



As Evaluation Tool



This study used the report of children's fruit and vegetable consumption during the Family Map to evaluate the difference in children that received a nutrition intervention compared to children that did not receive an intervention.

Whiteside-Mansell, L., & Swindle, T. M. (in press, 2018). Evaluation of Together We Inspire Smart Eating: Preschool Fruit and Vegetable Consumption. *Health Education Research*. DOI: 10.1093/her/cyy048.

This study examined nutrition intervention curriculum, Together We Inspire Smart Eating (WISE). WISE is a research-based, nutrition promotion curriculum specifically designed for pre-school children from families with limited resources. The design was non-randomized treatment/control with standardized pre-/post-test assessments. Children (n = 268) in six Head Start centers received weekly food experiences from educators trained in WISE. Children (n = 258) in nine Head Start centers received weekly food experiences structured at the discretion of the educators untrained in WISE. Parents in both conditions (n = 268 WISE classroom, n = 258 comparison) were interviewed by educators twice over the school year using a data collection tool, The Family Map Inventory. Analyses using full information maximum likelihood controlling for pre-intervention consumption and key demographic characteristics was used to predict consumption at post-intervention assessment. Results indicated children in WISE centers consumed healthier food at home than children in non-WISE classrooms. The study suggested that WISE curriculum is an effective method to improve children's diets in at-risk environments.

The Family Map is currently being used by the AR Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) statewide evaluation. Preliminary indicate that the Family Map is useful in supporting intervention activities and evaluating outcomes.

McKelvey, L., Whiteside-Mansell, L., Fitzgerald, S., Fitts, S., Burrnett, C., Greenwood, T., Pillow-Price, K. (March, 2015). Examining Intervention Effects: Changes in Risks and Strengths in the Home Literacy Environment of Arkansas HIPPIY Families. Paper presented at the Society for Research on Child Development Biennial Meeting, Philadelphia, PA.

McKelvey, L.M., Whiteside-Mansell, L., Conners-Burrow, N.A., Swindle, T., & Bokony, P.A. (2014, July). Risks and Strengths in the Home Environment of Expectant Families in Home Visiting Programs. Poster presented to the Head Start Research Conference, Washington D.C.

Prenatal Preliminary analysis presented at national conferences examine the link between the risks identified in on the prenatal Family Map Inventories and early parenting.

Whiteside-Mansell, L, McKelvey, L. M., Fitzgerald, S., & Thomas, D. (2016, May). Stability from prenatal to postnatal of the home environment. Submitted to the International Congress of Infant Studies, New Orleans, USA.

This study examines the usefulness of screening the prenatal home environment in areas associated with poor child development. During the prenatal assessment the mother’s care of herself is the target (i.e., her nutrition, seat belt use) of the screen. After the birth of the child, the child is the target (i.e., infant nutrition, infant car seat use).

Participants enrolled in a state-level evaluation of home visiting programs in the US during pregnancy in two types of program (PAT and HFA). Participants were included in this study if they were assessed after the child was born (N = 246). We report on assessments during the first months of infancy. Most families identified as white (52%) and was a first child for 37%. Most of the prenatal assessments were in the second (26%) or third trimester (60%).

The Family Map Inventory (FMI) was used to assess the home environment at both times. The average number of days between assessments was 146 days (SD 82 days) with the infant home environment assessed at about 60 days of infant age (SD 73). In simple bivariate examinations of the data, maternal indicators assessed prenatally generally decreased into infancy. For example, more prenatal women reported recent food insecurity than was reported after the birth of the child.

In general, the home environment improved after the birth of the child in the home visiting programs. In only four of the sixteen areas, the home environment was stable in the level of risk for children compared to the risk indicator assessed before the birth. The improvement in the number of families with risk indicators maybe an indicator of program success using the pre and postnatal screening tool.

Home environment as assessed by the Family Map Inventories at prenatal and postnatal

Parenting Belief Behavior	Percent of Prenatal Risk in the Home Environment	Percent of Risk in the Infant Home Environment	McNemar Significance test	N	Interpretation
1. Food quality of consumption	75.1%	79.1%	Ns	115	Stable
2. Food insecurity	34.6%	23.2%	.00	237	Reduced
3. Lack of daily routines	35.1%	34.7%	Ns	245	Stable
4. Too much TV time	45.4%	85.8%	.00	240	Increase
5. Lack of materials for learning	48.9%	48.5%	Ns	237	Stable
6. Housing Instability	42.3%	16.9%	.00	248	Reduced
7. Neighborhood dangers	28.7%	26.2%	.00	244	Reduced
8. Family conflict	16.7%	9.3%	.00	246	Reduced
9. Lack of family cohesion	35.4%	28.5%	.07	246	Reduced
10. Depression	47.8%	38.8%	.01	245	Reduced
11. Anxiety	40.0%	28.2%	.00	245	Reduced
12. Hostility	61.6%	45.3%	.00	245	Reduced
13. Substance use/exposure	93.1%	71.4%	.00	248	Reduced
14. Second hand smoke exposure	10.1%	9.2%	Ns	238	Stable
15. Lack of fire safety plans	46.1%	36.3%	.00	245	Reduced
16. Lack of vehicle safety habits	15.9%	7.9%	.00	239	Reduced

Whiteside-Mansell, L, McKelvey, L., & Conners-Burrow, N. (May 29 – June 2, 2016). Prenatal Attitude Screening by Home Visitors or Educators: Potential for Child Abuse and Neglect. Submitted to the biannual meeting of the World Association for Infant Mental Health, Prague, Czech Republic.

Introduction

Women’s experiences before and during pregnancy are linked to postnatal parenting behavior. For example, women are more likely to abuse their child when they experienced abuse as a child or delayed prenatal care. However, the link of malleable risks to child maltreatment is less studied. We examine the validity of a tool being used by home visitors to identify risks during pregnancy.

Methods

Participants enrolled in a state-level evaluation of home visiting programs in the US during pregnancy. Participants were included in this study if they were assessed after the child was born (N = 243). We report on assessments at 6 weeks and 6 months. Most families identified as white (52%) and was a first child for 37%.

The Family Map Inventory (FMI) was used as the prenatal screening tool (PN-FMI) and to assess parenting stress after the birth (Infant-Toddler FMI; IT- FMI; Whiteside-Mansell et al., 2012). The PN- and IT-FMIs are easy to use and un-intrusive (i.e., doesn’t directly ask about abuse history). The Adult-Adolescent Parenting Inventory (AAPI-2; Bavolet, 1990) permit the identification of high-risk parenting attitudes and child rearing practices (e.g., inappropriate expectations, corporal punishment).

Results

PN-FMI scales (Unrealistic expectations of child behavior and Beliefs related to Discipline) prenatally assessed were predictive of postnatal AAPI and parenting stress (controlling for trimester, child age, and number of children in home). Appropriate discipline beliefs were positively related to the AAPI and negatively to parenting stress at both assessments in the first year of life. Unrealistic expectations of child behavior were associated with early AAPI.

Conclusions

Prenatal screening for unrealistic or inappropriate attitudes was useful in the identification of families with infants who may be at risk during the newborn period. The FMI is easy to use and has been used to tailor individualize intervention efforts and evaluate results.

	Standardized Beta Coefficient			
	6 week Infant Assessment		6 month Infant Assessment	
	Adult-Adolescent Parenting Inventory ^a	FMI Parenting Stress	Adult-Adolescent Parenting Inventory ^a	FMI Parenting Stress
FMI Expectations of Child Behavior	-.15*	-.07	-.09	-.10
FMI Beliefs related to Discipline ^a	.36***	-.28***	.37***	-.34**
Adjust R2	.14	.05	.15	.07
N	228	218	112	125

Note: Controlling for Trimester assessed, number of children in the home, and child age at follow up assessment; ^a higher more positive

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