

## ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES (AUCD)

The Active Ingredients in Home Visiting: Using the Home Visit Rating Scales (HOVRS) to Engage Families and Improve Outcomes

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>> ANNA COSTALAS: Hello. Welcome to "The Active Ingredients in Home Visiting: Using the Home Visit Rating Scales (HOVRS) to Engage Families and Improve Outcomes." My name is Anna Costalas and I'm the resource manager here at AUCD. I would like to thank you all for joining us today. Before we begin, I would like to provide logistical details. Following the presenter presentation there will be time for questions. We will unmute your audio line during the Q&A at the end. You can submit questions in the chat box. Send the chat to the whole office or the presenter only. We'll address them at the end. Please note we may not be able to address every question and may combine questions. This entire webinar is being recorded and will be available on AUCD's website. There will be an evaluation survey at the close of the webinar to provide feedback and also suggestions for future topics.

Please join me in welcoming Dr. Mary Beth, chair of the special interest group. Mary Beth.

>> MARY BETH: Thanks, Anna. Thank you all who are participating. We have a very timely topic today, because of all the emphasis and all the different programs that have been using...

[ microphone interference ]

We are the expert in this. Mark Innocenti is currently at the UCEDD at Utah State, an associate professor of psychology and he is a research and evaluation mentor in the Research and Training Division. He has a long history in early intervention both in terms of research and demonstration. And he has done lots and lots of work that benefited the field as well as the children and families he's trying to serve. His most recent observational has been the PICCOLO, used worldwide right now and he's here to talk about the Home Visit Rating Scale, an operational measure.

So Mark, I turn it over to you. And thank you.

>> MARK INNOCENTI: Thank you, Mary Beth. Can people hear me okay?

I'll assume yes.

Okay. So today as I mentioned, I'm going to talk about the active ingredients using the Home Visit Rating Scales, we call the HOVRS. Some say "Hoovers," we're not opposed to that.

I'm at the UCEDD, and just so you know, the picture you currently see, those mountains behind the tower, they are currently covered in snow. It doesn't represent current conditions here. We actually have lots and lots. A great time to come skiing.

Now, for some reason, the clicking is not working here.

Here we go.

Okay. I just want you to think for a second. And from your perspective, what do you see as the active ingredient for providing services through home visits. Think about it for a second and just write in the comment section or the chat section some of your ideas.

Clarissa Williamson says she can't hear anything.

>> ANNA COSTALAS: Mark, go ahead and I'll troubleshoot the problem with the participant.

>> MARK INNOCENTI: All right. So take a second and put in your answer or comment in the chat section and just send it out. I'll give you a minute here.

We have one brave soul. A couple brave souls.

Some nice answers.

And so far observation of context, connection with family, communication with family, open ended questions, partnering without taking over. Active listening. Trusting relationship. Family engagement.

>> For the person who just called on, please mute yourself.

>> MARK INNOCENTI: Okay. So we've got some good answers there. So I'm going to talk to you a little about your answers fit right in with what I'm going to talk about. This is a quick overview just to get started, the Home Visit Rating Scales. It is an observational measure of home visiting practices and engagement. Parent-child engagement process. It's research-based and practitioner supported.

The original scale when we began more than 20 years ago working on this originally grew from working with programs that provided home visiting about what people who work in those programs thought were good indicators of good home visiting practices.

And the recommended family practices fits what we have in the field already. It has good psychometric properties. I'll talk about those a little more as we go, but inter-rater and scale reliability and strong predictability and relation to program outcomes. I'll mention those.

And seven scales, 41 total items.

We talk about it as the 41 things you can do to improve your practices.

So why HOVRS? Just to drop back a little bit. You know, over the past two decades, there have been important advances in early intervention. We've learned a lot. These are just some of the things that really rise to the front. Focused on natural environments and daily routines.

[ background voices ]

>> MARK INNOCENTI: Hello? Please mute your phone.

So focus on natural environments to move toward coaching with the caregivers and...

[ background voices ]

>> MARK INNOCENTI: Please mute your phone.

The importance of parent engagement, the focus on triadic interactions all have been newer things we learned in the last few decades that really impact how we work with families and the way we work with parents. Now these have a real impact on how we do home visiting. If you look at the division of early childhood's family practices, it breaks into family-centered practices, family capacity-building practices and family and professional collaboration, and these are practices that our field, the early intervention field DEC really recommend we should be doing out in the field when working together. And these practices nicely match -- although it wasn't intended this way, it works out because we're talking about the same practices, but family-centered practices are in the HOVRS relationship and responsiveness scales. Family capacity-building practices is in the facilitation scale. Family and professional collaboration is captured in our collaboration scale as well. So a nice overlap between what DEC recommends as practices and what is built into the HOVRS as practices, things that we are encouraging.

This is kind of what we see when we look at the field and the state of the field right now. So what's up with early intervention practice? And kind of what we're seeing and continue to see is this primary focus on the child with limited parent engagement. Two studies by Carla Peterson and colleagues, observations of home visiting, and kind of what we see in the observations is that really a lot of what is going on is still teaching the child directly in the earlier study of adult interactions in the more current one, the Belding, Hughes, Peterson, they found 18% of visit on triadic intervention, which is what has the biggest impact on child development, they saw very little coaching. They saw a lot of parents and home visitors just talking...

[ audio disconnected. ]

>> Your microphone has been turned on.

>> MARK INNOCENTI: And the actual implication, a big discrepancy between those. And we have anecdotal information as well from home visitors about really focusing -- continuing to focus on an expert model much of the time. Not using the recommended practices as much as we would like.

And now my screen is stuck again. Here we go...

So the HOVRS, the Home Visit Rating Scales is a tool to help improve home visiting practices. It's really kind of a way to help people move forward. How does it work? How can it better engage parents and improve the quality of home visiting?

If you look at it broadly, you know, there is this continuous quality improvement cycle that is highly recommended. When you have a concern, whatever the concern may be, you go through a process. You plan what you want to do as a program to become a better program. You implement some kind of practices, some kind of intervention within the program that is going to lead to better program outcomes. You measure those in some way, and then you look at what the measurement tells you and you improve, and then you repeat the cycle in a continuous way to make improvement in your program, and any program. And you can use this kind of cycle for all kinds of things.

It works very well when you look at practices in the Home Visit Rating Scales. Our goal really is -- you know, we have multiple, but one of our big results of what we want to see, think of this as a logic model. And you know logic models start on the right side and move to the left. We want to see improvement in child development. And there's lots and lots of ways we can measure child development. We have many tools available to us to do that.

The next step, though, what we want to see, is what we within our model call developmental parenting, and developmental parenting are really those behaviors that the parental engages in with the child that helps lead to better child development. So we want to see the parent being engaged in more of the behaviors that is going to help improve the child's development over time. We want to see the parents doing those all the time. And all the activities throughout the day, and in their daily routine, and continuously engage in that. So that's kind of what we want to see.

And so we proposed the HOVRS, the Home Visit Rating Scales, as I what to make the logic model complete. So essentially, to get parents to do developmental parenting, we need them to be engaged in the process when we're there for home visits. We need them engaged. We need them being involved. And the way we get them involved is through our strategies, the strategies that we use to pull the parents in, to get them involved in the process to kind of help them move forward so that they are better engaged, so that they do more of the developmental parenting, so that we see the better child development. So we have the home visiting HOVRS, home visiting strategies, parent engagement. Developmental parenting, various parent-child interaction measures out there. PICCOLO is one, so I did that. I like it, just a little biased. And child development, a number of ways. But this is a process that needs to be in place for us to move forward and make progress.

The goal here is that the intervention goes through the parent by them being engaged, doing more developmental parenting when we're not around in child development. So you can sum it up quickly by saying, it goes through the parent to the child, and because of that, that is where we see our lasting impact. We see it because the parent is engaged in the behaviors that are going to lead to better child development every day, throughout their daily routine, continuously.

So what are some of the research-based practices for home visiting?

Turns out that there is a pretty good -- pretty robust research base, I would say, out there, and continues to grow, about practices that help engage parents in home visits. And here is a nice thing about these practices. These practices don't just come from early intervention. They come from across the child development spectrum. They come from early intervention. They come from the early childhood field, head start home visits, parents and teachers, depending on those programs. They come from the infant mental health field and the social work field and they come from the nursing field. These practices, you know, are widely shared across people who work with families who need the family to get engaged in the practice, who need the family to get engaged in what is going on, to make progress, whatever kind of progress they're working on.

And some of the key factors of these are, you know, they are relationship-based. Some of those were -- some of those were discussed in some of the comments. We want to be strengths-based. We want to focus on what really parents already can do and build upon their strengths to get them to do more of those to build that, and then to bring in, once they have their strengths built up, you can introduce new skills for them to build on. But they have to build those from a strengths-based perspective. They have to have those underlying strengths. They have to be comfortable with what they do. There's been a lot of discussion in the literature about parents' comfort with parenting, kind of their self-efficacy around parents. And really you want to make sure that you're building the self-efficacy of the parents.

You want to be facilitative and that the parents are going to play a role in the entire process. Again, that's how we get the long-term change. We want it to be a collaborative process. You know, we want to be at a point where we are walking into the home visits with us as experts in one area and parents as experts on children and their families, and we want to use this collaborative relationship to help the family do better and help the child do better. And to do all these things you really have to engage the parents. The parents have to be engaged in the process.

Students have to be engaged in the classroom activities that they want to learn when in school. Here in the home visiting realm, it's very different. We need to see the parents engaged with us as we do the home visit, as we're active in the process.

Just so you know, that's a developmental parenting book, a guide for early practitioners, I'm one of the authors along with Rodman, calling to mind a while ago, talked a little about the model and practices we're talking about now. There's another version and we're slowly working on that.

Now, to switch a little bit, this is the Home Visit Rating Scale and kind of what it's looking at. It's a research-based measure of home visiting quality. And here is the four practice scales that are part of

it. First scale is relationship. Focuses on building relationships. Focuses on development. With the child and the parent.

Kind of a key part of it, kind of what we see in our research overall. But for the most part, people who do this as a business, people who are going into homes are good at developing relationships. It would be hard if you're not good with relationships to be in this kind of business.

The second part is responding to family strengths, curb, value and goals. It's kind of asking questions about what the family is already doing, getting information on what they value, why they value the things they value, how their culture impacts how they go about their parenting, how they interact with their children, how the goals that they have, you know, which what you include in the IFCV, not how they go in a big place of where do I want to be in six months but, you know, what is my goals from week to week to week, and how can we keep those in mind. And really responding gets a lot of -- you know, asking lots of open ended questions, getting information. Using that information to really make for a better home visit. The facilitation scale really focuses on parent engagement and supporting child development.

We know from Carla Peterson and colleagues' research that the triadic relationship really seems to be make the biggest difference. That's when you have the parent and child and home visitor engaged together where the parent is focused on the child and helping develop the child's skills while being coached by the parent. It really seems to be where we get the most bang for our buck in child development. So it needs to be something we focus on, we focus on actively.

And collaborating with parents to plan home visit activities, we strongly believe and it's captured in the tool, that this is -- from the parent perspective, this seems like a seamless series of visits that they're in, that they know what is going on, and from visit to visit they understand what is going to happen, what is going to be working on, what the goals are going to be. There's shared language. We talk about the same thing. But parents know we never want to be in a situation where, you know, the home visitor, whoever they are, comes knocking on the door, and really the parent has no clue what is going to happen. They should always be part of the process and things should be planned about what is happening. Again, plans change, kind of change pretty fast sometimes, but, again, we need to have that collaborative aspect involved.

And then we have three scales focused on engagement. The scale itself is seven scales. So there is a parent engagement or caregiver engagement as we call it now, to broaden it out. But this is the engagement of the parent or the caregiver in the process while you're there doing the home visit. We have child engagement process. Even the youngest children we expect them to be involved in the visit as well. And you want to see parent-child engagement, caregiver-child engagement happening in the visit itself. We want to see those two participants engaged with each other and doing activities. And there's a fair amount of research that supports this approach.

So changing tracks just a little, what does it look like? It is seven scales. And this is just kind of an example what the scales look like. Each scale contains a number of items. The smallest scale is four items, the child engagement scale. The item with the most -- the scale with the most items is the responsiveness scale, which has seven items. All the others have five or six.

So a set of items, and the way it works is we do provide an overall scale score that goes from 1 to 7. And we use kind of this criteria to get at it. One is a needs support. Three is adequate. Five is good. Seven is excellent. And you can score anywhere on that line, and the score comes from the items that make up the indicators that make up the item. So within each one, for example, we have six items. That would be to do high quality practice we're talking about, the home visitor, and then we have four different options. 1, 3, 5 and 7 are anchor ratings. And those vary from suggesting there's more of a training need support, adequate, good, excellent.

Each item is scored 1, 3, 5, 7, you can't score in between. You have to pick the one that fits best. There is an accompanying description, short description, to help you focus on what the item is getting at, and then a more detailed description with more information to help when you're learning how to do the measure. We'll give you a little more information, a little more detail

So what happens is with the six items, for example, you would go through and score the six. We have gone to a system where you take the average of your six scores and you round in whatever direction seems appropriate and then you come up with a score for the entire scale. And we do that with each of the scales.

And how do you use the HOVRS? We recommend the HOVRS is based at least on a 30-minute observation of a home visit. This can be live or it can be on video. If you're doing a 30-minute observation, you really want to find the time when the home visit, parent and child are most engaged, most active, what we call kind of the main part of the home visit, kind of the meat of the home visit. Some programs have been more comfortable that we work with doing it for the whole home visit, however long it takes, and they vary quite a bit depending on programs.

When we design the measure, we tested it using -- people had to score live when we did the design, but video can always be used. We actually do a lot with video. The advantage of video is that the video can be used for the home visitor to review, to kind of look at and self-score if they want. It can be used with a supervisor to review together. It gives opportunities for professional development when you have some video like that. But you don't need to use the video. Let me just stress that. Some people -- comfort with video varies quite a bit in the field, let me say that. So either way works.

The observation would then be scored by either a supervisor or a coach who has been trained on thousand use the HOVRS rating scale. The coaching model seems to be growing more and more across the early childhood area. I really like the coaching model and it kind of takes away some of the pressure, I think can, for the home visitor, where the coach is somebody that is going to -- more on your side in some ways, really. Because like the third bullet says, this is a performance improvement measure. It's not designed to be a high stakes measure. It's really designed for you, to help you improve as a home visitor. And for people working in the field, anybody that has done this kind of work, you know, parents and families vary quite a bit. Some families are easy to work with. Some are more challenging to work with. You know, so kind of what you expect -- you see on the HOVRS, if you use it over time, you would think your scores would be lower when you first start working with a family and they would improve and they would end up better over time. As you get into the routine with a family, they know what to expect. They've come to kind of see what goes on. And kind of what we're looking for, when we use it with programs, we're out there using it with programs, for the most part, what we want to see are scores at 5 or above in all the domains is really what our target would be.

And we see a lot of variability out there. But, again, performance improvement, it's to help you become -- help the home visitor become a better home visitor to better work with parents so that we lead to better outcomes.

The full measure programs vary. You can use it multiple times a year. Programs using it to track progress use it two or three times during the year, that's pretty common. I think the advantage of the HOVRS is well, if you're using a coaching framework or continue without quality improvement framework where you're not trying to improve -- excuse me -- improve all practices, but maybe only some practices at a time, to kind of work through it, you can break the measure apart and use it different ways. It gives you flexibility in kind of saying, I want to work -- we want to work as a program on responsiveness, or we want to work as a program on our collaboration. You can break it apart and use the individual parts, or to improve your performance. And then you have the larger measure that you do a couple times, which can come in handy for reporting purposes or a variety of things, depending on how you want to use it in your program.

I'm going to give you a little psychometric overview so you can kind of see what is going on. This is our inter-item reliability and rate reliability. We have strong reliability throughout. Just so you know, we typically do a two-day training to get people comfortable with the HOVRS and kind of get used to it with the programs we work with. For two days, somebody that is experienced and been in a number of homes and has a good understanding of the practice, you can usually do it in a couple days. You need a little more work if you're going to be a supervisor or coach. Really most people after a two-day workshop have pretty comfortable with the tool. Understand how to rate it. They can read it against our scores pretty well and do a good job.

Even better, some ways we have pretty strong predictability as well. This is from a study we did in 2016 looking at two parts, looking at the HOVRS scores during the program. This is actually from a Head Start program, to be clear.

We looked at some covariates at the beginning, and the HOVRS during the program and looked at parenting, and parenting was measured by the home observational measured in the environment by Bob Bradley and colleagues. And then we looked at child vocabulary. And then the bottom analysis we look at child attention, which came from the daily rating scales. And so a couple different measures we used there.

And so if you look at what is going on, we saw a strong correlation -- if you go from HOVRS to either child outcomes you do have a statistically significant effect. But the bigger finding in this is that this is really a mediated effect, and that's -- what we see is the HOVRS leading to stronger parenting, which leads to strong child vocabulary. We see the HOVRS leading to stronger parenting, which leads to better child attention skills. We see very strong effects that way. And this is really that idea of going through the parent to the child. And this is the data to kind of back it up. We did this with an earlier version, the version 2. We now use the HOVRS 3. We replicated with the HOVRS 3. In fact, we replicated all our earlier work. The HOVRS plus version and 3 version do match, statistically speaking, psychometrically speaking, so they're the same tool.



If you look at kind of with the home alone, in our parenting, in terms of practical significance, parents are over two times as likely to have high home scores if HOVRS is high. We saw better parenting with better practices. Even more powerful in some ways, children were almost three times as likely to have high child language scores -- and this was on the PPVT3, so receptive language -- if the HOVRS is high. We're seeing pretty strong findings, high HOVRS leading to better parenting, leading to better outcomes for kids. From my perspective, very positive.

This here is kind of mean scale ratings on the HOVRS. There's more data out there at this point, but this is -- the darker green bar is with our original sample that we worked with with a smaller 65. We lost people over time. But the bottom is a more inclusive sample from a variety of programs, all kinds of programs that have been using HOVRS that we have been able to collect over time. And kind of two things that we see offhand, within both, I think you notice I got that the pattern remains the same. We see good relationship skills, we see okay engagement skills, but we see a little less of some of the other practices, and especially facilitation and collaboration.

And this pattern has been consistent, repeated itself in a number of studies we have out there now. And so as you think about it, when working with programs, a lot of our efforts go into basically a responsiveness, facilitation and collaboration, the areas we have been working on.

So this is to give you a feel of where people kind of stand right now.

There is other research support for HOVRS. I won't go into this in much detail. You will be able to get the slides. You can look at the information a little more carefully if you want at that point. The information has been positive of these other folks using the HOVRS and kind of what their findings are. In the *Infant Mental Health Journal*, 2019, issue 40, there was a section on HOVRS, and a lot of that is there. It's been used successfully, different programs here in the U.S. It's been used in the tele-intervention study that Behl and colleagues did and expanding on that. It's been used in Peru in the Peruvian study and they found it reliable and valid minor program adaptations. They actually found relationship with family motor scores as well. Not totally sure on that, but it was nice...

So there's research not done by our HOVRS here in Utah.

Kind of -- thinking about kind of practices overall, what I'm... a good tool can improve implementation. And we really see HOVRS as a promising measure and a useful tool. You know, if you put it together, you know, you go through what we have been talking about, what I have been talking about here, it's a reliable valid measure of home visiting quality that held up across different kinds of programs. It reflects strengths, if you're working with home visitors, an opportunity to look at your strengths and practices and engagement, to see how you stand, how you're doing, kind of think about ways you can improve your practices. That's really the primary goal. Predicts better outcomes with parents and children and improves home visiting outcomes. We have seen some use with the programs. The state of Washington is using the HOVRS right now in a very concerted effort to kind of improve their program. Interestingly enough, we -- the HOVRS has been picked up in British Columbia and Alberta in Canada and used in their early intervention programs up there. We see kind of a mix in the U.S. right now. Personally I would like to see it used in more early intervention programs as well, kind of moving forward with it.

Just kind of how you can use the information, just to give you some ideas what might be possible. We've used it in different ways and worked with programs that have used it in different ways. And kind of a primary one that has come up is used as a coaching tool. We are really looking at the research literature, still very new in-home visiting, is really building quite a bit. And as part of coaching we need good tools to help our coaching, and a reasonable outcome for a coach, our practices, we look at coaches in grade school, elementary school, they're looking at reading practices, for example. Here we would be looking at home visiting practices. In the video clip, this is an example where you would have a video that you could watch together and talk about the HOVRS and what was going on and share experiences.

We also use it within a community of practice. Basically that's a small group of folks who come together to kind of work on skills together. Similar to coaching in many respects that there is a little more building within the community itself. Home visitors helping home visitors identify positive practices and ideas moving forward. The community of practice has worked out well.

And, again, in this continuous quality improvement idea of kind of working as a program to kind of move things forward, and here it's spelled out in a different way, but, you know, effective home visiting practices leading to better parent-child engagement. Better parenting, by that we mean more engaged parents, more engaged when we're not there. And better child development in the end. Whatever kind of development we're focused on.

These are all different ways you can use the tool besides just using it as a twice-a-year or three-time-a-year quick overview of what is going on with an individual person.

This is just some data we have. This is a community of practice that I have been involved in for the past few years. As you can see, the blue is the scores when we started in 2015. The orange color is 2018. Actually this community of practice has it continues on, in 2019 and into '20 here we are working with this community of practice with working on what home visitors call their most challenging parents. So we're working with them on the parents that they consider some of the most hardest to move. And it's really a way to work together as a bigger team to kind of look and see how we're going to move forward, see how we're going to make some impact. This is a learning collaborative, essentially just like a community of practice, but it happened in California, so it had a different name to it.

Just joking.

But here we see kind of similar -- this community of practice started in 2015, the blue bars, and we have 2019 data, this one, now the orange bars, and in both slides, there and here, we see improvements in practices over time. And it's a process. It takes time. You just can't expect practices to change overnight. Now, we have had the DEC recommended practices out there for almost ten years now or so, and it's still a process moving forward. These are skills that you have to work on and continually work on and continue to build. It's gone well in these learning collaboratives and communities of practice. It's been successful like that. So kind of the bottom line, if you want to promote trust and engage the whole family, three relationship development, really getting them involved, building relationships. We emphasize the focus on development, on child development. If

you want to increase positive parenting, build on family strengths, you've got to respond to the strengths and adapt a culture, a relationship scale you've got to find out what families do and kind of use that to your advantage. You have to build from there. You know, we have a good tool for looking at -- Robin McWilliams tool for looking at routines and what people do in their daily routines. This is kind of take that same information and how are you using it week to week. What is working and what is not for that family and how do you adapt that as you go.

Promote developmental parenting. Getting parents involved all the time and improve support of child development and facilitate interaction and get the interaction happening while you're there in a triadic form, while you coach and encourage. That's our facilitation scale.

You want to build parent capacity, support the parent in their parenting role and collaborate with them to make sure that they do have that, you know, parent self-efficacy in place, that they understand that they are an important part of this process as well. You need to use their ideas. You need to build on those as well.

And then down in yellow, if you want to see if the strategies are working, see if a family needs more support, see if a particular visit was effective, we have our engagement scales, parent-child interaction, parent engagement and child engagement. Really, as you would expect really, if you're doing these, if those are high, almost always engagement and interaction is. Sometimes we see good engagement and interaction and not so much practices. Sometimes you see families with a home visitor doing great on the practices, still not seeing good engagement. And that raises some flags about things you may be doing to investigate as well. Are there other things going on? Is there other additional stresses, depression, anxiety, or some drug use involved? If you see too much discrepancy, you use that to look into some other things. Really to cover the field of what we want to get at.

Now I'll open it up for questions. But kind of the question was raised and we got some answers. What are active ingredients when providing home visits? And the answers were very good. Here is what I would say. The active ingredient in home visiting is what the parents and caregivers do between home visits. That's the real active ingredient. That is what is going to make the difference in whether the child makes better development or doesn't. Are they taking the things we work on when we're in the home visit and use them throughout the week? And if they're doing that, that's the active ingredient we need to see. That's what we want. And that's kind of where we're going. And this is just to point out you know, the kind of highlight this. If the family receives two visits a month, two hours, which seems to be fairly typical in the field, when you look at national averages these days, if you spend half of that time in some kind of triadic intervention, you're actually using less than a half of a percent of the child's awake time during the month. It goes to highlight, this, the parents and caregivers are doing what needs to be done between visits really being the strong active ingredient. That really needs to happen to make it work.

So I'll throw this up here so you can see, we are doing a spring workshop out here in lovely Utah, lovely place to be in May. If you're interested, this will -- it will be in the slides, I'll throw it in there. Share with colleagues. I want to thank my HOVRS colleagues, this is the bigger team that has been

working on it, especially my colleague and wife, Lori Roggman, we work quite a bit together. And other contributors, Carla Peterson helped out and Nikki Aikens and Kim Boller and Diane Paulsell and Kristin Hallgren, they were very helpful in the process. At this point I'll open it up for -- I'll open it up for questions.

Here is one I can read. Is the scale work...

>> Sorry, if anyone has questions, you can raise your hand and I will unmute you. Or you can ask a question in the chat box.

>> MARK INNOCENTI: On the chat box, Clarissa asked, would the scale work be appropriate for parents who have intellectual disabilities? Yes, I think it would be, because you're going to take into account the parenting skills and what they're doing. We've actually -- we have components to our workshops that we do, and in one we actually talk a lot more about working with the parents with intellectual disabilities. And so not only in the way you would use the HOVRS but how you would think about some of the practices. But, again, we do think it works well for those families.

Here is a copy of the...

Okay, Katherine asked a question. Is a copy available for professionals?

Here is where we stand in it. Right now we're in the process of -- we're engaged in interactions with a couple different publishers actually about publishing the HOVRS tool right now. So they have asked that we not share the HOVRS 3 tool at this time. We should have some movement on this hopefully by the end of this month, hopefully, about what direction we're going to take this.

Right now the only way -- there is an old version of the HOVRS in the back of the developmental parenting book that I showed you quickly there. Just different looking than the HOVRS. It's got the same items, the same concept, kind of a different format. It's changed over time. The newer version is easier to score and get reliability on. Really what we've improved is the wording in the way we've structured a little bit. We're recommending to work out what -- while we're working out what will happen with the publishers, they don't want us to give away too much I don't care know how this works, we recommend people go to the back of the book. If you do a training, you do get certified to use the -- you get permission to use the newest HOVRS, the HOVRS 3 we call it. So that's really the only way you can get it right now.

So hopefully soon that will change. That goes to the next two questions. How can we get the tool?

Somebody asked about more training information. We are doing a spring workshop. Basically whoa do -- we do trainings on request. So if you're interested, send an email, and we can kind of communicate a little more about that. We do travel to different places and, you know, we were up in Washington State. We did two two-day workshops in different parts of the state. Pretty much we are traveling somewhere almost every month if not a couple places every month to do training. Lori Roggman and I do training and Gina Cook does training, a lot of California training as well. Send me an email and I can -- if you want a workshop for your site or your program.

Now, there was a question, will I send out an email about working directly with parents who have intellectual disabilities. Not related to this, but if you want to follow up individually send me an email and we can talk a little more.

Other questions? This is my email right there. Mark.Innocenti@USU.Edu.

We Have Somebody Typing. Thank You. Thanks to Everybody Who listened. I appreciate your time.

>> Thank you, Mark, for that awesome presentation. This webinar is actually being recorded. It should be available probably by Wednesday, if you check the event page, the webinar will be there. Thank you, everyone, for attending.

If you have any questions regarding early childhood, feel free to email Mary Beth or me at AUCD. Once we close out, a survey is going to pop up on the screen. Just fill that out, that would be great. Thanks to Mark for a fabulous presentation. Thank you all for joining us. And have a great rest of your day.

>> MARK INNOCENTI: Thank you all. Have a great January!