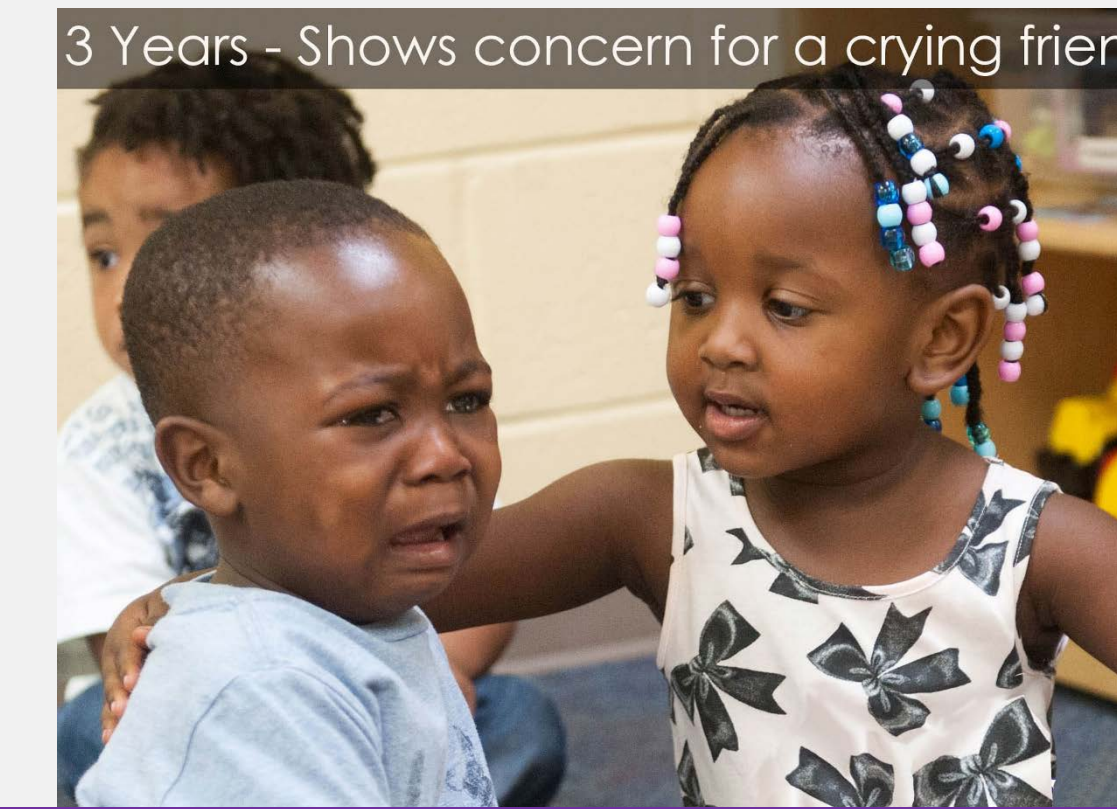# Impact of Developmental Monitoring Using *Learn the Signs. Act Early.* on Provider-Parent Communication, Trust, and Relationships in Childcare Settings

Gail Chödrön, PhD, Waisman Center, University of Wisconsin-Madison
Kris Barnekow, PhD, OTR/L, University of Wisconsin-Milwaukee
Alexandra Ament, MS, University of Wisconsin-Madison
Stephan Viehweg, LCSW, IMH-E, CYC-P, Indiana LEND, IU School of Medicine
Kristy Martinson, SPT, School of Medicine and Public Health, University of Wisconsin-Madison

2 Months - Can briefly calm herself (may bring hands to mouth and suck on hand)
4 Months - Pushes down on legs when feet are on a hard surface
6 Months - Likes to look at self in a mirror
9 Months - Uses fingers to point at things
1 Year - May stand alone
18 Months - Likes to hand things to others as play
2 Years - Shows more and more independence
3 Years - Shows concern for a crying friend

Background and Significance

- The majority of children with developmental delay miss opportunities for early intervention because delays aren't identified before kindergarten entry.[1]
- Early intervention services improve child and family outcomes[3-5]
- Over 50% of U.S. children under age 5 are in some form of childcare.[5]
- Childcare providers may be the first to notice developmental delays, yet often lack training in child development and struggle sharing concern with parents.[6]
- Ongoing developmental monitoring & universal developmental screening are recommended best practice for early identification of developmental delay.[5]
- The CDC developed *Learn the Signs. Act Early.* (LTSAE) materials and "Watch Me! Celebrating Milestones and Sharing Concerns" ECEP training to support family-engaged developmental monitoring.[7]
- LTSAE and Watch Me! designed to increase observation of developmental milestones, identification of delay, referrals, and family engagement.
- There is a need to evaluate the effectiveness of LTSAE for family-engaged developmental monitoring in childcare settings.

Purpose of the Program Evaluation

The purpose of the Evaluation of Developmental Monitoring Using LTSAE in Childcare Settings was to:
- evaluate the acceptability, feasibility, and effectiveness of developmental monitoring using LTSAE materials and Watch Me! training in childcare settings, and
- identify enablers and barriers to acceptability, feasibility, & effectiveness

The purpose of this poster is to present study findings on the importance of relationships to developmental monitoring and the impact of developmental monitoring using LTSAE on parent-provider communication and relationships.

Methods

- **Mixed-methods** data collection approach
  - Focus groups to inform implementation and gather acceptability data
  - Implementation across two conditions: training-only and Training+TA
- **Focus groups**
  - 1 parent/1 ECEP in urban WI, 1 parent/1 ECEP in suburban/small city WI
  - 17 parents and 10 ECEPs
- **Training-only**
  - pre-, post-, and delayed (3 month) surveys
  - national convenience sample
  - 400 total participants (pre- 386; post- 83; delayed- 23)
- **Training+TA**
  - 9-month training and technical assistance intervention
    - semi-structured director interviews at 1, 3, 6, 9 and about 18 months
    - pre- and post-training, and delayed (9-month) surveys of ECEP
    - post-implementation survey of parents
  - convenience sample inclusive of urban, suburban/small city, rural
  - 18 childcare programs
    - 5 urban WI
    - 4 suburban/small city WI
    - 5 rural WI
    - 4 religiously-affiliated "ministry" IN
  - 153 ECEPs, 18 childcare directors, and 156 parents

Findings

* **Focus group data suggest that trusting and respectful relationships were a key factor enabling effective communication about developmental concerns for both parents and ECEPs**

*"I also think **it starts with having that relationship** with the family from the day 1 when they're at your program. So **before you're sharing** things that might be a little bit more challenging, **you've built up this relationship** with them, so that they know that you are doing what you think is the best."* (ECEP – urban)

*"...**build a relationship** with the parents, and **then they're more receptive to concerns** in the future because we've built that relationship"* (ECEP – suburban/small city)

*"They can start by saying 'it's all okay. It's going to be okay and it's all okay. But let's talk about this.' **You have to start by saying it's okay.**"* (parent – suburban/small city)

*"A couple times… I was like whoa, say hello to me please, and then maybe **tell me in a calmer way** about what my child did… I'm excited to see my daughter and the first thing you do is come up to me real abrasive."* (parent – urban)

* **Parents are okay with ECEPs talking about child's development and suggesting parents talk to doctor, especially when they have a positive relationship with the ECEP and are satisfied with their childcare**

Chart 1. Parent Comfort with ECEP Engaging in Developmental Monitoring at Post-Implementation
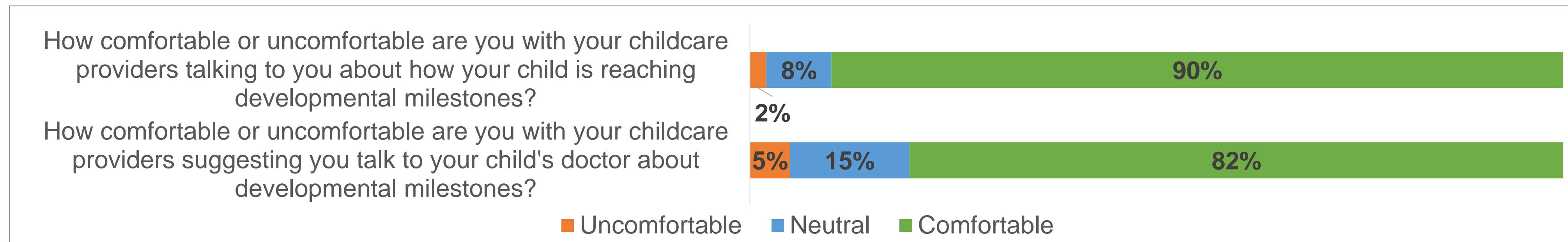
* **Qualitative data analyses demonstrate that ECEPs express least acceptance of sharing concerns and suggesting parents talk to child's doctor**
- Perception that sharing concerns implies level of expertise and certainty many ECEPs don't feel they have
- Perception that parents will be upset, angry, or pull child from childcare
- Perception that doctors prioritize physical health over developmental delays or will say 'wait and see'

* **Watch Me! training and use of LTSAE impacts ECEP confidence, perceived ability, and practice in engaging families in developmental monitoring**

Chart 2. Impact of Watch Me! training and Use of LTSAE on ECEP Confidence and Perceived Ability for Developmental Monitoring
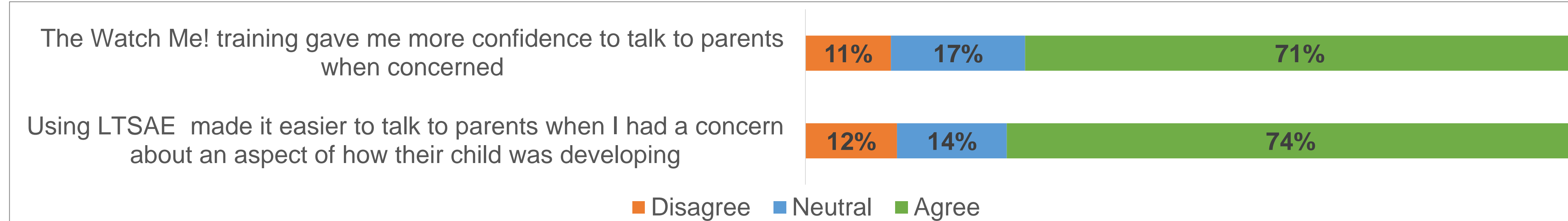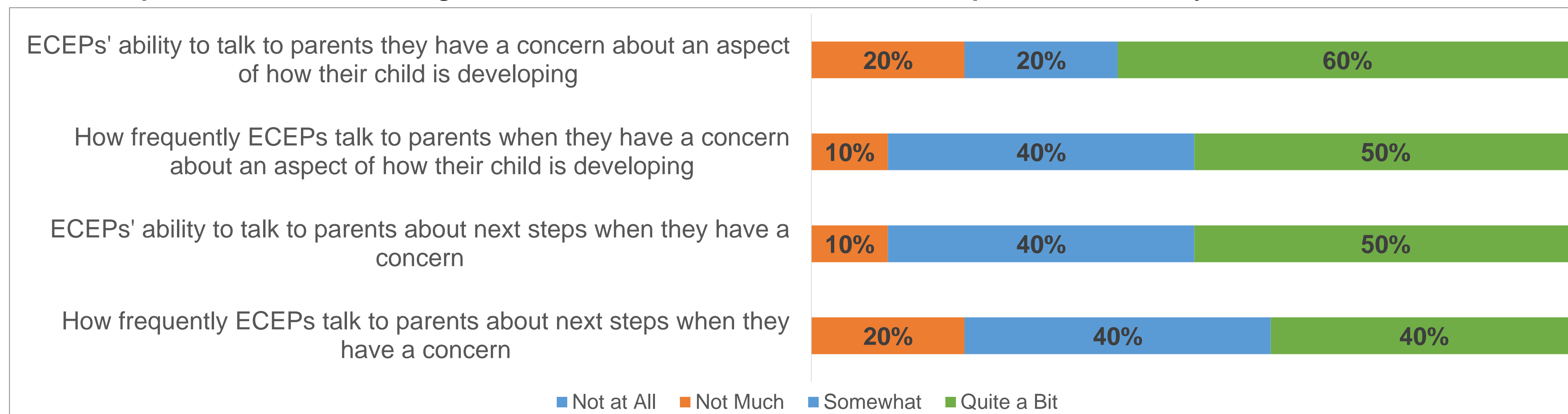

Chart 3. Impact of Watch Me! training and Use of LTSAE on Childcare Director Report of ECEP Ability and Practice

* **Parent comfort talking about their child's development with ECEP is predicted by parent perception of ECEP availability to talk about parents' concerns and parent satisfaction with childcare.**
- Satisfaction with ECEP and perceived availability of ECEP explained 71% of the difference in parent comfort between sites (Pseudo R^2 = .71) and 33% of the differences in comfort expressed by parents within sites (Pseudo R^2 = .33)

Conclusions

- At baseline, parents are more comfortable than ECEPs with the idea of ECEPs sharing developmental concerns with parents and ECEPs suggesting parents to talk to the child's doctor.
- Parent perception that ECEPs are available to talk about parents' concerns and parent satisfaction with ECEP predict parent comfort talking about their child's development with ECEPs
- Trusting and positive provider-parent relationships are a key factor enabling effective family-engaged developmental monitoring, particularly with respect to communicating concerns and making referrals
- Watch Me! training and use of LTSAE in childcare settings have a positive impact on ECEP self-reported confidence, ability, and engagement in developmental monitoring.
- Watch Me! training and use of LTSAE in childcare settings may be an effective approach for improving ECEPs' capacity for family-engaged developmental monitoring, particularly sharing concerns with parents and suggesting parents talk to the child's doctor

Recommendations

- ECEPs can be reassured that most parent respondents feel comfortable having conversations with ECEPs about how their child is developing and having the ECEP suggest the parents talk to the child's doctor.
- Emphasize positive, trusting parent-provider relationships as an essential foundation for family-engaged developmental monitoring.
- Continue to use positive and celebratory language in LTSAE materials
- Introduce LTSAE resources early in the childcare experience as part of routine, positive communication about children's developmental milestones and ongoing family engagement.
- Increase ECEP training on the important of referring parents to the child's doctor whenever there is a developmental concern
- Develop additional ECEP training supports related to how to have difficult conversations with parents, such as sharing developmental concerns

References:
1. Christensen, D. et al. (2016). Prevalence and characteristics of Autism Spectrum Disorder among children aged 8 years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2012. *MMWR Surveillance Summaries.* 65(3):1–23.
2. Landa, R., & Kalb, L. (2012). Long-term outcomes of toddlers with autism spectrum disorders exposed o short-term intervention. *Pediatrics, 130* (Supplement 2), S186-S190.
3. Rogers, S,. et al. (2012). Effects of a brief Early Start Denver Model (ESDM)–based parent intervention on toddlers at risk for autism spectrum disorders: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 51*(10), 1052-1065.
4. Hebbeler, K., et al. (2007). Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes. *Menlo Park, CA: SRI International.*
5. National Survey of Early Care and Education Project Team. (2013). *Number and characteristics of early care and education (ECE) teachers and caregivers: Initial findings from the national survey of early care and education (NSECE).* OPRE Report #2013-38, Washington DC: U.S. Department of Health and Human Services.
6. Adams, R. & Tapia, C. (2013). Early intervention, IDEA Part C Services, and the medical home: Collaboration for best practice and best outcomes. *Pediatrics, 132*(4), e1073-e1088.
7. Raspa, M., et al. (2015). Examining parents' experiences and information needs regarding early identification of developmental delays: Qualitative research to inform a public health campaign. *Journal of Developmental & Behavioral Pediatrics, 36*(8), 575-585.

Waisman Center — UNIVERSITY OF WISCONSIN–MADISON — University Center for Excellence in Developmental Disabilities
UWM — UNIVERSITY of WISCONSIN Milwaukee
INDIANA UNIVERSITY — DEPARTMENT OF PEDIATRICS — School of Medicine