

A look at professionals' interventions with families at risk through an observation instrument.

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Abstract

This study analyses the exploratory results of the application of an observation instrument that identifies the main actions and interventions by professionals who work in parental support programmes in early childhood education. The instrument in checklist format presents a total of 54 items, which has been applied to professionals in a parental support programme with vulnerable families. The applied instrument can be used for self-evaluation, for external evaluation or to provide training to novice professionals.

Keywords: observation instrument, professional competencies, parental support programmes, early childhood.

Introduction

In the last 40 years, a diverse spectrum of parental education programmes has been developed based on Recommendation 2006/19 of the Council of Europe of the Committee of Ministers to Member States, which creates policies directed at offering support to parents by promoting support and/or community groups. Spain has developed the II National Strategic Plan for Childhood and Adolescence 2013-2016 (II PENIA), in which the primary objective is the implementation of family education services under the framework of quality standards and the training of professionals serves a fundamental role.

Parental support programmes in early childhood, which have been demonstrated as a tool with significant potential for the psycho-socio-emotional nurturing of children and parents, provide quality early experiences and produce a short-term economic return for society (Cohen, Onunaku, Clothier & Poppe 2005). The parent-child relationship, especially as it relates to upbringing, attachment, empathy and parental understanding of the needs of the child, should serve a key role in the improvement of upbringing practices both for the population at risk and for the population that does not exhibit these indicators (Hodnett, Faulk, Dellinger, & Maher 2009).

The basic structure of parental education programmes is based on four fundamental elements: characteristics of the programme, characteristics of the users, characteristics of the professionals and characteristics of the evaluation. A literature review of the programmes that satisfy the evidence-based criteria proposed by the Society for Prevention Research Standards (Flay et al. 2005) has identified significant similarities in the priority objectives: to develop the capabilities of parents, to promote change processes in relation to parenting skills, to strengthen the affective bond between parents and their children and to prevent childhood mental health issues.

The professionals who work in these programmes and are the fundamental objects of this study generally belong to diverse fields, such as nursing, psychology, early intervention, social work and family education. The success of the programmes is highly dependent on the competency training of the intervening professionals (Peeters & Sharmahd 2014). Despite its usefulness and necessity and the high responsibility level of the professionals regarding the results of the programmes, support resources for professionals are extremely limited (Sheridan, Edwards, Marvin & Knoche 2009). To ensure efficiency, most programmes require a prior period of initial

training and follow-up and supervision in programme implementation. The Council of Europe also highlights the importance of providing services to families via the training of professionals, evaluation and continuity of action (Daly 2007).

At the general level, the role of professional development is to satisfy two main objectives (Sheridan et al. 2009): the first objective is to generate advances in the knowledge, skills, dispositions and practice of professionals to support families (Katz 1995); the second objective is to promote a culture of continuous improvement in professional growth and in the development framework and implementation of programmes. A large number of proposals have identified skills that should be included in training programmes for early childhood education professionals. We highlight the joint work of the organisations Diversity in Early Childhood Education and Training (DECET) and the International Step by Step Association (ISSA) (DECET & ISSA 2001), which establish ten fundamental and essential skills for professionals who work with family diversity, such as empathy and understanding, flexibility and adaptability, sensitivity (both to children and the needs of the parents) and receptivity, the ability to support the sense of belonging, the ability to obtain solutions and alternative approaches in a creative manner, and a warm and caring attitude.

Understanding that the quality of professionals who participate in these programmes is dependent on their formal training (Tout, Zaslów & Berry 2005), we note that the process of becoming a skilled professional is a continuous process that involves the ability to construct and contribute to a body of professional knowledge, the acquisition of practical and reflective skills and the development of an attitude of commitment. Joyce & Showers (2002) note that professional support experiences in the context of actual practice are much more beneficial than formal instruction for skill-based change.

Assessment becomes a priority for any service to children and families. However, minimal information is available about the effectiveness of interventions on the impact of the wellbeing of children and families. The need to evaluate and analyse socio-educational intervention, especially for parents at risk, is critical (Hodnett et al. 2009). Although a review of the literature reveals the scarcity of studies on professionals and the mode of intervention, some of these studies remain exploratory, such as the study by Gómez and Haz (2008), which addresses the theories of professionals involved with multi-problematic families. Other studies (Milani 2006; Milani, Gioga, & Frosi 2008; Pourtois and Desmet 2000) conclude the importance of reflecting on the types of intervention and their effectiveness.

Instruments that allow for professional development in parallel form or prior to the programme are needed (Gómez, Cifuentes and Ortún 2012; Robles and Romero 2011; Torío,

Peña and Hernández 2012). Sheridan et al. (2009) suggest the critical need for research methods that encourage skills performance in situ to improve professional development models.

Using these suggestions to generate relevant empirical knowledge, this paper explains the exploratory results of the application of an observation instrument that identifies the main actions and interventions performed by professionals who work in parental support programmes in early childhood education. The instrument exhibits a checklist format and facilitates observation, reflection and evaluation of the work of these professionals. It can be applied in programmes for which the main objective is accompanying parents in parenting and education during early childhood. Within the framework of a parental support programme for families at risk, the main objectives of the study are to test the usefulness of the instrument for the observation and evaluation of early childhood education professionals, to identify the strengths and difficulties of the professionals and to determine the sensitivity of the instrument to possible changes at the time of the in situ application of the skills of the professionals.

Method

Instrument

The instrument has been developed for application in programmes with families who work with a group methodology (parents with children under six years), in which the main objectives are to strengthen the emotional bonds between parents and children and the support for parenting in the first years of their children's lives. The basic reference sources for the elaboration of items are as follows: 1) videotaping and direct observation for the integral assessment of the interventions performed by the professionals; 2) conducting discussion groups with

professionals to analyse the collected material and to initiate design of the observation instrument; and 3) theoretical reference models that primarily pertain to attachment theory (Bowlby 1995; Ainsworth, Blehar, Waters, & Wall 1978; Belsky 1999) and interactionist theory (Rogoff 1993). Ten fundamental competencies proposed by DECET & ISSA were also considered (2001).

The observation instrument was constructed using a checklist format, and a dichotomous response format was selected (absence/presence) for each of the behaviours operationalised by the measure. Each item evaluates whether a determined behaviour has occurred during a working session with families. The instrument presents a total of 54 items that are grouped according to the person to whom the professional intervention is directed: A) the context, B) dyads or C) the group (Refer to Appendix 1). Each of the sections is structured in different dimensions:

A) Context: This section, which consists of a total of 26 items, intends to address the interventions of professionals regarding context, which becomes the framework for the programme, and therefore should be clear and stable. Thus, aspects related to the design and organisation of the contexts are included and three contextual dimensions are collected: A1) Physical context, which consists of seven items (e.g., “Sets the stage for play and invites to enter”); A2) Affective-relational context, which consists of 13 items (e.g., “Shows interest in personal aspects of the families”); and A3) Temporal context, which consists of four items (e.g., “Balances the time spent in dyads”).

B) Dyads: Includes the evaluation of skills related to interventions that are aimed at each family and their members. Two dimensions are included with a total of 21 items: B1) Connection, with 14 items (e.g., “Proposes massages or body games with children”) and B2) Interaction, with seven items (e.g., “Proposes play situations between parents and children”).

C) Group: This one-dimensional section that consists of seven items includes actions that are directed at favouring group cohesion, promoting integration of all members and proposing discussion topics in relation to parenting. “Leads group time with the parents” is an example of content operationalised by the dimension.

Sample

The instrument was applied to professionals working in the Early Childhood Intervention and Family Support (PAFPI, in Spanish) programme, which was launched in 2001 as a support resource for parenting in programmes of reunification or family preservation for families in Child Protective Services. The programme primarily works with a select population of families that are engaged contexts of vulnerability. The goal of the programme is intervention, which follows the trend of working to decrease cases of child neglect (De Paúl 2009), to enable the training of families, to assess and improve their skills and to promote the reintegration of the minor to his/her family of origin in the case of separation. Since the onset of the programme, nearly 500 families have participated in the programme, and a total of 241 families have benefitted from the programme in the last three years. The programme is developed in a group context in which parents and children less than six years of age participate and each group of eight to ten families meets one day a week for two hours (they remain in the programme for six to twelve months). Intervention is performed on two levels: assessment and evaluation of parental skills from systemised observations of the relations between parents and children, and the assessment and evaluation of parental skill from observations of play interactions between parents and children.

The participants in the test instrument are six professionals who work in this programme and have a background in the fields of pedagogy and psychology. Their professional experience varies between four and eight years; all have completed an initial training phase in the programme over a minimum period of six months. They have received additional training related to educational models in early childhood, family therapy and intervention in child abuse. They have also participated in external supervision sessions regarding the dynamics of group work, attachment theory applied to family intervention and systemic perspective.

Procedure

The instrument was applied for three consecutive years, on different days, which coincided with the programme sessions in which the professionals work. Prior to application of the instrument, various training sessions were conducted to facilitate the involvement of people who could be familiarised with its use. They were instructed to note the difficulties encountered in implementation and propose changes that they considered relevant.

Participating professionals were instructed to complete the instrument using a self-reported approach after completion of the work session. For the empirical analysis, the data that correspond to a measure for each of the six professionals for each of the years evaluated were considered.

Data Analysis

The data matrix was pre-processed and adjusted for possible errors after data entry. Missing values were not detected; as a result, the implementation of data imputation methods was not necessary. A descriptive analysis of frequencies was performed for each of the items of the instrument by adding the three temporal measures that were used to obtain percentages of total presence/absence of the behaviours evaluated by the instrument. This analysis of aggregate measures was also developed by considering each of the dimensions.

Considering the temporal perspective, a nonparametric (Friedman statistic Q) contrast of the existing differences among the three temporal points considered for studying the evolution of performance over time was implemented to assess the effect of the self-reported evaluation. The application of the test also considered the Monte Carlo estimation with 95% confidence intervals. For all analyses, the statistical program SPSS 21.0 was employed.

Results

Regarding the first objective related to the statistical description of the frequency of interventions conducted by the professionals, the results obtained from the sections and the dimensions of the instrument are presented. With respect to Context (A), in the A1 dimension (Physical context), the behaviours that appear most frequently—between 94.44% and 100% (C1, C2, C3 and C4)—refer to the manner in which the professional sets the stage, cares for the atmosphere and aesthetics or maintains a neat and clean space. The results indicate the importance that the professionals give to this dimension, particularly their suitability regarding the demands and needs of the children.

Table 1. Prevalence ranked percentages (aggregated T1, T2 and T3) of each item from Section A (Context).

Items	N	T1	T2	T3	Total	% T1	% T2	% T3	Average%
C1	6	6	6	6	18	100	100	100	100
C3	6	6	6	6	18	100	100	100	100
C10	6	6	6	6	18	100	100	100	100
C11	6	6	6	6	18	100	100	100	100
C14	6	6	6	6	18	100	100	100	100
C15	6	6	6	6	18	100	100	100	100
C16	6	6	6	6	18	100	100	100	100
C17	6	6	6	6	18	100	100	100	100
C18	6	6	6	6	18	100	100	100	100
C19	6	6	6	6	18	100	100	100	100
C20	6	6	6	6	18	100	100	100	100
C26	6	6	6	6	18	100	100	100	100
C2	6	5	6	6	17	83.33	100	100	94.44
C4	6	6	5	6	17	100	83.33	100	94.44
C21	6	6	5	6	17	100	83.33	100	94.44
C22	6	6	5	6	17	100	83.33	100	94.44
C24	6	6	6	5	17	100	100	83.33	94.44
C9	6	5	5	5	15	83.33	83.33	83.33	83.33
C5	6	4	5	5	14	66.67	83.33	83.33	77.78
C25	6	6	5	3	14	100	83.33	50	77.78
C8	6	5	4	4	13	83.33	66.67	66.67	72.22
C7	6	1	5	5	11	16.67	83.33	83.33	61.11
C6	6	3	4	3	10	50	66.67	50	55.56
C12	6	2	3	2	7	33.33	50	33.33	38.89
C23	6	1	2	2	5	16.67	33.33	33.33	27.78
C13	6	0	2	2	4	0	33.33	33.33	22.22

Note the high prevalence of behaviours related to the A2 dimension (Affective-relational context), which refers to the manner in which the professional establishes empathetic, respectful and warm relations with the adults and children. Of the twelve items included in this dimension, ten items appear in 100% of occasions in the sample collection. Regarding the A3 dimension (Temporal context), which evaluates the interventions directed at allocating time for each of the families and facilitating temporal development of sessions, the behaviours C26 and C24 that exhibit a significant presence are 100% and 94.44%, respectively. They examine the anticipation of professional regarding the activities and actions to perform and promote smooth transitions between activities. However, regarding interventions with lower prevalence (with percentages less than 70%), the behaviours C7 (61.11%, “Encourages parents and children to arrange the space”), C6 (55.56%, “Suggests new ways of utilising spaces and materials”), C12 (38.89%, “Sometimes externalises personal feelings and situations to promote egalitarian relationships”), and especially C23 (27.78%) were observed. These behaviours are based on balancing the professional’s time spent in the different father/mother dyads with their son/daughter.

In response to the section of interventions directed at Dyads (B), with respect to the B1 dimension (Bonding), more than 50% of the behaviours maintain a high percentage of presence—between 94.44% and 100%. These behaviours pertain to the actions of the professional that promote visual and verbal contact with the children by the parents and behaviours that offer relationship models to parents. To promote autonomy of the children, the results show that the professional always offers non-intrusive behaviour models that promote waiting and do not rush the actions of parents with their children. The autonomy of the children is also promoted by encouraging the progressive process of separation between parents and children (Items C38 and C40). They also emphasise behaviours of the professional that are aimed at promoting the active development of parenting, minimal interference in the dyads between parents and children (Items C35 and C37) and the regulation of proximity-distance with the families.

Regarding the behaviours with a lower rate of presence, bodily contact is promoted with children (C27) and between parents and children (C28) in only 27.78% of cases. This finding highlights the slight prevalence of the direct intervention of the professional in the resolution of conflicts (C34, 27.78%).

Table 2. Prevalence ranked percentages (aggregated T1, T2 and T3) of each item from Section B (Dyads).

Items	N	T1	T2	T3	Total	% T1	% T2	% T3	Average %
C30	6	6	6	6	18	100	100	100	100
C31	6	6	6	6	18	100	100	100	100
C32	6	6	6	6	18	100	100	100	100
C35	6	6	6	6	18	100	100	100	100
C38	6	6	6	6	18	100	100	100	100
C40	6	6	6	6	18	100	100	100	100
C43	6	6	6	6	18	100	100	100	100
C45	6	6	6	6	18	100	100	100	100
C46	6	6	6	6	18	100	100	100	100
C47	6	6	6	6	18	100	100	100	100
C29	6	5	6	6	17	83.33	100	100	94.44
C37	6	6	5	6	17	100	83.33	100	94.44
C41	6	6	5	6	17	100	83.33	100	94.44
C33	6	6	5	5	16	100	83.33	83.33	88.89
C39	6	6	4	5	15	100	66.67	83.33	83.33
C36	6	5	5	4	14	83.33	83.33	66.67	77.78
C42	6	5	4	5	14	83.33	66.67	83.33	77.78
C44	6	4	5	5	14	66.67	83.33	83.33	77.78
C28	6	4	4	4	12	66.67	66.67	66.67	66.67
C27	6	2	2	1	5	33.33	33.33	16.67	27.78
C34	6	1	3	1	5	16.67	50	16.67	27.78

Regarding dimension B2 (Interaction), five of the seven behaviours obtain maximum prevalence and all are aimed at proposing play situations and facilitating the involvement of parents in play with their children (C41 and C43: recreational activities, art workshops, and hello and goodbye rituals). The professionals perform actions and

behaviours that are aimed at promoting the empathetic ability of parents in 100% of cases (C45, C46 and C47). No prevalence lower than 70% was obtained for this dimension.

Regarding the intervention section directed at Group (C), which is of one-dimensional character and includes actions directed at group time with parents to promote cohesion, the results show that the behaviours that appear more frequently—between 88.89% and 94.44%—favour relationships between members of the group (Items C49 and C51), which shows contrasting experiences about parenting and facilitating dialogue. Note that behaviours appear between 50 and 60% of occasions, in which the professional serves as the driver of the group (C48 and C53).

Table 3. Prevalence ranked percentages (aggregated T1, T2 and T3) of each item from Section C (Group).

Items	N	T1	T2	T3	Total	% T1	% T2	% T3	Average %
C51	6	6	5	6	17	100	83.33	100	94.44
C49	6	6	6	4	16	100	100	66.67	88.89
C52	6	6	3	5	14	100	50	83.33	77.78
C50	6	5	4	4	13	83.33	66.67	66.67	72.22
C54	6	5	4	4	13	83.33	66.67	66.67	72.22
C53	6	3	3	5	11	50	50	83.33	61.11
C48	6	3	3	3	9	50	50	50	50

The second objective of the exploratory study was to analyse the temporal stability of the potential changes that may occur in the actions of the professionals over time. The average values of each of the three temporal points are compared using the six dimensions. The results of the nonparametric Friedman statistic Q test indicate no statistically significant differences in any of the dimensions. The dimensional analysis of the number of self-reported behaviours, which incorporates the temporal measure, reveals the following scores in order from highest to lowest: interaction (B2, 92.86%), the affective-relational context (A2, 88.46%), bonding (B1, 82.94%) and the physical context (A1, 82.10%), temporal context dimension (A3, 75%) and (C) 73.81%.

Table 4. Friedman's Q results for panel design across the six dimensions (A1, A2, A3, B1, B2 and C1).

Dim.	N	T1	T2	T3	Total	% T1	% T2	% T3	% Total	Friedman	gl	Sig. asintótica	Sig. Monte Carlo	IC95% Monte Carlo
A1	6	41	46	46	133	75.93	85.19	85.19	82.10	3.50	2	.174	.298	.289 - .307
A2	6	68	69	70	207	87.18	88.46	89.74	88.46	1.50	2	.472	.811	.803 - .819
A3	6	19	19	16	54	79.17	79.17	66.67	75.00	4.00	2	.135	.338	.329 - .348
B1	6	71	70	68	209	84.52	83.33	80.95	82.94	1.53	2	.465	.499	.489 - .509
B2	6	39	38	40	117	92.86	90.48	95.24	92.86	1.50	2	.472	.818	.811 - .826
C1	6	34	28	31	93	80.95	66.67	73.81	73.81	2.92	2	.232	.224	.216 - .232

Discussion

The results provide evidence regarding the two objectives and respond to the need for instruments that facilitate the creation of performance measures for professionals in parental support programmes in early childhood education. The first objective relates to interventions that are more frequently performed by professionals to obtain a screening and prevalence of use. From the results, the following conclusions can be formed for each of the three sections of the instrument:

Regarding the dimension of physical context (A1), the results indicate that considerable importance is given to the space-environment and play materials as mediators of relationships. The quality of spaces contributes to wellbeing and provides security to families (Riera 2005).

With respect to the affective-relational dimension (A2), the prevalence regarding the warm and affective relationship with families becomes particularly important. Bonding with families and the ability of the

professional to establish empathetic and respectful relationships with the adults and children are considered relevant. The results also confirm the importance of the avoidance of intrusive actions by professionals that place them in a companion role to a greater extent than the role of experts who promote the skills and strengths of parents from the perspective of positive parenting (Rodrigo, Máiquez and Martín 2011; Martínez and Becedóniz 2009; Loizaga 2011). Theories on *empowerment* (Milani, Gioga & Frosi 2008; Bouchard and Kalubi 2003) that view the professional as a promoter of parenting (partnership), which are based on the resources and skills of the families, are useful.

When organising the temporal dimension (A3), professionals should be aware that the session should form part of a continuum without sharp discontinuities. Thus, anticipating the temporal sequence for families promotes greater participation from the parents and offers a security framework for the children. The professional adjusts interventions according to the various needs presented by each of the families, as demonstrated by the fact that the professional does not remain with each dyad for the same amount of time.

The second section, which operationalises interventions directed at the dyads (B), presents a few results regarding the dimension of bonding (B1), which demonstrate how frequently actions are performed to promote the relations of affective bonding between parents and children. As the professionals rarely interact with the children outside the presence of the parents, parents are able to focus on their actions with their children. Regarding the dimension of interaction (B2), professionals promote the ability for observation and reflection of the parents by verbalising and interpreting the demands of the children and sharing the progress and changes that are observed with the parents. One of the fundamental objectives of the programme is to promote the empathy skills of parents and to modulate and regulate their affective responses, as stated by authors who have developed the mutual regulation model and the concept of dyadic consciousness (Tronick 1989; Brazelton 1993; Fonagy, Gergely, Jurist & Target 2002 and Schejtman & Vardy 2008).

Regarding the interventions directed at group (C), the results show how professionals are involved in tasks that are designed to foster relationships between the people in the group, as this facilitates the exchange of opinions or doubts regarding parenting. The programmes that utilise the group mode of intervention (Egeland, Kalkoske, Gottesman, & Erickson 1990; Miller-Heyl, MacPhee, & Fritz 1998; Kumpfer & Whiteside 2000; Webster-Stratton, Reid, & Hammond 2004) constitute an essential element of support for families in their task of upbringing and care to their children and generate better results (Robles and Romero 2011) as they help to increase the social support network. Thus, groups can become a space of personal growth and social reference.

The second objective of the study was to verify the potential changes that may occur in professionals' actions as measured by an instrument over the three study years. The results showed no statistically significant differences, which is most likely attributed to the small sample size ($n=6$); this aspect is one of the main limitations of the study despite its exploratory nature. We should continue exploring the acquisition process of skills by specifying the different steps involved in advancing from professional inexperience to a degree of expertise, as stated by models developed by Dreyfus & Dreyfus (1986) and Hall & Hord (2001) with different stages for the development of professionals in early childhood education.

Lastly, the contributions that the observation instrument can provide for professional practice and development are highlighted here. The study conducted with the pilot group of professionals has demonstrated that the use of the instrument has favoured self-observation and reflection of the professionals on their own performance. It has also identified and targeted the type of actions/skills that the professionals conduct/acquire with families, actions with a lower rate of presence, and possible changes that could be generated in professionals' actions over time (despite not attaining statistical significance).

The instrument applied in this study can be employed for different purposes: self-evaluation, external evaluation, the identification of difficulties in intervention, and training and assistance for beginning professionals. The goal is to encourage reflection to conduct adjusted interventions and to achieve the set objectives. The instrument can also facilitate the use of information for implementing mentorship systems, counselling and in situ feedback, articulating the acquisition of improvement programmes and applying professional skills in practice. The instrument will have to continue to be revised and the study sample will be expanded.

Establishing a practice that enables the reflection and evaluation of a person's actions will enable the role of professionals (Milani, Gioga & Frosi 2008) and the skills acquired through experience and practice to advance in

real contexts. Thus, contextual knowledge and experience appear as interlocking and interdependent elements (Sheridan et al. 2009).

Given the scarce scientific literature on professionals and modes of intervention, these instruments are needed to promote the observation and reflection of professionals with the objective of optimising their intervention and resources.

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