Directory of Self-Report Measures of Internal Engagement

HARC
Home Visiting Applied Research Collaborative

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To support precision measurement in home visiting research, HARC is conceptualizing family engagement in home visiting. Engagement is an important aspect of usage in the Precision Paradigm.

OVERVIEW

Home visiting research and evaluation teams use a variety of measures of family engagement. Many studies measure family engagement in home visiting using indicators of dosage, which is most often expressed by the number of completed visits and the duration of enrollment. Dosage captures an aspect of families' *behavior* related to home visiting, referred to as their *external engagement*. Also important are families' *thoughts and feelings* related to home visiting, referred to as their *internal engagement*. This resource focuses on self-report measures of internal engagement.

To understand more about how family engagement is conceptualized, HARC members conducted a rapid review of existing review articles, theoretical articles, and conceptual articles on family engagement in home visiting and related fields. We also held conversations with representatives from 10 home visiting models to elicit their perspectives on key concepts related to family engagement. Using this information, we identified five key concepts related to internal engagement focusing on families' perceptions of their home visitors and the services they receive.

Internal Engagement Concepts

1. ***Perceptions of home visitors*** such as whether they are trustworthy, honest, respectful, and responsive, and relationships with home visitors are reciprocal and well-aligned in terms of goals, roles, and style
2. ***Perceptions of home visiting acceptability, relevance,*** and "goodness of ***fit***" with families' expectations and preferences
3. ***Perceptions of home visiting effectiveness*** for achieving meaningful goals
4. ***Interest, motivation,*** and ***commitment*** to participate in home visiting
5. ***Readiness for change*** including openness and receptivity to achieving meaningful goals

HARC created this directory to facilitate research that aims to measure internal engagement concepts. It includes caregiver self-report measures selected based on their availability and ease of administration. Future adaptations of the directory will include home visitor-report measures, observational instruments, and measures with other modes of administration.

Of note, many of the measures included in the directory were developed for settings and disciplines other than home visiting. Some may need modifications for use in home visiting research. We provide basic guidance for adapting measures to the home visiting context at the end of the directory.

SELECTION OF MEASURES

HARC team members conducted a review to identify caregiver self-report measures of engagement used in home visiting and existing home visiting studies as well as in adjacent fields such as mental health services, social work, child welfare, and health care. We:

- Searched the following databases: PsycINFO, PubMed, Web of Science, and Google Scholar.
- Utilized the following search keywords: [client* OR patient* OR parent* OR caregiver* OR stakeholder*] AND [engage* OR involve* OR participat*] AND [measure* OR survey* OR assess* OR questionnaire*].
- Supplemented these broader search terms with specific keywords related to engagement concepts (e.g., readiness, satisfaction, collaboration, alliance, relationship, and motivation).

Measures were flagged for review if they met the following inclusion criteria:

- Is a caregiver self-report measure;
- Is aligned with at least one of the internal engagement concepts;
- Has evidence of reliability or validity (e.g., consistency and coherence of scales, predictive validity with pertinent outcomes);
- Is relevant to the home visiting context as is, or with minor modification; and
- Is readily accessible (e.g., availability and cost).

For the measure review process, the HARC team:

- Downloaded relevant articles and entered the individual items from each measure into an Excel spreadsheet.
- Reviewed each item for relevance to HARC's emerging conceptualization of engagement.
- Shortlisted measures that included items that measured one or more of the five engagement concepts.
- Conducted additional searches for information related to reliability and validity of each measure, as well as use in home visiting studies or studies with comparable populations.
- Conducted working groups with home visitors and participants in Massachusetts and Washington, DC to review the measures to reach consensus on which measures to add to the directory based on their understanding of the items and perceived relevance to home visiting.

USING THE DIRECTORY

The directory can be used to help answer common questions research and evaluation teams and partners may have when selecting measures for their study, such as:

- What **concepts** are most important to your study?
    - Use *Dimension & Subscales* and *HARC Engagement Concepts* to examine the coverage of the measure to ensure it matches your research or evaluation aims.
- For whom was the measure developed?
    - Review *Relevance to Home Visiting* to learn whether the measure was used with or developed for individuals with experience with home visiting or similar programs and/or populations.
- Is the measure reliable and valid?
    - Review *Reliability & Validity* to learn more about studies that have documented how well the measure assesses the internal engagement concepts, including its consistency and accuracy.
- How long is the measure?
    - Review *Items* and *Short version* in combination with other characteristics of the measure to guide your choice.
- Where can I find the measure and has the measure been translated?
    - See *Availability* and *Translation* information provided for each measure.

DIRECTORY

PHV=Perceptions of home visitors; ARF=Acceptability, relevance, fit; PE=Perceptions of effectiveness; IMC=Interest, motivation, commitment; RC=Readiness for change

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
Agnew Relationship Measure—Client Ratings (ARM)[1]	28	5, 12[2]	Alliance including: • Bond • Partnership • Confidence • Openness • Client initiative	☒ PHV ☐ ARF ☒ PE ☒ IMC ☐ RC	• Acceptable internal consistency[1] • Positively associated with the WAI[3] and with psychotherapy treatment outcomes[4] • Originally validated with individuals (average age 40 years) who were employed in professional, managerial, and other "white-collar" positions and were referred to treatment for depression[1]	Used with adults experiencing depression receiving psychotherapy from community outpatient facilities[3]
	Availability: Items available in Appendix 1[1]					
California Psychotherapy Alliance Scale—Patient version (CALPAS-P)[5,6]	24	12[5]	Alliance including: • Working capacity • Commitment • Working strategy consensus • Therapist understanding and involvement	☒ PHV ☒ ARF ☒ PE ☒ IMC ☒ RC	• Acceptable internal consistency[6] • Positively associated with satisfaction[6] • Originally validated with individuals receiving psychotherapy through private practice (all White; average age 35.3 years; 47% employed in professional positions)[6]	Used with adults receiving psychotherapy[6]
	Availability: Measure provided in Appendix A;[5] Translation: Portuguese[7]					
Client Cultural Competence Inventory (CCCI)[8]	12	No	Cultural competence including: • Community and family involvement • Respect for cultural differences • Easy access to care • Client-provider ethnic match	☒ PHV ☒ ARF ☐ PE ☐ IMC ☐ RC	• Acceptable internal consistency[8] • Positively associated with home visiting program retention,[9] satisfaction,[9,10] goal attainment,[10] perceptions of home visitor,[11] and WAI[12] • Originally validated with community-based sample of people receiving Medicaid whose children receive intensive mental health services[8]	Subset of items from community and family involvement and respect for cultural differences subscales used with primarily White and African American families participating in home visiting,[9-11,13] and with adolescent parents participating in home visiting[14]
	Availability: Items available in Table 1[8]					

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
Client Engagement in Protective Services[15]	19	No	• Receptivity • Buy-in • Working relationship • Mistrust • Overall engagement	☒ PHV ☒ ARF ☒ PE ☒ IMC ☒ RC	• Acceptable internal consistency[15] • Positively associated with the WAI[16] • Identifying as Black, Latino, or biracial or experiencing intimate partner violence positively associated with mistrust[17] • Negatively associated with psychological reactance[18] and parents' history of child welfare involvement[19] • Some scales negatively associated with experiencing intimate partner violence and depression[19] • Originally validated with (primarily) biological mothers of children involved with child protective services (average age 31 years; 15% African American, 68% European American, 4% Hispanic, 4% mixed race)[15]	Used with Latino, White, Black, and biracial families involved in child protective services/child welfare system[15,17-19]
	Availability: Measure provided in Appendix[15]					
Client Perceptions of Home Visitors Questionnaire (CPHVQ)[11]	29	No	Perceptions of home visitors and relationship with home visitor	☒ PHV ☒ ARF ☐ PE ☐ IMC ☐ RC	• Acceptable internal consistency[11] • Positively associated with satisfaction, CCCI, and retention[11] • New measure piloted with small sample of home visiting participants (48.7% White, 30.8% African American, 5.1% Hispanic, 10.3% biracial; 79% annual income < $30,000); needs further validation.	Used with home visiting participants[11]
	Availability: Items available in Table 3[11]					
Credibility/ Expectancy Questionnaire (CEQ)[20]	6	No	• Treatment credibility • Treatment expectancies	☐ PHV ☐ ARF ☒ PE ☐ IMC ☐ RC	• Acceptable internal consistency[20] • Positively associated with PMI[21] • Treatment expectancies subscale positively associated with quantity (not quality) of treatment adherence[21] and with anxiety severity and distress[20]	Used with primarily European American and African American primary caregivers of children treated at a child psychiatry clinic[21]

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
					• Meta-analysis of 19 articles reported positive association between CEQ and mental health outcomes[22] • Originally validated in clinical samples including people in treatment for generalized anxiety disorder (average ages varied by study)[20]	
	Availability: Measure provided in Appendix A;[20] Translation: Portuguese[23]					
Family-Professional Partnership Scale[24]	18	No	Satisfaction with family-professional partnerships	☒ PHV ☒ ARF ☒ PE ☐ IMC ☐ RC	• Acceptable internal consistency[24] • Positive association with family quality of life[25] • Originally validated via two field tests of families with children with disabilities (1st study: 47.6 White non-Hispanic, 26.1% African American non-Hispanic, 16.2% Asian non-Hispanic, 11.7% Hispanic; 2nd study: 81% White non-Hispanic)[24]	Used with families with children with various disabilities[24-27]
	Availability: Measure available here					
Family and Provider/Teacher Relationship Quality (FPTRQ)[28]	67	25[28]	• Family-specific knowledge • Practices • Attitudes	☒ PHV ☒ ARF ☐ PE ☒ IMC ☐ RC	• Acceptable internal consistency[28] • Short-form positively associated with children's language skills[29] • Originally validated with racially and ethnically and socioeconomically diverse parents participating in center-based and family childcare programs or Head Start[28]	Used in the nationally representative 2014 Head Start Family and Child Experiences Survey (FACES)[29,30]
	Availability: Measure available here; Translation: Spanish					

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
Helping Alliance Questionnaire (HAq-II)[31]	19	No	• Positive therapeutic alliance • Negative therapeutic alliance	☒ PHV ☒ ARF ☐ PE ☒ IMC ☒ RC	• Acceptable internal consistency[32-34] • Positively correlated with the CALPAS[31] and substance use treatment attendance[35] • Negatively associated with post-traumatic stress disorder (PTSD) symptoms[35] • Originally validated with outpatients experiencing cocaine independence (average age 33 years; 56% Caucasian, 41% African American, 3% Hispanic or American Indian)[31]	Used with African American/Black women experiencing PTSD and substance use disorder[32] and Caucasian, African American, and Latina women with same experiences[35]
	Availability: Measure provided in Appendix A;[31] Translation: Spanish,[36] Portuguese[37]					
Kim Alliance Scale—Revised (KAS-R)[38,39]	16	No	• Collaboration • Integration • Empowerment • Communication	☒ PHV ☐ ARF ☐ PE ☒ IMC ☐ RC	• Acceptable internal consistency[39] • Positively associated with the ARM and satisfaction[39] • Originally validated with military families and retired people attending two outpatient clinics (average age 40.7 years, 44% Caucasian, 12% African American, 11% Hispanic, 31% Asian/Pacific Islander, 1% Native American)[39]	Used with families in the military[39]
	Availability: Measure provided in Table II[39]					
Mothers on Respect Index (MORi)[40]	14	No	• Comfort • Impact of their willingness to ask questions • Perceptions of racism or discrimination while received care	☒ PHV ☒ ARF ☐ PE ☐ IMC ☐ RC	• Acceptable internal consistency[40] • Positively associated with favorable childbirth experiences[41] • Originally validated with women who experienced pregnancy (average age years; 92.5% White; most completed college)[40]	• Used with birthing people who identified as persons of color[42] • Adaptation piloted with families participating in home visiting[43]
	Availability: Measure provided in supplemental booklet;[40] Translation: Spanish					

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
My Thoughts About Therapy–Youth (MTT-Y)[44]	35	No	• Relationship • Expectancy • Clarity	☒ PHV ☒ ARF ☒ PE ☒ IMC ☒ RC	• Acceptable factor structure[44] • Originally validated with Hispanic American (56%) and African American Black (26.3%) youth and their caregivers who received school-based mental health services[44]	Used with Hispanic and African American caregivers[44]
	Availability: Measure and instructions for use here; Translation: Spanish					
Parent-Caregiver Relationship Scale (PCRS)[45]	35	No	• Confidence • Collaboration • Affiliation	☒ PHV ☐ ARF ☐ PE ☐ IMC ☐ RC	• Acceptable internal consistency[45] • Positively associated with satisfaction with care[45], positive parenting behaviors,[46] and children's outcomes[46] • Originally validated with primarily Caucasian parents of children in center-based and family childcare[45]	Used in Early Head Start programs including 52% home-based[46]
	Availability: Items available in Table 2[45]					
Parent Engagement Scale[47]	22	No	Engagement	☒ PHV ☒ ARF ☒ PE ☒ IMC ☐ RC	• Acceptable internal consistency[47] • Positively associated with collaboration and relationship quality between parent and caseworker[48] • Originally validated with parents (80% women; 46% Black, 46% Hispanic; 94% English speakers) who received foster care services at a nonprofit child welfare agency[47]	Used with primarily Black and Hispanic families involved with child welfare[49] including parents whose children are in foster care[47,48]
	Availability: Items available in Table 1[47]					

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
Parent Motivation Inventory (PMI)[50]	25	No	• Readiness to change parenting behavior • Desire for child change • Perceived ability to change parenting behaviors	☐ PHV ☐ ARF ☒ PE ☒ IMC ☒ RC	• Acceptable internal consistency[50] • Positively associated with the CEQ[21] • Originally validated with primary caregivers (primarily biological mothers; 60.9% European American, 39.1% BIPOC) with children who received treatment for social and emotional challenges[50]	Used in small pilot study that included racially and ethnically diverse sample of parents receiving publicly-funded community-based mental health services[51]
	Availability: Items available in Table 1[50]					
Parent Participation Engagement Measure—Parent (PPEM-P)[52]	5	No	Participation	☐ PHV ☐ ARF ☐ PE ☒ IMC ☐ RC	• Acceptable internal consistency[52] • Positively associated with satisfaction, cultural sensitivity, perceived positive outcomes, social connectedness, and time in treatment[52] • Originally validated with youth and parents who received public mental health services (most children were Hispanic)[52]	Used with primarily Hispanic families participating in home visiting[53]
	Availability: Measure provided in Appendix;[52] Translation: Contact author for Spanish version					
Parent-Teacher Relationship Scale (PTRS)[54]	24	No	• Joining • Communication-to-other	☒ PHV ☐ ARF ☐ PE ☐ IMC ☐ RC	• Acceptable internal consistency[54] • Negatively associated with children's self-regulation problems[55] • Originally validated with parents of elementary school students (87% Caucasian, 9% African American)[54]	• Used with primarily Hispanic/Latino parents of children participating in Head Start and public preschool programs[55] • Used with parents of children with externalizing behavior problems[56,57]
	Availability: Items available in Table 2[54]					

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
Pediatric Rehabilitation Intervention Measure of Engagement—Parent (PRIME-P)[58]	11	No	• Plan appropriateness • Partnering • Positive outcome expectancy	☒ PHV ☒ ARF ☒ PE ☒ IMC ☐ RC	• Acceptable internal consistency[58] • Originally validated with parents (74% White; 84% at least a college diploma) of children who were receiving outpatient or inpatient rehabilitation, early intervention, or life skills programming in Canada, Australia, and U.S.[58]	Used with families of children receiving early intervention services[58]
	Availability: Measure available here; must get permission to modify survey					
Relational Health Indices—Mentor Scale (RHI-M)[59]	11	No	• Engagement • Authenticity • Empowerment	☒ PHV ☐ ARF ☐ PE ☐ IMC ☐ RC	• Acceptable internal consistency[59] • Positively associated with self-esteem (authenticity scale only)[59] and engagement in home visiting[60] and negatively associated with loneliness[59] • Originally validated with female college students (58% White, 28% Asian/Pacific Islander, 4.3% Black, 4.3% Hispanic, 1% Native American)[59] and later validated with male college students[61] and Spanish-speaking individuals[62] • Further validation of a youth version (RHI-Y)[63]	Used with predominantly Black and Latino mother and father dyads participating in home visiting[60,64]
	Availability: Measure provided in Appendix;[59] Translation: Spanish[62]					
Scale To Assess the Therapeutic Relationship—Patient Version (STAR-P)[65]	12	No	• Positive collaboration • Positive clinician input • Non-supportive clinician input	☒ PHV ☐ ARF ☐ PE ☐ IMC ☐ RC	• Acceptable internal consistency[65] • Positively associated with home visiting retention[66] • Originally validated with people with severe mental illness in the care of community mental health teams in England and Sweden (average 40 years; 50% White, 30% Black, 14% Southeast Asian)[65]	Used with families participating in home visiting, 43% of whom were Black and 27% annual income < $5,000[66]
	Availability: Measure provided in Appendix[65]					

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
Strengths-Based Practices Inventory (SBPI)[67]	16	No	• Empowerment approach • Cultural competency • Staff sensitivity-knowledge • Relationship-supportive	☒ PHV ☒ ARF ☒ PE ☐ IMC ☐ RC	• Acceptable internal consistency[67] • Positively associated with parental empowerment and satisfaction with support; empowerment approach and cultural competency positively associated with engagement; empowerment approach, staff sensitivity-knowledge, and relationship-supportive positively associated with frequency of service; and empowerment approach positively associated with parenting competency[67] • Originally validated with parents participating in Early Head Start (majority African American)[67]	Used with parents enrolled in Early Head Start, 70% of whom were African American[67]
	Availability: Items available in Table 2[67]					
Therapeutic Alliance Scale for Caregivers and Parents (TASCP)[68]	12	No	Alliance	☒ PHV ☐ ARF ☒ PE ☒ IMC ☐ RC	• Acceptable internal consistency[68] • Positively associated with alliance, therapy attendance and retention, and satisfaction[68] • Negatively associated with therapist years of experience[69] • Good reliability with therapist-reported alliance • Originally validated with primary caregivers (79% biological mothers; average 40 years; 53% Caucasian, 29% Latino, 10% African American, and 8% mixed or other; median household income of $25,000) who were referred to publicly funded outpatient mental health services[68-70]	Original validation study with families experiencing low-income referred to outpatient mental health services[68-70]
	Availability: Items available in Appendix A;[68] Translation: Contact author for Spanish version					
Trauma-Informed Practice (TIP)[71]	33	No	• Agency • Information • Connection • Strengths • Inclusivity • Parenting (not relevant)	☒ PHV ☒ ARF ☒ PE ☐ IMC ☐ RC	• Acceptable internal consistency[71] • Positively associated with the CSQ and WAI and caregiver self-efficacy[71,72] • Originally validated with a diverse sample of adults seeking services for domestic violence (average age 36.4 years; most born in U.S.)[71]	Used with adults who experienced domestic violence[71]
	Availability: Measure provided in TIP Guide;[73] Translation: Spanish[73]					

Measure	Items	Short Version	Dimensions & Subscales	HARC Engagement Concepts	Reliability & Validity	Relevance to Home Visiting
Working Alliance Inventory–Client (WAI-C)[74]	36	12	• Tasks • Goals • Bonds	☒ PHV ☒ ARF ☒ PE ☒ IMC ☒ RC	• Acceptable internal consistency[75] • Negatively associated with PTSD symptoms[76] • Positively associated with Client Engagement in Protective Services,[16] CCCI,[12] the TIP Scales,[71] and participation in home visiting[12] • Originally validated with graduate students[74]	• Used with tribal communities,[12,77] and African American[78] and racially and ethnically minoritized families[79] participating in home visiting • Used with families involved with child protective services[16] and who experienced domestic violence[71]
	Availability: Measure available here; must get permission; Translation: Portuguese,[80] Spanish[81,82]					

ADAPTING MEASURES TO CONTEXT

Many of the measures included in the directory were developed for programs and services in other disciplines. Some may need modifications for use in home visiting research. Modifications should always be approached with caution, as they may compromise the reliability or validity of the measure.

Modifications often aim to make measures more salient to the context and population of focus. Modifications may include word changes to improve the specificity and interpretability of items in new contexts. This may lead to improved measure reliability and validity. Modifications may range from relatively minor changes to more substantive changes.[83,84]

- ***Minor modifications*** are not expected to change content or meaning. This includes changing mode of administration (e.g., from paper and pencil format into online format) or minor wording changes to fit home visiting context (e.g., changing "therapist" to "home visitor").
- ***Moderate modifications*** may change the meaning of the items but in subtle ways such as splitting a single item into two items or rewording items to ensure they are written at 6th or 8th grade reading level.
- ***Substantial modifications*** may change the meaning of the item or content of the measure, so it is no longer directly comparable to the original. This could include dropping items, changing response options, or more substantive rewording.

Our intention is that the measures included in the directory can be used in the home visiting context with minor or moderate modifications. Substantial modifications should be done with caution as they will require piloting or testing to ensure the modified measure has adequate reliability and validity.

Question to Ask before Modifying Measures

The following questions may be important to consider in determining whether, and to what extent, modifications are needed.

- Would most families completing the measure understand all items in their current form?
- Is the wording on the item appropriate for home visiting and for the specific context in which you will be using it (e.g., community)?
- Would any items be clearer with a minor wording change?
- What elements of the item are essential? What can be changed without altering the meaning of the item?
- Has the measure been used with populations similar to home visiting? *Hint:* You can use the directory to find out!
- Have you contacted the measure developers to find out their stance on modifying the measure or whether they have made or are aware of any adaptations for similar contexts to home visiting?

Suggestions for Modifying Measures

The following suggestions may help you with modifications.

- Review articles and reports from other studies that have used the measure to see if they made adaptations. Some of these articles are cited in the directory, but there are many more out there!
- If research teams decide to make modifications, they should include a range of viewpoints including fellow researchers and evaluators, but also families, home visitors, and others who have lived experience of home visiting.
- Researchers should create a detailed tracking sheet that documents modifications including, for example, the original item, recommended changes, any piloting results, final changes, and any other pertinent information.
- The modified measure needs to be piloted and tested. The level of piloting and testing will vary depending on the degree of modifications. For *minor modifications*, a small pilot where the revised measure is

administered to a small sample may be sufficient. For *moderate modifications*, the pilot sample may need to be larger. Analysis of pilot data include psychometric assessments such as factor analysis to replicate original scales and subscales and validity assessments including whether scales or subscales are associated with other measures of engagement and/or outcomes of interest.

- When translating the measure into languages other than English, ensure you allocate time and money for back-translation to ensure the nuance of the measure is retained.
- When reporting findings based on modified measures, researchers should provide detail on the modifications including what was changed, why the researchers made changes, how they went about making the changes, and any pilot testing.

Need more help from the HARC team? Please reach out to harc@hvresearch.org

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