

## **PLAY AND LEARNING STRATEGIES (PALS) INFANT**

**Play and Learning Strategies (PALS) Infant meets the criteria established by the U.S. Department of Health and Human Services (DHHS) for an “evidence-based early childhood home visiting service delivery model,” because there is at least one high- or moderate-quality impact study with favorable, statistically significant impacts in two or more of the eight outcome domains. At least one of these impacts is from a randomized controlled trial that has been published in a peer-reviewed journal. At least one of the favorable impacts from a randomized controlled trial was sustained for at least one year after program enrollment.**

This short report provides summary information about the program model, research on evidence of effectiveness, and model developer contact information. A full model report and implementation profile will be available on the Home Visiting Evidence of Effectiveness (HomVEE) website (<http://homvee.acf.hhs.gov/>) by fall 2012.

### **Program Model Description**

PALS Infant is designed to strengthen parent-child bonding and stimulate children’s early language, cognitive, and social development. The program is designed for children 5 months to 1 year. PALS Infant consists of 10 sessions, each of which lasts about 90 minutes. Sessions are offered in home visits conducted by a parent educator. The program developer, the Children’s Learning Institute at the University of Texas Health Science Center, recommends that PALS Infant be implemented by agencies with sustained funding mechanisms and organizational structures that can support program continuity, such as Head Start, Early Head Start, and not-for-profit early childhood agencies. PALS Infant has been implemented in 19 states and the District of Columbia.

Implementation support for PALS Infant is provided by the Children’s Learning Institute. No state support systems exist. PALS Infant recommends that parent educators have at minimum an associate’s degree in early childhood (or a related field) or work experience commensurate with education. PALS Infant parent educators are supervised by a person with at least a bachelor’s degree in early childhood education, or a related field, and have three to five years experience in parent education. Staff at the Children’s Learning Institute provide required PALS Infant training either at the Children’s Learning Institute in Houston, Texas, or on site at local implementing agencies. PALS Infant training is 2.5 days. Weekly group supervision sessions serve as a forum for ongoing training of PALS Infant content and coaching strategies. Ongoing training for supervisors is available from the Children’s Learning Institute upon request.

PALS Infant was developed to facilitate parents’ mastery of specific skills for interacting with their infants. It is designed as a preventive intervention program to strengthen the bond between parent and child and to stimulate early language, cognitive, and social development. It consists of one-on-one home visits between a trained parent educator and a parent.

### **Review of Studies and Evidence of Effectiveness**

The Home Visiting Evidence of Effectiveness (HomVEE) review identified six studies of PALS Infant published between 1979 and 2011. All were eligible for review: three met standards for high evidence, one received a low rating, and two were additional sources that overlapped with another study and were not rated. The same sample was used across all studies that received a high

rating. Initially mother-infant pairs were recruited from hospitals serving families from lower-income backgrounds and 264 were randomly assigned to one of two intervention groups: PALS Infant and a Developmental Assessment of Skills (DAS) comparison group. After attrition, 241 mother-infant pairs (121 PALS Infant and 120 DAS) remained in the study. Approximately one-third of each group was African American, Hispanic, or Caucasian. Most were poor and unmarried.

A later study followed this sample into preschool. After attrition, 166 mother-infant pairs remained in the study. In this second study as well, approximately one-third of each group was African American, Hispanic, or Caucasian. Most were poor and unmarried.

Taking into account all of the review results as of January 2012, PALS Infant had favorable impacts in the child development and school readiness and positive parenting practices domains, as well as one unfavorable or ambiguous impact in the positive parenting practices domain. In the child development and school readiness domain, PALS Infant had favorable impacts on negative affect with the examiner. In the positive parenting practices domain, PALS Infant had favorable impacts on contingent responsiveness, warm sensitivity, harshness of voice tone, physical intrusiveness, maintaining and redirecting infant foci of attention, verbal scaffolding, labeling objects, labeling actions, and verbal encouragement. PALS Infant had an unfavorable or ambiguous impact on redirecting child foci of attention.

## **Model Developer Contact Information**

Ursula Johnson, Ph.D.  
Research Coordinator II  
The University of Texas Health Science Center's Children's Learning Institute  
[Ursula.Y.Johnson@uth.tmc.edu](mailto:Ursula.Y.Johnson@uth.tmc.edu)  
(713) 500-3767  
<http://www.childrenslearninginstitute.org/our-programs/program-overview/PALS/default.html>

## References

### Impact Studies with High Ratings

Landry, S. H., Smith, K. E., & Swank, P. R. (2006). Responsive parenting: Establishing early foundations for social, communication, and independent problem-solving skills. *Developmental Psychology, 42*(4), 627-42.

#### Additional Sources:

Guttentag, C. L., Pedrosa-Josic, C., Landry, S. H., Smith, K. E., & Swank, P. R. (2006). Individual variability in parenting profiles and predictors of change: Effects of an intervention with disadvantaged mothers. *Journal of Applied Developmental Psychology, 27*, p. 349-69.

Smith, K. E., Landry, S. H., & Swank, P. R. (2005). The influence of decreased parental resources on the efficacy of a responsive parenting intervention. *Journal of Consulting and Clinical Psychology, 73*(4), pp. 711-20.

Landry, S. H., Smith, K. E., Swank, P. R., & Guttentag, C. (2008). A responsive parenting intervention: The optimal timing across early childhood for impacting maternal behaviors and child outcomes. *Developmental Psychology, 44*(5), 1335-53.

Landry, S. H., Smith, K. E., Swank, P. R., Zucker, T., Crawford, A. D., & Solari, E. F. (2011, November 28). The effects of a responsive parenting intervention on parent-child interactions during shared book reading. *Developmental Psychology*. Advance online publication. doi: 10.1037/a0026400

### Impact Studies with Moderate Ratings

None

### Impact Studies with Low Ratings

Dieterich, S. E., Landry, S. H., Smith, K. E., Swank, P. R., & Hebert, H. M. (2006). Impact of community mentors on maternal behaviors and child outcomes. *Journal of Early Intervention, 28*(2), 111-24.

### Implementation Studies

None