." (Mara) "I think it was good, it makes us think about what we're doing in a different way as a whole, not just this little part, but with the part with Bridget, all of it wrapped in the little present, it kind of feels like we're more important than just what we do. It's bigger than … I think that even though we live in these four little walls in this tiny little room now, that it's bigger than that." (Shaunice)
Negative	9	"I told you before if I was gonna do all this stuff, I never would have picked that family for the … for it, and so that's what I was disappointed about … based on the videos and all that, and it's just experiencing that frustration and challenge again for me." (Karla) "It was painful watching myself in the video." (Mila)
Neutral	13	"It's definitely something that I'll reflect on. I don't know, just yet, if I'm gonna turn that into a professional goal, or I'm going to try to target a certain aspect of the visit." (Mila) "I don't expect to be high in every single area, and if I did that would be weird, you know what I mean? So, I think that we all have our strengths and we all have our weaknesses and I don't always believe that we need to build our weaknesses because our strengths should outweigh that." (Shaunice)

Themes

To address the fourth research aim, during data analysis, patterns emerged and were condensed into three overall themes (See Table 14). These themes are vital as they show the central topics of home visits and could be helpful for future research. The themes identified during data analysis were individualization and flexibility in practice; responsiveness to families; and didactic approach. See Tables 15, 16, and 17 for the tallies of when each home visitor specifically stated a referenced element or alluded to one.

Table 14.

Thematic Analysis

Theme	Description	Evidence from the Data
Individualization and Flexibility in Practice	This theme encapsulates the phrase repeated multiple times throughout the interviews: "it depends on the family." Individualization and flexibility were combined as home visitors expressed the need to be flexible, depending on what the family needed (or wanted). This individualization, while still sticking to their curriculum, included adjustment of scheduling and location of the home visit.	"Every singly visit, every single family is always different. What I really like to do is ask the parent at the end … "what would you like to learn about next week … what kind of activity would you like to do with your child next week?" You know, some families you can just … give them the bag when you walk in." (Karla) "[The content of the interaction] really depends on what the family has going on. I usually start with focusing on the curriculum and what the curriculum has to offer, so going through the specific topics and activities that they recommend. But sometimes we do stray from that one. If the family has something more on top of their priority list, so something like a topic that they really want to talk about like tantrums, or there's an activity that they want to try with their child because they're concerned about a certain skill. So even though I try to do the curriculum as planned, I also tried to implement things that the family is interested in and would like to look into some more." (Mila) "[Fostering a relationship is] really dependent on who the person is that you're interacting with. Trying to be aware of different learning styles. Just being really sensitive … to who they are and what's going on." (Mara) "It [home visiting practice] changes from one house, one family to another family." (Marta) "[Effective home visiting] is meeting the family where they're at, so effective could look very different for one family versus another family. Ideally, I would love to focus on the kids, but sometimes you have to get through their other stuff before you can focus on what's going on with the kids." (Shaunice)
Responsiveness to Families	This theme surrounds the relationship the home visitor had with the families they visited and understanding their needs. This included material, emotional, and cultural needs.	"[Effective home visiting is] connecting with families and encouraging relationships with the family." (Karla) "[Effective home visiting is] just being responsive to what they have to say to what they have to say and in helping facilitate their action plans." (Mila)

		"The underlying foundation of a good home visit is the relationship that's developed, the responsiveness to families' needs and interests, [and] the support that can be offered in a good home visit." (Mara)
		"For me, the first home visits are very crucial to build that relationship with the parents … I try to identify things that will help me to build this relationship." (Marta)
		"You just have to find something that you can connect with them … and really allowing them to be part of it. It's not about us. If it's about them, then you are developing that relationship. These things on the top, like hearing them and listening to them. If you say that you're going to bring the list of dentists next week, then bring a list for the dentists next week." (Shaunice)
Didactic Approach in the Triad	This theme includes modeling, educating, pointing out behaviors, giving items to parents while being encouraging, observant, and supportive.	"Pointing out a lot of things that they're doing, because parents are like, "oh, they're just playing." Well, no. They're not just playing, you know … there's a lot of development happening." (Karla)
		"I always remind the families … even though it looks like we're playing, your child is learning through many ways, so I oftentimes ask the parents, "what do you think your child is learning at this time?" or, "how could we make this easier or harder for your child to be able to learn this activity?"" (Mila)
		"Handing objects and toys to the parent, or if a child brings me a book and I begin to read, then I may, after I've read it, say, "oh, now it's mom's turn." So, I'll give it to mom and then the child will go and stay in mom's lap. Or I'll ask questions … "So, little Susie's over there in the corner, what do you see her doing? What is she exploring?" And then … "let's talk about play. What is she learning through play?"" (Mara)
		"I always explain the benefits of why we do this … I just emphasize always what the child is learning." (Marta)
		"I really try to bring it back to the parent. Like, if they're trying to show me their picture, "oh, mommy would love to see your picture." And then mom gets to [see it]. If we're working on walking skills, then having baby face mom instead of facing

			us. If I'm holding baby up and they're taking the steps of walking … towards me." (Shaunice)

Table 15. *Number of Times Home Visitors Addressed Individualization and Flexibility in Practice*

	Pre-Interview	**Review of Video**	**Review of Data**	**Post-Interview**
Karla	33	2	1	9
Mila	23	5	5	12
Mara	19	1	5	6
Marta	14	2	4	12
Shaunice	43	0	1	4

Table 16. *Number of Times Home Visitors Addressed Responsiveness to Families*

	Pre-Interview	**Review of Video**	**Review of Data**	**Post-Interview**
Karla	15	3	0	5
Mila	15	0	7	9
Mara	3	1	7	4
Marta	27	0	0	3
Shaunice	17	0	3	6

Table 17. *Number of Times Home Visitors Addressed Didactic Approach in the Triad*

	Pre-Interview	**Review of Video**	**Review of Data**	**Post-Interview**
Karla	39	1	0	16
Mila	28	2	4	12
Mara	19	1	14	13
Marta	31	1	1	14
Shaunice	25	1	2	9

Member Checking

In order to validate the findings of this mixed-method study, participants were individually emailed their case for review. As an additional step to ensure they received the email, they were each sent a text message informing them of the email they were sent. Within the email they were given the opportunity to respond with any comments, feedback, or questions regarding their case. Two participants, Marta and Mila, replied to the email.

Marta remarked,

> Case 4 is really detailed and sounds really good. The content displays the quality of a home visitor … and the benefits that families obtain when receiving home visits. I am very impress[ed] about it and I think the audience who will read this will understand the importance of home visit[ing] programs related to parenting.

Mila replied,

> Thank you for letting me review that. It's always been so uncomfortable for me to hear myself and reading quotes I've said are no easier … I think it looks good, though, [and] I have no further comments on it.

CHAPTER FIVE: Discussion

The present study examined home visitors' conceptions of effective practice in home visiting. Home visitors were asked open-ended questions about effective home visiting, including primary interactors during the visit, parent-child interaction, and family engagement across four individual sessions. To achieve this, a methodological framework used by Radloff and Guzey (2017) was utilized, including: a pretest, use of video and assessments in tandem with open-ended questions, and post-test. Additionally, the theoretical framework of Transformative Learning Theory (Mezirow, 1997) was used to encourage the use of self-directed thinking and creation of autonomy. Framework of Noticing (van Es & Sherin, 2008) was used as a guide to encourage home visitors to engage in reflective practices. Within-case analyses were utilized to derive individual home visitors' conceptions of effective practice. Emergent descriptive coding and thematic analysis were utilized to derive themes from the data. These themes provided additional insight into what behaviors home visitors describe as effective practice. Following is a review and explanation of the findings from the vantage point of theory, within-case and thematic analysis along with comments on valence of home visitor experiences, implications of these findings, suggestions for future research, limitations of the study, and concluding remarks.

Adult learning principles are important to guiding work with professionals (Cox, 2015). These principles include adults being mature, motivated, a voluntary and equal participant in learning, and drawing on past experience for current learning. According to Transformative Learning Theory (Mezirow, 1997), adults gain more autonomy by changing their frames of reference. This process naturally includes self-reflection. In giving home visitors the opportunity to reflect and engage in their work autonomously, they feel like they have the power and knowledge within themselves to be an effective home visitor. Professionals in early childhood

may engage in transformative learning to regain creativity and grow in their work. The home visitors stated their intentions to use what knowledge they acquired by participating in this study in their subsequent practice. It is plausible that the context of this study shaped the learning that the home visitors engaged in as well as their subsequent practice.

In Framework of Noticing (van Es & Sherin, 2006), professionals select noteworthy situations, ascribe meaning, and take a course of action. In providing home visitors with the opportunity to view their home visits, they are able to go through this process. That is, they can see their practices reflected in a video of their home visit as well as observational measure scores, note if they are effective or ineffective, and take this knowledge to set a course of action for subsequent visits. In applying what they learn, they are then able to observe progress. By realizing what they need do in certain situations, the necessary skills are potentially easily accessible as reflection has occurred. While this process was slowed down for the home visitors in the current study due to the delay between recording videos and implementing this study, its importance for future practice remains notable. This framework could be helpful for showing tangible differences between what they believe to be effective practices and the practices in which they engage. In the current study, one home visitor had a low score for facilitation of parent-child interactions on the HOVRS-A+. In the first interview, she described techniques such as "theatrical modeling" to facilitate parent-child interaction. It is possible that noticing this low score in the data review session may have prompted her change in conception. For instance, during the fourth session, she stated that she used have used more leading questions in the triad.

Within-Case Analysis

Within-case analysis was used: (1) to explore a video- and data-based intervention on home visitors' conceptions of effective practice by comparing responses to interview questions

from pre and post sessions, and (2) to determine if the video- and the data-based sessions changed or did not change participants' conceptions.

Overall, the participants' answers did not differ substantially pre- and post-intervention. In both sessions, the same language (e.g., meeting a family where they are, understanding a family's needs, and being flexible and prepared for all situations) was used to describe effective practices and the examples presented were mostly synonymous. However, in comparing their answers, it is notable that their responses were more focused after reviewing the video and data. For example, in the pre-interview, prompts such as "tell me more" or "and?" were used to support participants full answers to questions. In the post-interview, participants seemed to have developed an understanding of what was being asked and were able to provide succinct yet detailed answers without prompts. This aligns with Radloff and Guzey (2017), which guided the present study. Participants' understanding of effective practices were expressed during the pre- and post-interview sessions as opposed to during the video and data review sessions. A possible reasoning for this occurring was due to (a) more questions being asked during the pre- and post-interviews and (b) these questions being open-ended questions, as opposed to open-ended questions in tandem with presentation of the video and the assessment data. Nevertheless, the participants expressed that watching the video of their visit and reviewing the data were helpful, especially to see what home visitors' behaviors they did not like and knew were not contributing positively to the home visit. This information is important because, as Schafer (2016) pointed out, there is a lack of research that exists regarding home visitors thinking about their own practice and the effectiveness of it.

Home visitors' characteristics, such as years of experience, and skills, such as ability to form relationships with families (Schaefer, 2016), may play an important role in their

conceptions of effective practice. When thinking about why the responses did not differ substantially between the pre- and post-interviews for the participants in the present study, it is necessary to take note of all of the participants having 10 or more years of experience in home visiting and related early childhood fields. The participants' experience in working with children and their families could have played an immense role, as these participants appeared to have a firm grasp on what they need to do for a home visit to be considered effective. This contrasts with Radloff and Guzey's (2017) participants who were preservice teachers. Four participants held bachelor's degrees and one held an associate degree, which may skew the findings as well compared to a sample with less education.

In the pre-interview, participants were less likely to include themselves as a primary interactor. While there was acknowledgment of the triad, there was more of an emphasis on there being a positive relationship between the home visitor and the parent. This parallels Schaefer (2016) wherein home visitors asserted their ability to form a relationship with their clients was a contributing factor to be a high-quality home visitor. Parent-child interactions were also highly emphasized, which additionally contribute to home visit quality (Peterson et al., 2018).

In the post-interview, participants were more likely to state that they were a primary interactor with the parent and child, which emphasizes triadic interactions or a sign of home visit quality (Peterson et al., 2018). Participants noted changes they had seen in the families they visited, from the beginning of their visitation to when the interviews occurred, which assists programs in ensuring effective services are being provided and positive outcomes are achieved (Pew Charitable Trusts, 2015). Video methodology supports home visitors' ability to notice their practices (see Radloff & Guzey, 2017) and bring positive changes by actively reflecting upon their practice.

Participants verbalized what they believe to be effective practice in all interviews but during the post-interview participants specifically mentioned what behaviors (e.g., less notetaking, asking more open-ended questions) they could adopt to be more effective. Notably, participants generally indicated cogent descriptions of effective practice and ways to change their practice to be more effective. Existing literature indicated that professional development encourages relating new information to their work and considering how to apply what they learn (Dunst & Trivette, 2009; Oborn & Johnson, 2015).

Additionally, the participants reflected upon this study being the first time their home visits were recorded. As seen in Tripp and Rich (2012), while participants were nervous about the novelty of this study, they were open to utilizing technology to improve their teaching practices. Two home visitors commented during the review of video on the change in behavior they saw in the parents when recording began. The apprehension surrounding being recorded could have played a role in the home visitor perceiving themselves as ineffective or as a home visitor with less participation from a family than usual. Nonetheless, video recording home visits and reviewing them is desirable professional development practice in the home visiting field (Walsh et al., in review).

The video and data sessions did not alter home visitors' conceptions of effective practice, as conceptions tended to stay mostly synonymous. However, by seeing behaviors they may have previously not thought about (e.g., writing notes, asking open-ended questions) and commenting on what they saw, "[may] help lead to richer discussion and understanding of competencies" (Schultz et al., 2018). Additionally, the video review provided home visitors with a visual aid for participants to see what they do during a home visit from an outsider's perspective. It is interesting to note that the majority of participants agreed they would take what they saw in the

home visit video and (a) continue to engage in the effective behaviors they saw and (b) work on what they regarded as ineffective. Their self-awareness and willingness to continue to learn align with Schafer's (2016) characteristics of effective home visitors.

Experiences with the Video and Data Analyses

The third research aim was to explore participants' experiences. Participants agreed that the use of video and data were helpful for them to understand effective practices (Walsh, Innocenti, & Community of Practice for Professional Development, Ounce of Prevention Fund, in review; Schultz et al., 2018). A majority of the participants' statements were positive, meaning research utilizing video and data review could be useful for the encouragement of reflective practice, which has shown to be useful to lessen burnout in high-stress careers such as home visiting (Forstadt, 2012). Many statements were neutral statements (e.g., "we all have our strengths and weaknesses"). Alternatively, negative statements occurred the least and were made, particularly in relation to feeling nervous about this study and commenting on things they wished they had done differently related to ineffective practices they saw in the home visit video. Schultz et al. (2018) cited a meta-analysis (see Taylor, Ruff-Eft, & Chan, 2005) that found the transference of skills occurred when both effective and ineffective practices were shown.

Thematic Analysis

The fourth research aim was to investigate the interviews for themes across cases. Descriptions of effective practice were similar across participants, and three main themes emerged: (a) individualization and flexibility in practice; (b) responsiveness to families; (c) didactic approach in the triad. These themes underscored what home visitors consider necessary for a home visit to be considered effective. The emergent themes displayed overlap between the

within-case and thematic analyses. A majority of the occurrences of these themes were in the pre- and post-interviews, aligning with Radloff and Guzey (2017). Tables 15-17 contain tallies for these occurrences. They were tallied in order to create a fuller picture of the interpretation of what home visitors believe to be effective practice (see Sandelowski, 2001). Following is a discussion of each theme.

Individualization and Flexibility in Practice. The emergence of this theme aligns with a key takeaway from Whittaker and Cowley (2012) wherein the need to personalize home visits was highlighted. It additionally aligns with Korfmacher et al. (2008), wherein they note the importance of home visiting as when families can be enrolled in home visitors, resources are maximized, and personalization is more of a possibility. Schaefer (2016) noted the characteristic of flexibility was one of the critical behaviors perceived for effective home visitors. It is interesting to speculate on how these behaviors occur. All participants noted that individualization was a necessity in order to facilitate parent-child interactions. Further, some participants remarked on using the families they visited as guides for where the home visit should go. This harks back to the key to success Whittaker and Cowley (2012) mention the necessity of personalization.

Features of this theme include individualizing the home visit to the wants and needs of the parents and children. According to a majority of the participants, this includes meeting the family where they are, tailoring their home visit accordingly, and being flexible with the parent. This includes being accommodating when the conversation strays off topic, understanding when a crisis is occurring the home visit may not be conducted as planned, and being able to conduct a visit in locations outside of a home (e.g., a park, the homeless shelter, or a motel). In terms of rank, this theme came in second for the quantity of times it was mentioned. A majority of

mentions were during the pre- and post-interviews. While there are many interpretations for what individualizing a home visit and being flexible could be, most participants mentioned following the family's lead was one of the large contributing factors to home visitors feeling effective.

Responsiveness to Families. Participants discussed the need to form a relationship with the families they visited in order for home visits to be successful and effectiveness to be seen. A majority of participants highlighted understanding a family's wants and needs as an essential step for fostering this relationship. This suggests that home visitors look at a person in context (see Bryans, 2009). In doing so, home visitors can meet the family where they are while creating critical linkages between their microsystem (family) and macrosystems (culture) (Bryans, 2009). In doing so, they connect them with needed resources (playgroups, dentists who accept their insurance). In connecting parents with resources, relationships can be positively fostered. The fostering of this relationship has become more important than ever due to the diverse cultural backgrounds with which home visitors interact (see Lin & Bates, 2010). Additionally, in being responsive, home visitors are able to identify opportunities to individualize (see Roggman et al., 2016). It is interesting to note the connectedness between individualization and responsiveness. A majority of these participants consistently noted themselves being an area of support for the families with which they visit and using this role to build a relationship and subsequently foster the relationship firstly.

Features of this theme include being responsive to the family. A common theme mentioned was the home visitor's relationship with the family and understanding what they want or need out of the home visit. Understanding the families' likes, dislikes, and culture are other features. While this theme came in third for the quantity of times it was specifically mentioned or

alluded to, as it aligns with existing research its importance cannot be discounted as it was clear

it was something these participants used in their home visiting practice to be effective.

  Didactic Approach in the Triad. The recurrence of this theme suggests a necessity for

home visitors to raise their breadth of knowledge to include coaching. While modeling was a

frequently used word to describe their approaches to home visiting, it could be said that their

methods fall more in line with the didactic approach, which is more of an interactive teaching

style. To the home visitors in this study, modeling mostly included pointing child behaviors out

to parents to observe or comment on, asking open-ended questions, facilitating parent-child

interactions, and engaging with the parent and child in the home visit activity. Peterson et al.

(2018) concluded that programs should focus on triadic interactions as more positive outcomes

occur when there is focus on the triad. That said, modeling and direct instruction may not be

completely effective. A majority of participants noted the utility of this method to engage parents

and show them how to interact with their child and reflexively foster the parent-child

relationship. This follows the PAT model, which "targets the parent-child relationship as a

primary mechanism for enhancing child development (Peterson et al., 2018). Participants came

into visits and followed their PAT curriculum, which included a focus topic and an interactive

activity requiring participation. While personalization is important (see Whittaker & Cowley,

2012), the use of a guided curriculum (Lin & Bates, 2010) can be helpful for assisting home

visitors in developing a relationship with the families they visited in order to encourage parental

participation. It is interesting to note the all participants mentioning doing simple things was so

conducive to involvement, such as sitting on the ground, pointing out behaviors to parents, and

asking open-ended questions. Some participants mentioned these behaviors as being useful for

promoting reflection within the parent and seeing progress in matters such a responsiveness, which additionally promotes optical child development (Peterson et al., 2018).

Features of this theme include educating the parent didactically, which includes modeling (e.g., pointing out behaviors, asking open-ended questions, observing, supporting, and encouraging the parent). Of the three themes, this one was mentioned the most by the majority of participants. These participants really emphasized assuring that the families with which they visited left the program in a better spot than where they entered. In order to ensure this occurred, participants put care and attention into how to give the parent's they visited the skills they needed to be successful when the home visitor was not present.

Overall, these findings suggest that this professional development activity resulted in positive experiences for home visitors that will be used in their future practice. The current study confirms that the use of video-intervention is a worthwhile endeavor for home visiting programs. Despite home visitors' answers pre- and post-intervention not displaying considerable changes, each home visitor commented on how useful the activity was for them, and they each took away what they needed. This study adds to existing professional development literature that is currently aiming to include recording home visits and using measurements (e.g., Innocenti & Roggman, 2018) as well as framework of noticing (Radloff & Guzey, 2017; van Es & Sherin, 2008) in combination with video methodology (Radloff & Guzey, 2017).

Implications for Practice

This study aimed to understand what home visitors conceive to be effective practice in home visiting. The answers from the open-ended interview questions suggest that the inclusion of video and assessments (e.g., Innocenti & Roggman, 2018) created a positive experience for

the participants. Further, discussions surrounded using this experience for reflective practice, which has been shown to be useful and important (Forstadt, 2012).

While substantial differences between the pre- and post-interview answers were limited, the use of video supports teachers thinking about their practice and subsequently evaluating themselves (Radloff & Guzey, 2017). Moreover, video is helpful in the promotion of home visitors' growth in a professional capacity (Schultz et al., 2018), as well as engagement in reflective practice (van Es & Sherin, 2008). The results of this study do not provide a sensible answer as to whether an intervention of this caliber influences home visitors' practice. Still, the results indicate that home visitors do take away something positive from this experience. Additionally, they discover novel features of home visiting, which they keep in mind post-intervention.

Suggestions for Future Research

Few studies exist investigating home visitors' conceptions of effective practice, so examining this topic further is crucial future research. To accomplish this, simultaneous data collection and intervention could take place to explore if the intervention is having an immediate effect on home visitors' practice. A couple of participants in this study noted the parents they chose behaved differently when the camera was on. An avenue of future research could be having a researcher team up with a home visitor when a family first enters a home visiting program to develop a relationship at the outset and engage in observation without changes in behavior. Additionally, investigating differences between preservice home visitors and experienced home visitors could produce interesting comparisons.

In the review of the observation measures, it was noted by the participants that even with previously working with the measures PICCOLO (Roggman et al., 2013a) and HOVRS-A+ (Roggman et al., 2012), they found it difficult to understand the results in a palpable sense. An opportunity for future research could relate to teaching home visitors these measures before they are used in a study. Follow up analysis could occur after the measures are used to code home visit videos and see if home visitors have a deeper understanding of the measure after they have (a) learned about them and (b) had the measures applied to their videos.

Limitations

As with all studies, there were limitations that constrained this work. Yin (2018) recommends having seven cases for a case study to find generalizable results. This case study contains five. They are analytically generalizable (i.e., they expand on theories and are not statistical generalizations) (Yin, 2018). The findings may suggest that reflecting, observing, analyzing, and further reflecting on the program could be useful to promote home visitors' conceptions of effective practice. The process of rating observations using two measures was time-consuming, and thus this method may need researchers to collaborate with practitioners to use this method in the field. More research is needed to explore short-term and perhaps effective interventions that can be used in a coaching, reflective supervision, or CoP context. Replication of this study with a larger and more diverse sample is needed.

All the home visitors reported that this was the first time that they video-recorded their visits. The researchers and a staff person at the site provided some assistance with recording. Training on video recording for home visitors may be useful in future studies as it may help them feel more comfortable with the technology.

The post-interview included the researcher asking a few questions of the home visitors to prompt their sharing of their experiences with the intervention. Home visitors may not have candidly replied, and in the future, perhaps participants can be sent an electronic survey.

There could be potential bias from the researcher in the analysis of pre- and post-interview data. As the study is not blind, there is the possibility of trying to find an effect in the intervention based on the answers provided in the interviews. While it is difficult to exclude bias from the present study, this is a consideration that could be kept in mind were this study to be replicated.

Concerning van Es and Sherin's (2006) cycle of reflection, the participant's growth depends on the ascribing of meaning to situations and taking a course of action. While this cycle was slowed down for these participants due to the extent of the research project (recording of home visits began in September 2017 and interviews began September 2018). However, time away from the home visit videos could have created greater reflection.

Lastly, there are some home visit videos where no data could be gathered for PICCOLO and HOVRS-A+ due to the focus child not being within the recommended age range for the measure to be utilized. Lack of data for some home visitors affected consistency across cases, which could in turn affect the reliability of the data.

Conclusion

The participants in this mixed-method study agreed to participate in providing their conceptions of effective practice and having their home visits rated. This study adds to an ever-growing domain of professional development literature and research in the home visiting field (Maxwell & Supplee, 2018; Krick Oborn & Johnson, 2015; Walsh et al., in review). Overall, the

home visitors stated how meaningful their participation in this study was to their home visiting

practice. While further research is necessary to investigate interventions in real-time, this study

displays how helpful it is for home visitors to have the chance to review videos of their home

visits and reflect on their effectiveness.

Being an effective home visitor requires the ability to have your practice critiqued and the

willingness to learn and to strengthen practice. The result of this improvement, in turn, ensures

the families they serve are facilitated by home visitors striving to be effective. If home visitors

are willing to engage in professional development activities such as the one outlined in this

study, their conceptions of effective practice could be reflected upon and have the potential

possibility of creating positive change or strengthening model outcomes.

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Appendix

Intervention Questions

Pre-interview	Review of Video	Review of Data	Post-interview
How would you define effective home visiting?	Did the video provide an example of effective home visiting? How do you know?	What do you think are the most important findings from the measures that support their families' needs and goals?	How would you define effective home visiting?
Who are the primary interactors during a home visit?	What components of effective home visiting were represented in the video? Which were missing?	What do you think are the most important findings from the two measures that support their programs' needs and goals?	Who are the primary interactors during a home visit?
What is the content of an interaction?	How did this differ from what you consider effective home visiting? If you felt like it was effective, explain what made it feel effective. If you did not feel it was effective, please explain what you would do differently.	What findings do you think represent effective home visiting?	What is the content of an interaction?
How do you facilitate parent-child interaction?			How do you facilitate parent-child interaction?
How do you promote family engagement during the home visit?			How do you promote family engagement during the home visit?
In what ways do you demonstrate being responsive to a family during a home visit?			In what ways do you demonstrate being responsive to a family during a home visit?
How do you foster a relationship with the family during home visiting?			How do you foster a relationship with the family during home visiting?
In what ways can you encourage parent and child interaction during the visit?			In what ways can you encourage parent and child interaction during the visit?

What are some ways that you are flexible on a home visit?			What are some ways that you are flexible on a home visit?
How do you promote parent engagement during the visit?			How do you promote parent engagement during the visit?
How do you promote child engagement during the home visit?			How do you promote child engagement during the home visit?
How do you facilitate affection between the parent and child during a home visit?			How do you facilitate affection between the parent and child during a home visit?
How do you promote parental responsiveness, e.g., to a child's cues, emotions, words, to a child during a home visit?			How do you promote parental responsiveness, e.g., to a child's cues, emotions, words, to a child during a home visit?
How do you promote parental encouragement of a child's exploration, effort, curiosity, and the like?			How do you promote parental encouragement of a child's exploration, effort, curiosity, and the like?
			What were your experiences with this professional development activity?
			Did you find that viewing the video and reflecting on it helpful to your home visiting practice? Why or why not?
			Did you find the individualized results of the home visiting measures helpful to your home visiting practice? Why or why not?