

## Keys to Interactive Parenting Scale

Author:	Comfort, M., & Gordon, P. R.
Date:	2005; Revised 2014
Construct:	Parenting Behavior
Standardized:	No. Validated with families enrolled in various health, education, and social services.
Instrument Type(s):	Observational Rating Scale
Uses of Information:	KIPS is a brief, practical tool for paraprofessional and professional staff to assess parenting behavior in order to guide intervention services, monitor family progress, and evaluate program outcomes. KIPS identifies specific parenting strengths and areas for growth. In addition to parent/caregiver assessment, KIPS can be used to guide staff observations, to inform family goals, to open dialogues with families about parenting strategies that promote their child's development and learning, to facilitate case reviews, to monitor changes in parenting behavior, and to evaluate parenting outcomes.
Environment:	Home environment or a familiar community setting where parent-child play is comfortable. No special toys or standardized materials are required.
Description:	<p><b>KIPS</b> is a structured observational tool that requires training, certification and annual recertification to ensure reliable scoring. KIPS involves a 20-minute observation of free play (15 minutes of play, 5 minutes of clean-up if developmentally appropriate) between a parent or caregiver and a child (2–71 months) using the toys or materials available in their home or a familiar community setting. The 12-item scale assesses the quality of parenting behavior using 1 (low quality) to 5 (optimal quality) ratings with behavioral anchors at the odd points of 1, 3, 5. KIPS items include:</p> <ul style="list-style-type: none"><li>• Sensitivity of responses</li><li>• Response to emotions</li><li>• Physical interaction</li><li>• Involvement in child's activities</li><li>• Open to child's agenda</li><li>• Engagement in language experiences</li><li>• Reasonable expectations</li><li>• Adapts strategies to child</li><li>• Limits and consequences</li><li>• Supportive directions</li><li>• Encouragement</li><li>• Promotes exploration/curiosity</li></ul> <p>Videotaping is highly recommended for accurate scoring and use in intervention with families.</p>
References:	Comfort, M., Gordon, P.R., English, B., Hacker, K., Hembree, R., Knight, R., & Miller, C. (2010). Keys to Interactive Parenting Scale: KIPS Shows How Parents Grow, <i>Zero to Three Journal</i> , 30(4), 33-39.



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Comfort, M., Gordon, P.R. & Unger, D.G. (2006). Keys to Interactive Parenting Scale: A Window into Many Facets of Parenting. *Zero to Three Journal*, 26(5), 37-44.

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Comfort, M., Gordon, P.R. & Naples, D. (2011). KIPS: An Evidence-Based Tool for Assessing Parenting Strengths and Needs in Diverse Families. *Infants & Young Children: An Interdisciplinary Journal of Early Childhood Intervention*, 24(1), 56-74.

Gordon, P.R. & Comfort, M. (2013). How Parenting Assessment Strengthens Family Services. *Journal of Health Visiting*, 1(11), 626-32.

See <http://comfortconsults.com/publications/> for citations and links to other publications and evaluation reports by KIPS authors and independent researchers, evaluators and clinicians.

**Cost:** KIPS materials are only sold to certified users.

Please see <http://comfortconsults.com> for current costs of KIPS training and materials.

**Availability of Test Manual:** Training Workbook is available only with training participation.

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**Instructions:** A full set of instructions is provided as part of the training package.

**Administrator:** Paraprofessional or professional staff person who provides parenting education, support or therapeutic services to family.

**Qualification:** KIPS training, certification, annual recertification

**Training Required:** KIPS training is available in two formats:

**KIPS eLearning**®, an Internet-based training, or a two-day training workshop for small groups. The training consists of an orientation to observational assessment and the KIPS scale, followed by practice scoring each of the items with family videos. Learners then rate progressively more items, and eventually practice rating all 12 items simultaneously. At the end of the training is a certification exam. Annual recertification is required via the online **KIPS Annual Check-Up**. The online **KIPS Library** offers ongoing support to practice scoring in the Play Video Collection that is searchable by family characteristics and offers scoring discussions for each



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video. The Resources section offers Tools (e.g., KIPS-Curriculum crosswalks) to reflect on KIPS assessments and plan family services; Handouts that offer ongoing information while using KIPS with families; Expert Videos of KIPS users sharing their experiences regarding training, service planning, supervision and using KIPS with families.

The training consists mainly of practice in scoring videos of parent-child play and receiving feedback.

Administration Time:

20 minutes to observe; 10 minutes to score

Respondents:

Paraprofessional or professional staff observes and assesses one parent/caregiver and one child playing together.

Scales/ Item Options:

Staff person rates the quality of parent's behavior during play interaction in the context of the child's needs, using 12 KIPS items set on 5-point scales with behavioral anchors at odd points.

Sample item:

### ***How open is the Caregiver's to the Child's agenda?***

*Caregiver usually chooses the activities, or shows little flexibility whether or not the Child cooperates.*

*Caregiver sometimes chooses activities, and Child sometimes chooses activities.*

*Caregiver often follows Child's choice of activities, and supports Child in making and pursuing his/her own choices of activities.*

Scoring:

Twelve KIPS items are rated from 1 to 5 based on the 20-minute observation of parent-child play. Ratings are summed and divided by the number of items scored to obtain an average overall KIPS score.

Languages:

Scoring forms are available in English and Spanish.

Psychometric Properties:

A series of 4 studies (2005-2009 studies supported by NICHD) were conducted in 2004-2009 to investigate KIPS reliability and construct, criterion and predictive validity. See below for summaries of the following:

- Initial psychometric study (2004)
- Field test (2005)
- Validation study (2007-08)
- Longitudinal study (2008-09)

An initial psychometric study (Comfort & Gordon, 2006) of 101 families was conducted in 2004 with community volunteers in the Philadelphia vicinity, Head Start fathers, and recovering mothers in substance abuse treatment.



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These included 72% low-income and 28% middle-income families. Caregivers ranged from 20 to 70 years old; 60% were mothers, 38% fathers, 2% grandmothers; 59% African-American, 27% Caucasian, 9% Latino, and 5% Asian or other. The children were 52% female, ranged from 2 to 71 months old (Mean= 34.6 months) and 8% had special health or developmental needs. KIPS scores showed high internal consistency ( $\alpha=.89$ ) and high inter-rater agreement (96%). A partial correlation, controlled for sample membership, showed significant association of KIPS and a validated research scale, Parent/Caregiver Involvement Scale ( $r = .44, p = .014$ ), suggesting they measure a similar construct. ANOVA indicated that one of the four groups, mothers recovering from substance abuse, had significantly lower KIPS scores as they entered treatment ( $F=27.58, p<.0001$ ), suggesting that KIPS is sensitive enough to detect differences in parenting behavior in high risk populations.

For the 2005 field test (Comfort, Gordon & Unger, 2006), the authors partnered with two family service programs, Early Head Start-Health Federation of Philadelphia (EHS), and the statewide Delaware Parents as Teachers program (PAT), to study whether staff trained on KIPS could objectively assess families in their programs. Twenty family service providers assessed 100 diverse caregivers who were 84% female (mothers, grandmothers), 16% male (fathers); 56% African-American, 19% Caucasian, and 12% Hispanic. The children ranged from 2 to 61 months (Mean= 24 months), and 18% had special needs.

Results showed 93% staff-expert agreement on KIPS scores, suggesting that staff could objectively assess parents/caregivers in their case loads. Professionals and paraprofessionals showed equivalent reliability in scoring. Further results showed high internal consistency ( $\alpha = .96$ ), a wide range in KIPS mean scores ( 1.90 to 4.88), and significant differences in KIPS scores between programs (EHS=3.29 [.74], PAT=4.03 [.64],  $p <.0001$ ) that served very different demographic groups. As found in other parent-child studies, KIPS scores were significantly correlated with caregiver age, education, employment, and marital status. When adjusted for these demographics, race and ethnicity were not significant factors. Using partial correlations controlled for program status, KIPS scores were significantly correlated with staff ratings of caregiver engagement in services ( $r = .39, p <.0001$ ) and the extent ( $r = .39, p <.0001$ ) and intensity of child playfulness ( $r = .39, p <.0001$ ).

**Key Findings.** EHS and PAT family service providers (professionals and paraprofessionals) can reliably use KIPS with the families they serve and appreciate the insights gained from observational assessments.

In a 2007-08 KIPS validation study, data were collected with 397 randomly selected families served by the statewide Healthy Families Virginia program to study the validity of KIPS with diverse families and compare the tool to established research tools.

Factor analyses showed one coherent factor for the 12 KIPS items that explained 60% of the variance. Statistics showed an overall KIPS Mean of



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3.4 (sd=.7, range 1.3 to 5.0), and high internal consistency ( $\alpha=.94$ ).

Results showed no significant differences for caregiver gender or race/ethnicity (African Americans, Caucasians, Latinos, Others). Like previous studies, we found significant associations of KIPS with caregiver age (<18yrs. versus Older,  $p=.03$ ), marital status (single versus ever married,  $p=.008$ ), and education (less/equal to HS versus any college,  $p=.003$ ). KIPS scores did not differ significantly according to parent or child gender, race/ethnicity, employment, child age group, or child special needs.

Further results indicated significant correlations of KIPS with well-established observational measures including NCAST Teaching Scale Caregiver Total ( $r=.35$ ,  $p=.0001$ ) and HOME Infant/Toddler subscales CG Acceptance ( $r=.25$ ,  $p<.01$ ) and Responsivity ( $r=.19$ ,  $p<.05$ ). KIPS also correlated significantly with the Staff Rating of Engagement in services ( $r=.22$ ,  $p<.0001$ ) and the parent's report of Knowledge of Child Development ( $r=.18$ ,  $p<.0001$ ). There were no significant correlations with family stress/risks at program enrollment or child development screens according to the ASQ.

**Key Findings.** No significant differences in parenting were found according to caregiver gender or race/ethnicity, which suggests that KIPS can be used with diverse families. KIPS correlations with NCAST and HOME suggest that this brief, user-friendly tool can provide valuable information about parent-child interactions for staff who work with families. Parents viewed by staff as engaged in services showed higher quality parenting according to KIPS. As found in other studies, KIPS showed significantly lower quality of parenting for adolescent and single parents, and higher quality parenting as education increased.

A 2008-09 longitudinal study (Comfort, et al., 2010) was conducted to determine if KIPS is sufficiently sensitive to detect changes in parenting quality resulting from parenting intervention in a home visiting program. The KIPS authors partnered with the Kentucky HANDS program that aims to prevent child maltreatment, optimize child health and development and improve family functioning. The longitudinal study followed 107 parents and their children receiving the usual HANDS services provided by 30 home visitors over a 12-month period when children were 2 to 14 months old. Parents averaged 22 years, 43% reported high school graduation and 32% less than high school education, 57% were single parents, 80% were Caucasian, 60% unemployed, and 83% reported annual incomes less than \$25,000.

Results indicated that KIPS scores at 2, 5, 8 and 14 months of age (Means = 2.7, 2.9, 3.3, 3.5) showed a significant increase in the quality of parenting over one year of HANDS services (Repeated Measures ANOVA  $p<.0001$ ). Many HANDS families participating in the KIPS study shifted from low to high quality parenting.



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Predictive regression analyses showed that early KIPS scores predicted later quality of parenting ( $R^2=.113$ ,  $p=.014$ ); and when KIPS was combined with parents' engagement in services, predicted toddler social behavior during play ( $R^2=.34$ ,  $p=.0001$ ).

**Key Findings.** KIPS scores showed significant changes in the quality of parenting over one year of HANDS services. This suggests that KIPS is sufficiently sensitive to detect the changes in parenting resulting from services provided by the HANDS home visiting program. In addition, predictive analyses showed that early KIPS scores predicted later quality of parenting; and in combination with parents' engagement in services, predicted toddler social behavior during play. HANDS home visitors were not informed of the KIPS scores of their families during the study. If KIPS results were known, and used to tailor family services to parents' individual strengths and needs, we would expect to find an even greater change in the quality of nurturing parenting among HANDS families.

