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WePlay Denver: The Why and How: Background and Implementation Manual

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WePlay Denver: The Why and How: Background and Implementation Manual

Abstract

WePlay Denver (WePlay and Nosotros Jugamos; see glossary) is a program providing caregiver-infant playgroups designed to teach families with young children the value of play as well as provide information and resources on topics related to child development, family wellbeing, and mental health. WePlay and Nosotros Jugamos are a collaboration between the University of Denver's Graduate School of Professional Psychology (GSPP) and the Children's Museum of Denver, Marsico Campus, and are based on a similar program from the Chicago Children's Museum. WePlay offered its first playgroup in 2019, while Nosotros Jugamos began in 2020.

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*WEPLAY DENVER:
THE WHY AND
HOW*

Background and Implementation Manual

Lauren Gross, MA

Graduate School of Professional Psychology | University of Denver

Table of Contents

| | |
|---|-------------------|
| <i>About this Manual</i> | <i>iii</i> |
| <i>Acknowledgements</i> | <i>iv</i> |
| <i>Glossary of terms and explanation for language choices</i> | <i>v</i> |
| <i>Part I: WePlay Denver and Nosotros Jugamos, an Introduction</i> | <i>1</i> |
| Rationale for Infant-Caregiver Playgroups | 1 |
| Summary of Recent Supported-Playgroup Literature | 1 |
| Guiding Principles of WePlay/Nosotros Jugamos | 8 |
| References | 10 |
| <i>Part II: How to create a WP/NJ group</i> | <i>12</i> |
| Connecting with community partners | 12 |
| Key Elements | 12 |
| How We Did It | 13 |
| Designing the scope of project | 14 |
| Key Elements | 14 |
| How We Did It | 15 |
| Focus groups | 20 |
| Key Elements | 20 |
| How We Did It | 21 |
| Estimate of costs | 22 |
| In-Person vs. Online—pros and cons of each approach | 22 |
| Recruitment and on-going communication: social media, email, voicemail | 25 |
| Key Elements | 25 |
| How We Did It | 25 |
| Safety and Ethical Considerations | 27 |
| Research components (if applicable) | 27 |
| Choosing survey measures and method of distribution | 27 |
| Completing the IRB | 28 |
| <i>Part III: WePlay/Nosotros Jugamos Manual for Implementation for GSPP Students</i> | <i>29</i> |
| Note on the manual | 29 |
| Starting a WP/NJ Program | 29 |
| Recruitment | 29 |
| Eligibility Criteria | 30 |
| Sample messages to potential participants | 30 |
| Frequently Asked Questions and Common Issues | 30 |
| Task list | 31 |
| How to assign participant IDs | 32 |
| During the WePlay/NJ Sessions (In-person) | 32 |
| Tasks | 32 |

| | |
|---|-----------|
| Tasks that occur EACH week | 32 |
| Safety and Ethical Considerations | 33 |
| Tasks That Occur at Specific Times | 34 |
| After WP/NJ Sessions | 35 |
| Tasks | 35 |
| Conducting WePlay/Nosotros Jugamos Interviews | 35 |
| Modified Tasks for Virtual Groups | 37 |
| Tasks prior to the group | 37 |
| Box delivery and pre-calls | 37 |
| Tasks that occur EACH week during the group | 37 |
| Tasks that Occur at Specific Times | 38 |
| After WP/NJ Sessions | 39 |
| Curriculum Week-by-Week | 40 |
| Week 1: Sensory Play and Feeding | 42 |
| Semana 1: Juego sensorial y Nutrición y alimentación | 42 |
| Week 2: Attunement Play and Attachment | 44 |
| Semana 2: Juego de Sintonización y Apego entre cuidadores y niños pequeños | 44 |
| Week 3: Physical Play and PRIDE Skills and Tantrums | 46 |
| Semana 3: Juego Fisico y Disciplina efectiva y promoción del desarrollo del autocontrol | 46 |
| Week 4: Object Play and Promoting Sharing and Taking Turns | 47 |
| Semana 3: Juego de Objetos y Promover el compartir y turnarse | 47 |
| Week 5: Imaginative Play and Developmental Milestones | 48 |
| Semana 5: Juego Imaginativo y los hitos del desarrollo infantil | 48 |
| Week 6: Creative Play and Caregiver Well-Being | 49 |
| Semana 6: Juego Creativo y Bienestar de Cuidadores | 49 |
| Appendices | 50 |
| Appendix A: Sample Communication with participants | 50 |
| Recruitment | 50 |
| Reminder messages before sessions | 51 |
| Follow up emails with links to consent, presurvey, and ID number | 51 |
| Email with postsurvey and ID | 51 |
| Appendix B: IRB Documents Example | 53 |
| Appendix C: Uber Central User guide | 55 |

About this Manual

WePlay Denver (WePlay and Nosotros Jugamos; see [glossary](#)) is a program providing caregiver-infant playgroups designed to teach families with young children the value of play as well as provide information and resources on topics related to child development, family well-being, and mental health. WePlay and Nosotros Jugamos are a collaboration between the University of Denver's Graduate School of Professional Psychology (GSPP) and the Children's Museum of Denver, Marsico Campus, and are based on a similar program from the Chicago Children's Museum. WePlay offered its first playgroup in 2019, while Nosotros Jugamos began in 2020.

This manual is designed to serve several purposes, and therefore several types of audiences. Depending on who you are, what your goals are, and how familiar you are with WePlay, you might find some sections of this guide useful and others irrelevant. For ease of use, I have divided the manual into three main sections:

- [Part I: WePlay Denver and Nosotros Jugamos, an Introduction](#)
- [Part II: How to create a WP/NJ group](#)
- [Part III: WePlay/Nosotros Jugamos Manual for Implementation for GSPP Students](#)

A reader who has little to no experience with our program will likely benefit from reading Part I, which provides the research evidence supporting the efficacy and utility of caregiver-infant playgroups for improving mental health and psycho-social outcomes. It also summarizes the guiding principles we used while designing our own program, which are described in greater detail in this [article](#) published in 2021 in the World Association for Infant Mental Health's journal, *Perspectives in Infant Mental Health*.

A reader who is already familiar with the theoretical background of WePlay/Nosotros Jugamos may wish to skip to Part II, which outlines the steps needed to create a brand-new WePlay/Nosotros Jugamos program. For each step in this section, I describe the key elements required in general terms, followed by more specific details about what our team did and the lessons we learned.

While Part III is written specifically for GSPP students and will provide some information that is not generalizable, readers from other organizations may find it to be a useful foundation for creating their own program protocol. It also provides links to templates used for collecting research data, information about how to use Uber Central to provide transportation, as well as links to the infographics and other resources we have gathered.

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Finally, I would like to thank my parents for their incredible love and support throughout my doctoral journey. I could not have done any of this without you.

Glossary of terms and explanation for language choices

Community Playgroup*— playgroups that occur in the community, are available to all families, and are led by parents (Armstrong et al., 2020)

Supported Playgroup*—playgroups that are designed to provide support and services for families or communities that are disadvantaged or experience risk factors (e.g., low income) (Armstrong et al., 2020). Playgroups are run by a trained, qualified facilitator.

Therapeutic Playgroup* (intensive supported playgroup)—playgroups designed for children who experience multiple risk factors or vulnerabilities (Armstrong et al., 2020). Playgroups are run by a trained, qualified facilitator and provide therapeutic information and strategies to families.

WePlay Denver—the name “WePlay” was borrowed from a similar project at the Chicago Children’s Museum. WePlay Denver is used here and in presentations, posters, and publications to refer to the program as a whole, including both English and Spanish groups. However, whenever possible, I will try and use **WePlay/Nosotros Jugamos (WP/NJ)** in an effort to represent the importance of both groups.

WePlay (WP)—refers to groups conducted in English

Nosotros Jugamos (NJ)—refers to groups conducted in Spanish

WePlay Español (WPE)—the original name of Nosotros Jugamos, which was changed to be more linguistically responsive.

Group—refers to either WP or NJ in general

Session—refers to either a single 60-90 session or the 4-6-week period in which a WP or NJ group is conducted, depending on context

Cohort—refers to the specific participants engaging in a WP/NJ session

Team—I will use the word “team” to describe the GSPP and the Museum facilitators as a whole. When referring to one group or the other, I will say either “GSPP team” or “Museum team”

* Researchers note that there are not consistent definitions of the various types of playgroups in the literature (Armstrong et al., 2020)

Part I: WePlay Denver and Nosotros Jugamos, an Introduction

Rationale for Infant-Caregiver Playgroups

The purpose of this section is to provide the evidence supporting the efficacy of caregiver-child playgroups and outline the research describing the benefits. Since our group recently published an [article](#) which summarizes past research on playgroups, the following literature review is focused exclusively on publications from the past three years (2020-2022). This review is not intended to be comprehensive, but instead to reiterate the utility of caregiver-child playgroups in various cultural/linguistic groups and specialized populations, as well as highlight factors deemed key for a successful group.

“I’m learning so much from this group—I’m learning how to interact with my baby more and I’m practicing at home. I’m also trying things out with my two-year old. They both love it and it makes me feel good!”

-Mom of a six-month old and two-year old

Summary of Recent Supported-Playgroup Literature

Note: the following literature review refers to both “parents” and “caregivers.” In my summaries, I have tried to match the term used in the research article in order to accurately represent the study. We value the importance of the important people in a young child’s life and do not intend to exclude any caregivers.

Core components of parent-child playgroups:

- Facilitators:
 - Facilitators should have strong relational skills (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020; Armstrong, Pieterse, et al., 2021; McLean et al., 2022)
 - Be skilled in developing group cohesion and peer relationships (Amersfoort & Friesen, 2022)
 - Be able to address and diffuse conflict (Armstrong et al., 2020)
 - Be playful and able to engage with young children effectively (Armstrong et al., 2020)
 - Be warm, welcoming, respectful, and non-judgmental (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020)
 - Actively listen to families (Armstrong et al., 2020)
 - Maintain families’ confidentiality (Armstrong et al., 2020)

- Facilitators need to have adequate knowledge of child developmental topics etc. to appear competent to participants (Amersfoort & Friesen, 2022; Armstrong, Elliott, et al., 2021; Armstrong et al., 2020; McLean et al., 2022)
- Facilitators should be aware and sensitive to the cultural backgrounds of families (Armstrong et al., 2020; McLean et al., 2022)
- When working with a targeted population, facilitators must have sufficient familiarity and knowledge with the unique developmental needs of that group (Amersfoort & Friesen, 2022; Armstrong, Elliott, et al., 2021; Armstrong et al., 2020; Turan, 2021)
- Facilitators should take a strength-based approach (Armstrong et al., 2020)
- Facilitators should be able to adapt activities to meet a child's developmental needs or parents' goals (Armstrong et al., 2020)
- Facilitators should be able to work with and partner with parents (Armstrong et al., 2020; McLean et al., 2022)
- Facilitators should be able to successfully work with other professionals to support families' access to resources and services (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020; McLean et al., 2022)
- Important skills: behavioral management, time management, organizational skills, flexibility and the ability to adapt to changing needs (Armstrong et al., 2020)
- Families/participants:
 - Families often benefit from having shared experiences or characteristics with other participants (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020). This is enhanced when facilitators identify similarities
 - Families benefit from feeling understood, validated and accepted (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020)
 - Outcomes are the best when parents/caregivers take the lead in engaging with their child, following their child's lead, and encouraging their child's exploration (Armstrong et al., 2020)
 - Parents play a critical role in creating positive changes for both parents and children (Williams et al., 2020)
 - When parents are also participants in playgroups, families are more likely to bring the activities home and continue to use them, therefore enhancing the home environment and extending the learning experience (Williams et al., 2020)
 - When possible, encourage attendance of siblings and extended family members (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020)
- Content:
 - Consistent routines for each session (e.g., welcome song, mat time, snack time, activity, farewell song) (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020; McLean et al., 2022)
 - Helps prepare children for formal education settings (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020)
 - Increases parents' confidence and participation (Armstrong et al., 2020)

- Provides additional opportunities for parents to connect with each other (Armstrong, Elliott, et al., 2021)
 - Exposure to new toys, activities and experiences (Armstrong, Elliott, et al., 2021)
 - Opportunity for children to practice new skills during the session (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020)
 - Opportunity for “natural learning,” or how using everyday activities to promote new skills (Armstrong et al., 2020)
 - Opportunity for peer modeling and learning, both for parents and children (Armstrong et al., 2020)
 - Programs should be tailored to the group participants and sensitive to the “different needs, values, and interactional styles” of families (Armstrong et al., 2020; Turan, 2021)
 - Provide families with evidence-based information (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020)
 - Allow families to share knowledge and ideas, but having experts provide additional information when appropriate (Armstrong, Elliott, et al., 2021; Armstrong et al., 2020)
 - Provide activities that children enjoy and are able to enjoy with their parents (Armstrong, Elliott, et al., 2021)
 - Opportunity for children to socialize with peers (Armstrong, Elliott, et al., 2021)
- Organizational/structural features:
 - Hold sessions at a regular time that is convenient for families (McLean et al., 2022)
 - Critical physical resources: space, toys, equipment (Armstrong et al., 2020)
 - Physical spaces feel safe and child friendly (McLean et al., 2022)
 - Access to both indoor and outdoor spaces (Armstrong et al., 2020)
 - Coordinate with other agencies to provide community resources (Armstrong et al., 2020)
 - Be mindful of the ratio between facilitators and participants (Armstrong et al., 2020)
 - Groups that are too large feel unmanageable and limit the opportunity for individualized support from facilitators (Armstrong et al., 2020)
 - Groups that are too small may have more difficult group dynamics and less opportunity for peer modeling and support (Armstrong et al., 2020)
 - Facilitators must have adequate time outside of sessions to prepare, set up, clean up etc. (Armstrong et al., 2020)
 - Facilitators must have contingency plans to address mental or physical health concerns, family crises, etc. (Armstrong et al., 2020)

Parental motivation for attending a playgroup:

- Meet other parents/make friends (Amersfoort & Friesen, 2022)
- Receive support for others having the same experiences (e.g., being a first-time parent) (Amersfoort & Friesen, 2022)
- Meet families with children of a similar age (Amersfoort & Friesen, 2022)

- Desire to learn about parenting and early childhood development (Amersfoort & Friesen, 2022)
- Desire to get out of the house, engage in activities (Amersfoort & Friesen, 2022)
- Desire to participate in a structured activity with their infant (Amersfoort & Friesen, 2022)

Topics/features that participants found to be most useful:

- Interacting with parents/caregivers with babies of a similar age (Amersfoort & Friesen, 2022)
- Opportunities for babies to interact with each other (Amersfoort & Friesen, 2022; McLean et al., 2022)
- Having some unstructured time to allow parents to practice what they learned (Armstrong, Pieterse, et al., 2021)
- Activities that were appropriate for different settings (e.g., activities for indoors and outdoors) (Armstrong, Pieterse, et al., 2021)
- Including other siblings (Armstrong, Pieterse, et al., 2021)
- Community connection (Amersfoort & Friesen, 2022)
- Sharing information with other parents/caregivers (Amersfoort & Friesen, 2022)
- Psychoeducation topics addressed:
 - Child development, such as neurological, physical/motor, emotional, sensory development (Amersfoort & Friesen, 2022)
 - Attachment (Amersfoort & Friesen, 2022)
 - Language development (Amersfoort & Friesen, 2022)
 - Child temperament (Amersfoort & Friesen, 2022)
 - Child safety (e.g., babyproofing, CPR, first-aid, using car seats) (Amersfoort & Friesen, 2022)
 - Nutrition (Amersfoort & Friesen, 2022)
 - Sleep-related issues (Amersfoort & Friesen, 2022)
- Play activities:
 - Music (McLean et al., 2022)
 - Sensory play (McLean et al., 2022)
 - Construction (McLean et al., 2022)
 - Sorting and classifying (McLean et al., 2022)
 - Language and literacy (McLean et al., 2022)
 - Rhymes and story (McLean et al., 2022)
 - Pretend play (McLean et al., 2022)
 - Art (McLean et al., 2022)
 - Fine motor (McLean et al., 2022)
 - Outdoor, physical/rough and tumble play (McLean et al., 2022)
 - Activities that help prepare children for school (McLean et al., 2022)
- Parents reported valuing affirmational, emotional and informational support more than instrumental support (Amersfoort & Friesen, 2022)
- Activities that can be replicated at home (McLean et al., 2022)

- Opportunities for group and dyadic activities (McLean et al., 2022)

Areas where participants wanted more information/emphasis or suggestions for improvements:

- Longer programs (e.g., more than 8 sessions) (Armstrong, Pieterse, et al., 2021)
- More information about sleep (Amersfoort & Friesen, 2022)
- More information on nutrition, including breastfeeding, weaning, and introducing solids (Amersfoort & Friesen, 2022)
- More information and space to discuss maternal mental health (Amersfoort & Friesen, 2022)
 - However, if maternal mental health is a topic, facilitators must be knowledgeable about the topic AND be sensitive to how this discussion is presented (Amersfoort & Friesen, 2022)
- Perceived lack of facilitator competency one of the main reasons participants stopped attending session (Amersfoort & Friesen, 2022)
- Other reasons parents stopped attending sessions: facilitator disorganization, ignoring families' individual differences in coping and/or developmental level, pushing personal opinions, facilitators being perceived as judgmental (Amersfoort & Friesen, 2022)

Program Participants

Evidence of efficacy in different linguistic/cultural groups

- Hong Kong (Chinese) (Williams et al., 2020)
- Turkey (Turkish) (Turan, 2021)
- Australia (English) (Armstrong, Pieterse, et al., 2021; Minson & McLean, 2022)
- Culturally and linguistically diverse families living in Australia: participants from Afghanistan, India, Sri Lanka, Pakistan, Philippines, Vietnam, Thailand, Bosnia and Herzegovina, Morocco, Somalia, and Argentina (English) (Deadman & McKenzie, 2020)
- New Zealand (English) (Amersfoort & Friesen, 2022)
- Netherlands (Dutch) (Bektas et al., 2021)

Evidence of efficacy in different populations with developmental and other disabilities

- Children with hearing loss (Turan, 2021)
- Children with developmental delays (Armstrong et al., 2020; Armstrong, Pieterse, et al., 2021)

Program Outcomes

Parent-child playgroups have positive impacts on parents and caregivers

- In a recent systematic review, 82.5% of included studies found beneficial outcomes for adult caregivers participating in playgroups (McLean et al., 2022)
- Improved social connection and support
 - Increased sense of social connection with other participants (Armstrong et al., 2020; Armstrong, Pieterse, et al., 2021; Deadman & McKenzie, 2020)

- Meeting up with other participants outside of playgroup session (Deadman & McKenzie, 2020)
 - Increased sense of connection to community at large (Armstrong et al., 2020; Deadman & McKenzie, 2020; McLean et al., 2022)
- Improvement in parenting-self-efficacy and confidence (Armstrong et al., 2020; Deadman & McKenzie, 2020; McLean et al., 2022)
 - Parenting skills (McLean et al., 2022)
 - Parenting strategies (McLean et al., 2022)
- Report reduced parental stress (Armstrong et al., 2020; Williams et al., 2020)
- Improved parenting skills (Armstrong et al., 2020)
- Better understanding of how to play according to their child's developmental level (Turan, 2021)
- Learning new ways to play and interact with their child that supports development (Armstrong et al., 2020; Armstrong, Pieterse, et al., 2021; McLean et al., 2022; Turan, 2021)
- Access to other community resources (e.g., story time at the local library, referrals to services) (Armstrong et al., 2020; Deadman & McKenzie, 2020; McLean et al., 2022)
- Access to advice from both facilitators and other parents (Armstrong et al., 2020; Armstrong, Pieterse, et al., 2021; Deadman & McKenzie, 2020; McLean et al., 2022)
- Emotional support from facilitators and other parents (Deadman & McKenzie, 2020)
- Improved child-caregiver relationships (McLean et al., 2022)

Parent-child playgroups have positive impacts on children

- In a recent systematic review, 75% of included studies found beneficial outcomes for children participating in playgroups (McLean et al., 2022)
- Social-emotional development (McLean et al., 2022)
 - Opportunity to socialize with peers (Armstrong et al., 2020; McLean et al., 2022; Turan, 2021)
 - Self-regulation and functioning (McLean et al., 2022)
 - Pro-social behaviors (sharing, turn-taking) (McLean et al., 2022)
- Improved communication and general knowledge (McLean et al., 2022)
 - Opportunities to develop communication skills (McLean et al., 2022)
 - Familiarity with routines (McLean et al., 2022)
 - Learning skills that support the transition to school (e.g., following instructions, listening) (McLean et al., 2022)
- Improved physical health and well-being (McLean et al., 2022)
 - Improved motor skills (McLean et al., 2022)
 - Physical independence (McLean et al., 2022)
- Improved language and cognition (McLean et al., 2022)
 - Improved English speech and language, including vocabulary (McLean et al., 2022)
 - Access to literacy activities, such as reading stories (McLean et al., 2022)
 - Promotion of language development, per parent report (Turan, 2021)

- Toddlers involved in a supported playgroup demonstrated increased communicative behaviors, though these gains were greater when parents were also playgroup participants (Williams et al., 2020)
- Exposure to children with different needs and experiences (Turan, 2021)
- Improved attention span, per parent report (Turan, 2021)
- Improved play skills, per parent report (Armstrong et al., 2020; Turan, 2021)
- Toddlers involved in a parent-involved supported playgroup demonstrated greater engagement with playgroup activities and more interactions with peers and other adults (Williams et al., 2020)
- Early identification of children who may have developmental differences (Armstrong et al., 2020)
- Provide a “soft entry” point for children who need additional services, such as early intervention, as playgroups are often seen as less daunting and more engaging than more traditional ports of entry (Armstrong et al., 2020)

When families are dissatisfied with their playgroup program, they are less likely to have positive outcomes (Amersfoort & Friesen, 2022)

Well I wasn't really sure what to expect. I just thought it would be an opportunity for me to meet other moms that were going through the same stages with their children and for my son to be able to interact with other babies his age. That was kind of like the general idea for me and it kind of turned out better than that. I got really great feedback from you guys about how to manage my son's behavior and tips and child development. So, it was more than I expected.

-Mom of a 15-month old

Guiding Principles of WePlay/Nosotros Jugamos

Below is a summary of the guiding principles we identified while creating the WP/NJ program. These principles are described in greater detail in this [article](#) published by our team in the World Association for Infant Mental Health's journal, *Perspectives in Infant Mental Health* (Gross et al., 2021).

Pillar I: WePlay/Nosotros Jugamos are Community Engaged

- Flexible caregiver-driven approach
 - Caregiver input and feedback is a vital part of WP/NJ
 - Curriculum (particularly psychoeducation portion) designed to reflect the needs and interests of each individual cohort
 - Facilitators frequently request feedback or ideas from participants during the group
 - Team recognizes the potential for implicit bias and takes steps to minimize its effects
 - Sessions are designed to facilitate open dialogue between caregivers and facilitators
- Accessibility
 - Major emphasis of the program
 - Offered free rides to and from the Museum; free parking at the Museum
 - Provided free admission to the Museum for older children (accompanied by an adult) during sessions
 - Moved to online services during COVID-19 lockdown (website with videos demonstrating activities, videos about psychoeducation topics, links to relevant resources, virtual dance parties, virtual WP/NJ sessions, etc.)
- Community partnerships
 - Program created through collaboration between university and the Museum
 - Local agencies that offered complementary services acted as recruitment partners
 - Connected with other community organizations to provide additional services to families (e.g, special event for WP/NJ families held at the Denver Botanic Gardens)

Pillar II: WePlay/Nosotros Jugamos are Culturally Responsive

- Acknowledgement of cultural and linguistic differences in participating families and that the needs and interests of families differ
- Prioritized providing programming in families' preferred language, when possible
- Recruited facilitators who are sensitive to cultural and linguistic difference and trained in evidence-based models
- Incorporated culturally specific values (e.g., *simpatia* and *respeto*) in NJ groups
- Based on focus groups, included different topics, such as acculturation, assimilation, social mobility stressors

- NJ groups tend to be more focused on personal experiences—facilitators able to follow participants’ lead in discussion
- Important to note that despite speaking the same language, NJ highlighted the cultural variation within the Latinx population in Denver metro area

Pillar III: WePlay/Nosotros Jugamos are Evidence-Informed

- Information given to families from nationally recognized sources (e.g., Zero to Three)
- Incorporated evidence-based interventions to support families with behavioral challenges, attunement and attachment, etc.
- Activities informed by Circle of Security, IoWA-PCIT, etc.
- Used validated measures to evaluate program efficacy (e.g, Edinburgh Postnatal Depression, Postpartum Worry Scales, Assessment of Parenting Tool, Parenting Stress Index-Short Form, Self-Compassion Scale-Short Form)

“I learned that some of the challenging behaviors were typical for his age. It was helpful to know that it was not specific to him but just part of development. It wasn’t that I was doing something wrong.”

-Mom of a 15-month-old

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Part II: How to create a WP/NJ group

Connecting with community partners

Key Elements

A successful WP/NJ group involves collaboration between partners that provide complementary services, expertise, and resources for the target population (broadly, families with infants). In general, three different types of partners are needed:

- An organization that can provide expertise in activities that are appropriate for infants,
- A partner that can provide psychoeducation and/or mental health resources, and
- Partner(s) that can be recruitment sources for participants.

Across these three partners, the following resources are needed:

- A physical space or location to hold the sessions (if conducting in-person)
- Expertise in content tailored for the target population
- A “hook” or incentive to encourage families to participate
- Funding ([budget breakdown and estimate](#))
- Access to families meeting recruitment criteria

Once community partners able to provide activities and psychoeducation are identified, it is important for representatives from each organization to meet and make decisions about which group will take on which program responsibilities and costs:

- How will the program curriculum be developed?
- Which organization is responsible for which parts of the program? In other words, who will create weekly activities and who will create psychoeducation materials?
- How will participants be recruited? Who will be in charge of distributing recruitment materials?
- Who will be in charge of recruiting and communicating with participants?
- Which organization will be responsible for program-related purchases (e.g., purchasing snacks, take home materials, paying for transportation) and which funding source will be used?
- Which team members will be compensated (if any) for their time and from what funding source?
- How often will members from partner organizations meet?
- If the program is being conducted as a research project which organization will be in charge of choosing measures, purchasing surveys (if applicable), completing the institutional review board (IRB), ensuring the data is being collected appropriately, and securely storing data?
- If funding comes from outside organization, which organization is in charge of communicating findings with those funders?

Next, partners should begin thinking about other institutions and organizations that have access to families with young children and provide services that would complement and not compete with WP/NJ. Consider if there are specific populations of families you are interested in working with, such as families who speak a certain language, families who are underserved or under resourced, or families with children with special needs.

Potential Community Partner Ideas

| Activities Partners | Psychoeducation/ Mental Health Partners | Recruitment Partners |
|--|--|---|
| <ul style="list-style-type: none"> • Public libraries • Children’s museums • Botanical gardens • Art museum • Nature/science museum | <ul style="list-style-type: none"> • University with degrees in mental health (e.g. social work, clinical psychology) • University with degrees in child development • Community mental health centers • Private mental health providers | <ul style="list-style-type: none"> • Pediatricians • Early intervention providers • Resource centers for underserved communities • Social media groups aimed at families • Daycares • Early childhood education centers |

How We Did It

WePlay Denver’s “origin story” begins with a cold call while on parental leave. Dr. Tracy Vozar was home with her newborn when she received an email announcing a new group formed by the Chicago Children’s Museum and decided to create something similar in Denver. Tracy called her local children’s museum and asked who she could speak with about a programming collaboration. Sarah Brenkert, the Director of Education at the Children’s Museum of Denver at Marsico Campus, took Tracy’s call. Sarah loved the idea and had received the same email and had a similar response of wanting to offer a similar program in Denver. The two met at Sarah’s office along with Tracy’s newborn and the partnership that would later become WePlay began. Sarah and Tracy discussed what the program would look like and what each organization could bring to the table. They decided that Tracy and students at the University of Denver could provide psychoeducation on topics relevant to caregivers with infants, such as feeding, sleep, and caregiver well-being, while the Museum team could introduce appropriate play activities to promote healthy development and attachment. They also discussed some of the values they wanted to promote with this project, such as being community-engaged, culturally and linguistically responsive, and to reach families who may not have access to this type of programming.

In the fall of 2018, additional team members were brought to the table, including Kayce Mooremeier (currently School Programs Manager) and me, a first-year PsyD student and Tracy’s new research assistant. As a group, we met several times to begin hashing out the curriculum and logistics for getting WePlay off the ground. We determined funding sources, which organization would be responsible for which portions of programming, and which community organizations we wanted to reach out to as potential recruitment sources. We also

discussed using focus groups to help solidify our curriculum, as it was important to all of us to meet the needs and expectations of our families, not just provide information on topics we felt were important. We identified several local agencies that felt like good fits for recruitment: MotherWise (a non-profit organization that provides parenting classes, relationship workshops, and mental health services for underserved families, also affiliated with University of Denver), Florence Crittenton High School (a specialized high school for teen parents), and Salud Family Health Centers (clinics providing primary care, dental, and mental health services in English and Spanish in the greater Denver Metro Area). In the end, MotherWise became one of our primary recruitment partners.

“It was really fun and interesting and educating. I really liked learning and that he had other babies to interact with because he is an only child and he learned how to share.”

-Mom of an 11-month-old

Designing the scope of project

Key Elements

Very early in the planning process, team members from the activity and psychoeducation/mental health partners should meet to address the following:

- What are the main goals for groups? What do you want participants to learn or achieve?
- How long will each session be? How many weeks will each session run? What day/time will sessions be held?
 - Where will sessions take place?
- What will be the age range of children/ what developmental period will be targeted?
- How many dyads (caregiver/infant) will be recruited per cohort?
 - Will this number change if there are twins?
 - What is the policy about younger or older siblings attending?
- What is the ratio of dyads to facilitators?
- Possible topics for both activities and psychoeducation/mental health
- How much will each cohort cost to operate? How much can be spent on snacks, incentives, take home materials, and transportation? (see [below](#))
- Potential questions for focus groups/logistical planning (see [below](#))
- Which language(s) will the group be offered in/cultural considerations
- What are potential barriers that could affect attendance/participation?
- How will you get feedback from participants in order to modify or improve groups?

If the program will be conducting research, there are some additional considerations:

- What are you measuring? How are you measuring it? How will measures be administered? When will measures be administered?
- What incentives can be offered for participation?
- Eligibility criteria/exclusion criteria
 - Who counts as a caregiver? Will that affect what data is collected?

How We Did It

The following outlines how our team addressed the questions and topics listed above. Note that these were our INITIAL ideas and that we made many modifications and changes as we became more adept facilitating, faced challenges we didn't anticipate, and later, needed to adapt to the COVID-19 pandemic. Those changes are noted in italics and many will be discussed in greater detail in other parts of the manual.

What are the main goals for groups? What do you want participants to learn or achieve?

Our main goals for participants:

- Increase knowledge of child development (physical, cognitive, social-emotional)
- Gain skills in effective parenting
- Feel connected with other caregivers/create a support network
- Increase feeling of caregiver self-efficacy
- Positively affect the caregiver-child attachment relationship
- Increase caregiver understanding of the infant
- Provide resources so that families could continue practicing the activities/types of play they learned at home
- Have access to specialized mental health care services if needed
- Gain more familiarity and comfort with and increase access to the Museum

How long will each session be? How many weeks will each session run? What day/time will sessions be held?

- We decided on 90-minute sessions to allow for a more gradual start (with the understanding that families with young children might not be able to get to the Museum exactly on time).
For [online sessions](#), this was shortened to 60 minutes
- We chose to conduct 6-week sessions, as this felt like it was long enough to cover the main content areas, but not too long that it would feel overwhelming or too great a commitment for families.
For some cohorts during the pandemic, we held 4- and 5-week sessions in order to accommodate the schedules and other responsibilities of team members
- We chose to wait on deciding on days and times for sessions until we had gotten feedback during the focus groups.

Where will sessions take place?

- Sessions were held at the Children's Museum of Denver at Marsico Campus

- Depending on the activity, some sessions were held in a private room while others took place outside in Joy Park, in the Center for the Young Child, or in the art studio space *Depending on other programming at the Museum, we occasionally needed to relocate. At the beginning of the COVID-19 pandemic, we shifted all of our programming [online](#) in order to continue providing services to families.*

How many dyads (caregiver/infant) will be recruited per cohort? Will this number change if there are twins? What is the policy about younger or older siblings attending?

- For our first pilot cohort, we recruited 10 families. While some families attended once or twice and then stopped coming, the majority of the cohort came to 4 or more sessions. We realized that this felt crowded in our space, so we switched to aiming to recruit 8 families but we began running a waitlist in case participants dropped out early in the session. *We increased the number of families who could participate in [virtual sessions](#), but did cap the number in order to help create group cohesion and eliminate the need for two pages of participants on Zoom.*
- When we started working with an early intervention provider as a recruitment source, we began having more and more families with twins. For in-person sessions, if there were two or more sets of twins, we recruited fewer families *We did not make any change if there were twins for virtual sessions.*
- Early on, we had to decide what to do about older siblings. As a team, we decided that having older children present during sessions would be distracting and would likely take away from caregiver's ability to focus on the material and/or their infants. However, the Museum was able to offer free admission to the museum during WP/NJ for older children, if they were accompanied by someone over the age 16. This was a common enough issue that we began asking about older children when participants initially expressed interest in the program (see [Appendix A](#) for examples of how we asked this question)
- In a few cases, we had families who had a child in our age range, as well as a younger sibling. In those cases, we did allow the younger sibling to attend the sessions, as these were very young infants and typically slept the entire time

What is the ratio of dyads to facilitators?

- For the first WP cohorts, we tended to have 4-5 facilitators and between 6-8 families. The Museum generally provided 2 team members and GSPP provided 2-3 team members (1 or 2 were students and one was a faculty member)
- When we were training new facilitators, we realized that too many team members could feel overwhelming to families and often affected the flow of conversation and discussion
- Based on this we came up with these general guidelines:
 - o Each session required at least one facilitator from the Museum and one from GSPP but ideally, we would have two facilitators from each team
 - o If the cohort included families with twins, we tried to have 1 to 2 additional facilitators join to help with supervising the babies

- If we knew ahead of time that fewer families would be joining a session, we tried to have fewer facilitators

Possible topics for both activities and psychoeducation/mental health

| Activities/Types of Play | Psychoeducation/Mental Health |
|----------------------------|--|
| - Big body play | - Child development/ developmental milestones |
| - Messy play | - Managing emotional reactions as caregivers |
| - Object play | - Helping develop self-control, skills like sharing and taking turns |
| - Music | - Preparing for preschool and kindergarten |
| - Language/literacy play | - Effective discipline |
| - Attunement play | - Sleep |
| - Sensory play | - Nutrition and feeding |
| - Pretend/imaginative play | - Accessing childcare |
| | - Accessing physical or mental health care |
| | - Returning to work |

We used these ideas to help generate our focus group questions. After we had some insight into what our families might be interested in, we finalized our [curriculum](#) by pairing play and psychoeducation topics, deciding on play activities, and determining appropriate take-home materials.

How much will each cohort cost to operate? How much can be spent on snacks, incentives, take home materials, and transportation?

See the section on [Estimate of costs](#) for a breakdown on how much was spent for a typical cohort.

Potential questions for focus groups/logistical planning

See [below](#) for more details about focus groups.

What are potential barriers that could affect attendance/participation?

- Childcare/other children
 - As mentioned previously, we quickly realized that many of the families we were working with had other children
 - We decided that we could not accommodate older children being part of the sessions, but we could allow them free admission to the Museum during the group
We later explored providing childcare for older children ourselves, but as of now, that idea has not been realized

- Transportation
 - Many of the families we hoped to work with lacked reliable transportation to and from the Museum
 - With help from our MotherWise colleagues, we set up a corporate account with [Uber Central](#), which allowed us to pay for participants' transportation
 - Some additional considerations:
 - Cost/distance limit—decide ahead of time how much can be spent per participant to transport them
 - Ensure that participants using Uber have a car seat or carrier to safely transport their baby
- Meals
 - Since many of our cohorts were held around meal times, we decided it would be important to provide snacks during sessions
 - We provided water, tea, fruit, pastries, and baby friendly snacks (apple sauce pouches, baby “puffs”, teethers, etc.)

How will you get feedback from participants in order to modify or improve groups?

- Since being community-engaged was one of our guiding principles when creating WP/NJ, getting feedback from participants was a crucial element of our plan
- We decided to conduct post-group interviews individually with each caregiver
- Our [interview questions](#) were designed to learn what worked and what didn't so we could make adjustments for future cohorts
- Whenever possible, we tried to have the post-group interview conducted by people who were NOT primary facilitators for the cohort, in the hopes that it would make participants feel more comfortable providing honest feedback
Post-group interviews proved to be BY FAR our most valuable source of information. They allowed us to learn what participants took away, which elements of our programming were successful, and what needed tweaking. The post-group interviews also provided us with the quotes you will see throughout this manual
- We have also considered implementing an anonymous satisfaction survey, in case participants did not feel comfortable providing negative feedback directly to a team member

What are you measuring? How are you measuring it? How will measures be administered? When will measures be administered?

- For WP, we initially collected data on:
 - Caregiver/child demographics ([Demographic questionnaire](#))
 - Caregiver well-being
 - [Edinburgh Postnatal Depression Scale](#) (EPDS)
when possible, administered in the first session and immediately checked by a GSPP team member to determine if there was a risk for self-harm. Any risk of harm was reported to Dr. Vozar and the research team followed up privately with the participant
 - [Post-partum Worry Scale](#) (PWS)

- [Parenting Stress Index, Short Form](#) (PSI-4-SF)
 - Caregiver self-efficacy
 - [Assessment of Parenting Tool](#) (APT)
 - Child social-emotional development
 - [Ages and Stages Questionnaire: Social Emotional-2](#) (ASQ:SE-2)
 - [Devereux Early Childhood Assessment](#) (DECA)
 - Caregiver feedback ([interview](#))
- The majority of the data was collected “pre” (within the first three weeks of a session) and post-group participation. Demographic data was only collected at the beginning and post-group interviews were only collected at the end
- For the initial in-person cohorts, measures were administered as paper packets. Pre-group packets were given out at the first session and post-group packets were given at the last session or mailed to participants. Post group packets included a self-addressed, stamped envelope to return materials
- Post-group interviews were conducted by phone or by Zoom and recorded with participant permission
- Measures used for NJ:
 - [Entrevista Sociodemografica](#)
 - [EPDS-Español](#)
 - [PWS-Español](#)
 - [APT-Español](#)
 - [DECA Español](#)
 - [ASQ-SE Español](#)
 - [PSI-Español](#)
 - [Entrevista despues del grupo](#)

The move to virtual sessions during the COVID-19 pandemic meant we were no longer able to collect paper copies of our pre- and post-group surveys. As a result, we made all of our consents and surveys digital using Qualtrics. However, due to the copyright on some surveys, we had to adjust what data we collected. For all WP/NJ cohorts conducted after March 2020, the following measures were used:

- Sociodemographic interview/Entrevista Sociodemografica
- EPDS/EPDS-Español
- PWS/PWS-Español
- APT/APT-Español
- PSI/PSI-Español
- [Self-Compassion Scale-Short form](#) (SCS-SF)/ [Self-Compassion Scale-Short form-Español](#)
- Post-group Interview/Entrevista despues del grupo

What incentives can be offered for participation?

- For participation, families received:
 - Transportation (if needed) and snacks

- Take-homes: a book, materials to recreate the week’s activity at home, information about the week’s play topic, and infographics about the week’s psychoeducation topic
- A free, year-long family membership to the Museum

We didn’t anticipate it when we first designed the program, but participation in WP/NJ also provided participants with access to other special events, such as WP/NJ reunions, holiday parties, and events hosted by other community partners, such as the Denver Botanic Gardens and the University of Denver

Eligibility criteria/exclusion criteria? Who counts as a caregiver? Will that affect what data is collected?

- For both WP/NJ, eligibility criteria included:
 - Being a caregiver of a child age 6-15 months
 - Being over the age of 18 (if caregivers were under 18, it would have required their parent/guardian to sign consent forms)
 - For WP, be English-speaking and for NJ to be Spanish-speaking
- From the very beginning, we wanted to have a broad definition of “caregiver,” not just a child’s parent. So far, in our WP/NJ groups we have had foster parents, grandparents, aunts, and nannies participate
 - When caregivers were not the children’s parents, we found that many of our measures did not make sense (we also got that feedback from the participants)
 - We plan on modifying the language in the sociodemographic questionnaire to be more inclusive to all types of caregivers
 - We made the decision to NOT collect all the data for caregivers who were not parents. For example, we asked participants to complete the sociodemographic questionnaires, but not the surveys that did not feel relevant to them (e.g. the grandparents and nannies did not complete the EPDS, APT, or PWS)
 - We did complete the post-group interview with all participants, as we felt that it would be very important to get feedback on how the groups met the needs of other types of caregivers

“I feel like there are moms in this group that I can be friends with. I’m kinda quirky, so that’s not easy for me, but here the moms are friendly!”
-Mom of a 6-month old and 2-year old

Focus groups

Key Elements

After discussing the plan, team members from the activity and psychoeducation/mental health partners should meet to address the following:

- Who are you recruiting? Are you interested in recruiting families from any source, or targeting a specific population? (E.g., families who are under-resourced, families who speak a certain language, families involved in early intervention, etc.)
- How many families are you hoping to get input from? How many sessions need to be held to achieve that number?
- How are you going to reach families? Social media, paper flyers, list serves?
- Will focus groups be held in-person or online? If in-person, where will they be located?
- How will you handle children being present? (e.g. ask for only parents to attend or provide activities, toys, and supervision for children during the focus groups?)
- What information do you want to get from focus groups? Input on program content, time and place of sessions, potential barriers that would keep families from attending?
- When will focus groups be held? During the day? After work hours?
- Will transportation be offered? Snacks?
- Will families be incentivized to participate?

How We Did It

- For our WP focus groups, we decided to recruit potential participants from MotherWise, an organization we already had a relationship with and that had access to families that met our recruitment criteria
- As a team, we decided how to structure the groups and what [questions](#) to ask
- Since our program **was part of a research study** we completed an IRB proposal that included [consent forms](#), [recruitment materials](#), and our questions
- As part of our consent forms, we asked for permission to record the focus group
- We held two WP focus groups in the evening (after hours) at the Museum
- We were able to provide snacks and transportation to families, if needed
- We had at least one member of the Museum team, as well as 3 members of the GSPP team (one person to ask interview questions, one to take notes, and one to help entertain the children present)
- Families were able to choose from a variety of toys as a thank you gift for their participation
 - We later repeated this process for NJ groups and modified the interview questions slightly. (Note this was a separate IRB proposal, as we did not include Spanish-speaking groups in our initial proposal)

“[I learned about the] old age stuff about you spoiling [babies]...I learned that you really can’t do that. [It is] reassuring that [if] you are there and paying attention to their needs, that is enough.”

-Mom of a 9-month-old

Estimate of costs

| Per Year Expenses | |
|---|---------|
| Item | Cost |
| Supplies & materials (for use in-session and take-home materials) | \$4,800 |
| Annual memberships to Children’s Museum of Denver | \$2,200 |
| Food | \$750 |
| Transportation | \$2,400 |

| Expenses per Cohort (Assuming 3 WP, 3 NJ Cohorts per year) | | |
|---|------------------|------------------------|
| Item | Cost per Session | Cost per Cohort |
| Supplies & materials (for use in-session and take-home materials) | \$100-\$130 | \$800 |
| Annual memberships to Children’s Museum of Denver | | About \$120 per family |
| Food | \$20-\$25 | \$120-150 |
| Transportation | | \$400 |

In-Person vs. Online—pros and cons of each approach

Like many organizations, when the COVID-19 pandemic reached our area in March 2020, we were at a crossroad. We predicted that the impending lockdowns and general uncertainty about the future would add additional stress to all families, but particularly families with young children. Our team felt it was important to find a way to continue to connect with and support families during this unprecedented time, though we were not sure what the best modality would be. As such, we tried several different approaches. First, we decided to create online content that would be accessible to all of our previous WP/NJ. We created a website that housed videos made by our team, links to resources about COVID-19 and mental health services, and information about other online activities aimed at young children. We were able to provide this content in both English and Spanish.

Over time, and as it became evident that the return to in-person activities was a long way off, our team met to discuss adapting WP and NJ to an online format. After much discussion, we decided to maintain as much of the original WP/NJ program as possible, though we decided that some changes were necessary (these changes are outlined below). We also decided that instead of recruiting new families, we would pilot a virtual WP/NJ with families who had previously had the opportunity to participate in in-person cohorts. We felt this made sense for several reasons: 1) we had had several former participants reach out asking if we offered programming for older children, 2) we thought we would get better feedback about how the program translated to online sessions from families who were familiar with the programs in their original forms. Therefore, in fall 2020, we piloted our first virtual “WePlay Grads” group. In general, the feedback was positive. Families appreciated having the

opportunity to reconnect with the team and each other. We continued providing virtual groups until lockdown restrictions lifted and in-person cohorts were feasible again.

“[I learned] that [my daughter] doesn’t need a lot of fancy stuff to play with. The most simple stuff was going to help her learn the most.”
-Mom of an 18-month old and a 10-year-old

Changes we made to virtual sessions:

- **Length of sessions**—We decided that 90 minutes on Zoom was probably too long for most folks, so we opted to switch to 60 minutes. Based on schedules, etc. for some cohorts, we shortened some groups from 6 weeks to either 4 or 5 weeks. Therefore, we also had to decide which activities and topics to include
- **Activity materials and books**—Based on feedback from in-person participants, we knew this was one of families’ favorite part of WePlay/Nosotros Jugamos. Therefore, we decided we needed to still provide access to them. We gave participants two options: the team could deliver boxes of materials to their homes or families could pick the boxes up themselves at the museum. Most participants preferred delivery. In one instance, we had a participant sign up, then move to another city (about an hour away from Denver). After discussion, we determined we had the financial resources to mail that family their box of materials.

Based on our experience, these are some of the pros and cons for each modality:

| | Pros | Cons |
|--------------------|--|---|
| In-Person Sessions | <ul style="list-style-type: none"> • Easier to engage, establish rapport with families • More organic interactions between participants, allowed them to build relationships • Babies got to play together! • More caregiver-led discussion, better flow • Easier to have one-on-one conversations between participants and team members • Less of a financial burden • Simpler administration for team • Did not depend on access to technology and stable internet | <ul style="list-style-type: none"> • Childcare for older children • Transportation challenges • Fewer participants per group • Participants geographically limited (can only recruit within a certain distance of meeting location) • Weather or other unexpected events can mean a cancellation • More team members required at each session |

| | | |
|-------------------------|--|---|
| | <ul style="list-style-type: none"> • Made it easier to collect consents/assents • Made some data collection simpler • No technological issues! • No technological know-how needed • More control of the environment, fewer distractions | |
| Online/Virtual Sessions | <ul style="list-style-type: none"> • Participants can be recruited from a broader geographical area • More participants per group • Participants can log in from anywhere! Even on vacation • No transportation needed • Other children outside the age range can be present—no childcare barriers • Participants still able to receive materials and other benefits from in-person groups (i.e., money provided for snacks, membership to the museum) | <ul style="list-style-type: none"> • Participants need technology and stable internet • Participants need some tech know-how • Much harder to establish rapport • Larger disparity in active participation (i.e., some participants tended to talk a lot, while others spoke very little) • Lots of awkward Zoom silences • Less control over the environment, distractions • Less baby engagement (though more than we expected) • Higher demands/costs on the team—driving to deliver boxes or mailing them • Somewhat more difficulty collecting data • Fewer team members (listed as a con for us, as it limited how many students could volunteer) |

Other observations: we noticed that in person sessions tended to revolve more around the infant and their play and development, while virtual sessions shifted to be more about caregivers. For WePlay groups, in person sessions were evenly split between play topics and psychoeducation, while during virtual sessions, about 25% of the time was spent introducing the play activity and about 75% of the time was spent talking about the psychoeducation topic. However, this shift was less noticeable for Nosotros Jugamos, where both types of sessions were often more caregiver or psychoeducation focused.

Other groups have identified similar enablers and barriers to providing early childhood services online (Minson & McLean, 2022) [For full citation, see [References](#)]. These researchers

used semi-structured interviews to evaluate how families received a play-based remote learning intervention, as well as factors that increased or limited their participation. Similar to our experience, families valued the opportunity the program offered to connect with other families when COVID-19 restrictions were in place. Families also appreciated the program because it helped create structure and routine in their day. Caregivers reported that the experience supported their family relationships by providing the opportunity to spend time together and integrating play into their everyday lives. They enjoyed the feeling of giving and receiving support from other families.

However, the families in this study also encountered barriers similar to the ones reported by our participants (Minson & McLean, 2022). Technology was sometimes a challenge, as participants felt that it limited the opportunity for authentic communication or connection and often led to more passive engagement in the sessions. They also noted that they missed the ability to have side conversations with other participants that provided informal support around parenting. For some families, online sessions forced parents to juggle multiple responsibilities at the same time, such as remote learning for other children, which made the experience more stressful.

“I just wanted to say thank you. The groups were really amazing, and we were so, so honored to be a part of them. We get to learn so much and we get to you know do something. It was so exciting like ‘yay, every Tuesday we have this!’” *-Mom of a 17-month-old, participating in virtual sessions*

Recruitment and on-going communication: social media, email, voicemail

Key Elements

- Choose recruitment partners that have access to families meeting the target criteria
 - If relationships are not already established, how will you connect with those agencies?
- Decide on methods of recruitment: social media, emails, paper flyers, list-servs, recruiting at in-person events?
- Establish a protocol for confirming participants meet eligibility criteria
- Determine how you will stay in communication with participants: Email? Calls or texts? What does your target population have access to? What are participants more likely to respond to?

How We Did It

- Fortunately, we had previous relationships with several local organizations who served families we were hoping to recruit, such as MotherWise (an organization that connects young, low-income families to health and family resources). We also established a relationship with Rocky Mountain Human Services (RMHS), an early intervention

provider. To recruit more Spanish-speaking families, we also partnered with several integrated primary care clinics where our doctoral students worked as practicum students

- We opted to use several methods of recruitment:
 - We emailed flyers in both English and Spanish to our partners at MotherWise and RMHS and asked our contacts to send them out to their clients. MotherWise also posted the flyers on their social media pages
 - We attended in-person MotherWise events to recruit. We brought activities for children to play with, while we talked to their parents about our program. Interested families provided contact information on a sign-up sheet and we contacted them later with more information
 - Some participating families asked if they could post information about WP/NJ on the social media pages of groups they were involved in (e.g, a mom’s support group), so we made pdf flyers specific for that purpose
 - When we held in-person sessions at the museum, we noticed we had families walking by our space who were interested in the program. We had funds to print up small flyers that we kept on a table outside our meeting space so that interested caregivers could contact us
 - In general, we had the most success recruiting directly through community partners, either via email or in-person events
- We determined if families were eligible to participate in our study/program by asking them questions either via text or email (see [Appendix X: Sample Communication with participants](#)). This was also an opportunity to answer any [questions](#) participants may have
- We created unique [gmail](#) accounts for WP and NJ, which allowed multiple team members to access the accounts. We also created [Google voice](#) accounts, which provided us with local telephone numbers. Using Google voice, we were able to text and call participants without using our personal numbers
- **Note: Google voice is NOT considered HIPAA compliant. If possible, use a HIPAA compliant messaging system, OR state that communications are not compliant in the informed consent document**

“I thought it was better than what I was expecting. I loved it.”
-Mom of a 9-month-old

Safety and Ethical Considerations

Since WePlay measures discuss mental health and may bring to light safety concerns, it is important to consider participant safety PRIOR to beginning the project

Elements to consider:

- If the project is affiliated with a mental health clinic, will participants be screened in the same manner as potential clients? If so, what diagnoses or history (e.g., recent hospitalizations) will make a participant ineligible to participate?
 - How will this information be gathered? (e.g., phone screener, formal symptom survey)
- If the project is NOT affiliated with a mental health clinic, are there team members with the appropriate clinical background to determine if a participant is eligible? If not, will a mental health consultant be brought in to help shape that criteria?
- If a participant has a score on a mental health screener that indicates risk (e.g., indicates thoughts about harming themselves or others), how will that be addressed?
 - How will those results be discussed with the participant?
 - What community resources can be offered to the participant?
- Are team members legally mandated reporters? Criteria for who is a mandated reporter differs state to state, as do reporting procedures
 - Resources about mandated reporting:
 - [What is a mandated reporter?](#)
 - <https://www.childwelfare.gov/>
 - National Child Abuse reporter hotline: 800-843-5678

Research components (if applicable)

Choosing survey measures and method of distribution

| | Pros | Cons |
|---------------------|---|--|
| Paper surveys | <ul style="list-style-type: none"> • Able to use copyrighted measures • Able to check EPDS scores, follow up in person • Can use measures that differ based on developmental level (e.g., ASQ-SE) • Pre-group surveys can be completed in the first session | <ul style="list-style-type: none"> • May need to buy copies of some measures • Participants may lose or misplace packets • Post-group interviews need to be mailed back • Completing surveys in-person takes time away from other activities |
| Online Distribution | <ul style="list-style-type: none"> • Easy to provide links to participants | <ul style="list-style-type: none"> • Participants need internet/data to complete online surveys |

- Reminder emails can include link to survey
 - Participants use the same method for pre- and post-group surveys
 - Can send out links to surveys prior to groups
 - Survey completion does not take up session time
- Some surveys are difficult to complete using a phone or small screen
 - EPDS scores need to be monitored regularly
 - Some measures not available in a virtual format
 - Participants do not have a designated time to complete surveys

Completing the IRB

See [Appendix B](#) for examples of IRB documents (original submission and amendment).

Part III: WePlay/Nosotros Jugamos Manual for Implementation for GSPP Students

Note on the manual

This implementation guide is intended to be a LIVING document. Each WP/NJ group was different and likely will continue to be different, therefore the exact curriculum, method of recruitment, ways of engaging participants, etc. will need to be modified based on current needs. In addition, along the way, we have made many missteps and learned A LOT from each group, both from participants and our team. Those lessons have been incorporated, and new ones should be added as you go along. My goal is to provide you with a guide that thoroughly outlines how I approached the various elements of conducting a successful WP/NJ group. While the elements shouldn't change, the methods and content can and should, depending on the cohort, their needs, and the state of the world.

"In our last group we got into talking about mom life and postpartum life and adjusting to being a mom and I felt like that was huge...I felt like that was just like okay I am not the only one. Even hearing the other women talk about their struggles...it made me feel like I am not the only one having struggles with that.

-Mom of a 9-month old

Starting a WP/NJ Program

Recruitment

- If there is a waitlist from a previous cohort AND the children are still eligible to participate, contact those families first before recruiting elsewhere
- About 2-3 weeks prior to the start of a new cohort, send out emails to RMHS, MotherWise, and other recruitment partners see if they are able to distribute WP or NJ flyers to their families.
- Using either the WP or NJ recruitment template found here, update with:
 - Age of eligible children
 - Current dates and times
 - Length of the group (e.g., 6 weeks),
 - Length of the session (e.g., 90 minutes)
 - Location (e.g., Museum, virtual)
- Email flyers to recruitment partners
- For in-person events
 - Create a sign-up sheet to get potential participant's names, age of children, phone number, email address, and preferred method of communication
 - After event, contact potential participants to confirm interest, answer questions

- If details of the next cohort are known, provide that information and begin screening participants

Eligibility Criteria

- Parent/caregiver must be at least 18 years of age
 - If the participating caregiver is not the child’s parent or legal guardian (e.g., grandparent, nanny), the parent or legal guardian must also be at least 18 years old and willing to sign a consent form for their child
 - If the participating child is in foster care, whoever has **medical decision making** for that child must be willing to sign a consent form
 - If there is any doubt about who has guardianship/medical decision making, contact Dr. Elliott ASAP for guidance
- Parent/caregiver must speak English (WePlay) or Spanish (Nosotros Jugamos)
- Child must be between 6-15 months of age
 - We have expanded the age group in the past, so adjust accordingly
 - If the child is one month outside the age range, they can likely participate. See [Frequently Asked Questions](#) below for more information

Sample messages to potential participants

See Appendix X: [Recruitment](#)

Frequently Asked Questions and Common Issues

(Items in italics are common questions from participants)

- How many families can be involved in a cohort?
 - As usual, it depends. **For in-person groups:** capped at 8 families. **For virtual groups:** capped at 8-10 families. However, ALWAYS check with the Museum team *before* recruitment to confirm how many families they can provide materials for.
- What if the child is ___ months too old/young?
 - We can be a bit flexible with the age range. In the past, we have had kiddos as young 5 months and as old as 18 months. Keep in mind the goal is to keep the cohort within the same developmental range so that the play topics are applicable to everyone. In general, we can probably do +/- 2 months on either end of the age range. When in doubt, check in with both the Museum and the GSPP team.
 - Special circumstances—we have expanded the age limit to accommodate families who expressed interest in joining when their child was within the age range, but weren’t able to participate at that time. However, always double-check with the full team prior to offering that to a family
- Is Uber available to all participants?

- We offer it to all participants, but check the addresses when you get them to see how far away the families live
- If the address is not in Denver, set up a test ride in Uber Central to get an estimate of the cost of the trip
- If the ride is more than \$25, check in with the Museum team (the Museum pays for Uber rides)
- *Is it ok if I am not able to attend every week?*
 - Not a problem! We'd love to have you as often as you can make it, but we understand that families have a lot going on
- *Is it ok if my [other adult caregiver] brings the baby?*
 - Absolutely! We welcome any and all caregivers
 - **NOTE:** if someone besides the child's parent is regularly attending sessions and participating in the research components, not only do they need to consent for themselves, but the child's parent (or legal guardian) ALSO needs to complete a separate parent permission form for the child to participate
- *Can my older child also attend?*
 - Unfortunately, no. We prefer if only children in the specified age range attend so it is easier for all to focus on the group. However, siblings are welcome to explore the museum for free during the session if they are accompanied by someone 16 years or older.

Task list

- Check gmail/google voice accounts daily
- Respond to participant questions about the program
- Collect information from potential participants and put in cohort tracking form
 - Name of parent/caregiver
 - Name and age of participating child(ren)
 - Are there any other children at home? (In-person only)
 - Confirm phone number/email address
 - In-person sessions—ask about transportation needs to the museum
 - Virtual sessions
 - Ask about experience with Zoom
 - Ask about preferred box delivery method (if delivery to home, get home address)

Notes:

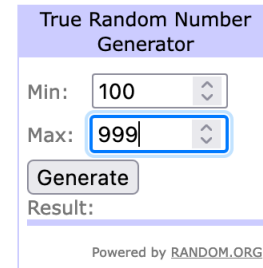
- Sign up participants on a first-come, first-serve basis
- Once a cohort is full and eligibility criteria have been confirmed for each participant, start creating a waitlist

- If participants inform you that they can no longer participate either during the recruitment period OR within the first 2 weeks of the cohort, reach out to the first families on the waitlist to see if they would like to participate

How to assign participant IDs

To be completed AFTER eligibility criteria has been confirmed and contact information has been collected but PRIOR to the first session

1. Open the word document, WePlay IDs (used for both WP and NJ cohorts)
2. Add parent/caregiver's name and first initial
3. Open <https://www.random.org/>
4. Using the "True Random Number Generator" on the right-hand side of the screen, change the criteria as follows
 - a. Min: 100
 - b. Max: 999
5. Click "Generate" to get a random, 3-digit number
6. Open the "WePlay IDs All" excel sheet
7. Enter the number generated into the first open row in column A and press "enter"
 - a. If the text remains black, that number has not been used yet. In the WP IDs word document, enter that number in the ID column, preceded by WP or NJ, (e.g., WP333 or NJ444)
 - b. If the text is highlighted in pink, that number has already been assigned to a participant. Click "Generate" again to get a new, random number
8. Repeat steps 5-7 for each participant in the cohort



"We really enjoy it a ton and really loved all of the people involved and we just... I feel like we just get a lot out of it. We are big fans of WePlay...We are super thankful for the membership and all of the goodies we got too."
Mom of a 21-month-old, participating in virtual sessions

During the WePlay/NJ Sessions (In-person)

Tasks

The tasks here are split into two sections: tasks that should be completed each week, regardless of session number/content and tasks that occur at a specific TIME. It is also assuming a 6-week group, so adjust as needed.

Tasks that occur EACH week

Throughout the Week Prior to Session

- Check gmail/ google voice accounts daily
- Check Qualtrics regularly (2-3 times per week) *****Not applicable for week 1*****

- Consent forms and pre-group surveys
- Update tracking sheet to note what is completed
- Email Museum team to:
 - Confirm the week's activity (if water play or food texture exploration, ask participants to bring extra clothes for their little one)
 - Update them on expected number of participants
- Connect with full GSPP team to:
 - Confirm psychoeducation topic for the week
 - Confirm who will be attending
 - Do not have more than 3-4 members of the team attend at the same time
 - Divide up tasks

Day Before Session

- Email/text participants a reminder of the time and location of the session and to bring a change of clothes (if applicable). Also include that there will be a team member in the lobby with a sign to direct them where to go
 - For participants that indicated they may be interested in an Uber, confirm if they would like one this week
- If applicable, schedule [Ubers](#) (For how-to guide, click [here](#))

Day of Session

- At least one GSPP team member should arrive 20-30 minutes prior to the session to help the museum team and monitor accounts/Uber
- Ask a team member to stand in the lobby with the WePlay/NJ sign to direct participants, starting about 15 minutes before the session is scheduled to begin
- As participants arrive, ask them to fill out a name tag for themselves and their child
(This does not need to happen after the first few sessions if there are not new participants and everyone seems to have a sense of others' names)
- Continue to monitor accounts/Uber periodically for the first 30 minutes of the session or until all expected participants arrive
- Update attendance sheet
- Ask participants using Uber when they would like to leave
 - If they want to stay at the Museum for a while, schedule a flexible ride
 - If they are ready to leave, schedule a scheduled ride for now
 - You don't need to monitor the rides actively, but check google voice to make sure the participant didn't run into issues
- If possible, have at least one GSPP team member stay for a bit after the session has ended to help clean up and debrief with the Museum team

Safety and Ethical Considerations

- If using the EDPS as a research measure, a GSPP team member MUST check participant's scores as soon as possible, particularly item 10

- If item 10 has a score greater than 0
 - CONTACT CLINICAL SUPERVISOR IMMEDIATELY FOR DIRECTIONS
- If total EPDS score is greater than 12
 - CONTACT CLINICAL SUPERVISOR IMMEDIATELY FOR DIRECTIONS
- Mandated reporting concerns
 - Information about mandated reporting is part of the informed consent
 - Mandated reporting procedures for WePlay are the same as CUB and the PPC
 - When in doubt, contact Dr. Elliot

Tasks That Occur at Specific Times

Week 1 (or weeks that have NEW participants joining)

Day of Session

- As participants arrive, ask them to fill out a name tag for themselves and their child
- Verbally review the informed consent and parent permission forms
 - Can be done in small groups or once all participants arrive
 - Tell participants that you will be sending out a link to the consent form
This can also be done on paper, but you must have a secure place to store completed consents (i.e., a locked file cabinet). Also, don't mix paper and virtual consents in a single cohort, if possible.
 - Update the attendance sheet with notes about which participants verbally reviewed the consent
- Before the end of the session, remind participants that you will be sending them an email with the link to the consent form and the first survey

After the Session

- Email each participant individually with the following:
 - The link to the consent form
 - Their WePlay/NJ ID number (assigned by lead research assistant)
 - The link to the first survey
 - The link to the appropriate social media page
 - A reminder to send any topics they would like to hear more about
- Update tracking sheet to note the date when the consent and survey were sent

Week 3

After the Session

- Email a reminder to participants who have not completed paper work

Week 4

Prior to Session

- Email entire team to discuss having siblings join this session
 - Do this early to allow enough time for discussion and figuring out where to hold the session

After the Session

- Email a reminder to participants who have not completed paper work

Week 5

After the Session

- Email a reminder to participants who have not completed paper work (hopefully no one)

Week 6

After the Session

- Email each participant individually with the following:
 - Their WePlay/NJ ID number
 - The link to the second survey
 - A reminder that a team member will be reaching out to them in the next week to schedule the interview
- Update tracking sheet to note the date when survey is sent

After WP/NJ Sessions

Tasks

Interviews:

- Have GSPP team divide up the participants who have completed the consent and attended at least two sessions
- Email each participant individually to schedule a post-group interview
- Conduct interview via phone or Zoom (see below for detailed instructions)
- When interviews are completed, update the tracking sheet

Surveys:

- Check Qualtrics regularly (2-3 times per week)
 - Post-group surveys
 - Update tracking sheet to note what is completed
- Send out weekly reminders for 3 weeks after the last session to participants who have NOT completed the second survey

Conducting WePlay/Nosotros Jugamos Interviews

- Interviews are about 10 questions long. However, schedule at least a 30-minute block—some families are chatty
 - The interview was written for in-person sessions, so some questions may not feel as appropriate (e.g., #4) for virtual sessions—use your judgement about excluding a question, and when in doubt, include
 - Interviews are one of our most important sources of information about how the program is being received. However, some families are difficult to track down. After 3 unsuccessful attempts at contact, check in with the research team about next steps
1. Participant information is stored in the attendance folder
 - a. In the appropriate cohort's spreadsheet, status of data is stored in the "Consents etc." tab

- b. There you will find the participant's WePlay ID, names, and contact information
 - c. You will also find the status of various research items, including:
 - i. Consent
 - ii. PreSurvey
 - iii. PostSurvey
 - iv. Interview
- ***IF THERE IS A PARTICIPANT THAT DOES NOT HAVE "COMPLETE" IN THE CONSENT COLUMN, DO NOT PROCEED WITH ANY ADDITIONAL RESEARCH STEPS*****
- d. To the right of the Interview column are details about the interview: Consent to record?, and status
 - e. Under interview, the student who is assigned will put their initials
 - f. Under Consent to record, the research assistant will have listed whether or not the participant is willing to be audio/video recorded during the interview
 - i. If this is blank, make sure to contact the research assistant to confirm prior to the interview
 - ii. If this is no, get ready to take some notes
2. Once you have signed up for participants to interview, the research assistant will contact them to let them know that you will be reaching out and give them the appropriate contact info
 - a. It is ok to use either your University of Denver email address or Google Voice number (but participants tend to be more responsive to text)
 3. Once this email has been sent, you may reach out to the participant to schedule the interview
 - a. If you are able to reach them, ask if they are comfortable using Zoom. If not, a phone call is fine, but you will need to either record on your device or take notes
 - b. If you are not able to reach them, wait a couple days and try again (essentially like you would for a client)
 4. If the participant is able to do Zoom, send them a link as you would a telehealth client, **HOWEVER**, do not use your telehealth Zoom account. You must use your udenver log in
 5. When it is time for the interview and the participant has arrived, confirm they are comfortable to record. If so, when asked, click **record to the cloud**
 6. Conduct the interview!
 - a. WePlay!> Surveys & Interview Materials > Post WePlay interview English
 - b. Feel free to ask follow up questions etc. if it feels appropriate
 - c. If you are able to record on Zoom, you may take notes if you like. If you are conducting the interview in ANY other way, please take notes.
 7. You did it! Hurray!
 8. All data (transcripts, notes, etc.) are stored in WePlay> WePlay data etc > Interviews> and then in the appropriate cohort's folder
 - a. Please label files using the participant's ID and what type of file it is (transcript, notes, audio file)
 9. If you recorded on Zoom, you can transcribe the recording from the cloud

- a. After the meeting ends, you will receive an email that lets you know that your cloud recording is available. A short time later, you also receive a separate email letting you know that the audio transcript for the recording is available.
- b. Download the transcript file to your desktop, and then put it in the appropriate folder mentioned above

“...one thing that I struggled with as a parent was just not getting frustrated sometimes when your baby is getting frustrated, but just learning that they can’t communicate in the same way that we can. They don’t have all the words yet and the reason why they’re getting frustrated or fussy is because they can’t really express it the way we do.”

-Mom of a 24-month-old

Modified Tasks for Virtual Groups

The tasks here are split into two sections: tasks that should be completed each week, regardless of session number/content and tasks that occur at a specific TIME. It is also assuming a 6-week group, so adjust as needed.

Tasks prior to the group

There are no major modifications to basic recruitment etc., use [this list](#)

Box delivery and pre-calls

- Confirm that participants who wish to have boxes dropped off have provided addresses
- Confirm participants that wish to pick up boxes have museum’s address
- Schedule phone calls with participants

Tasks that occur EACH week during the group

Throughout the Week

- Check gmail/ google voice accounts daily
- Connect with full GSPP team to:
 - Confirm psychoeducation topic for the week
 - Confirm who will be attending
 - Do not have more than 2-3 members of the team attend at the same time
 - Divide up tasks
- Check Qualtrics regularly (2-3 times per week) *****Not applicable for week 1*****
 - Consent forms and pre-group surveys
 - Update tracking sheet to note what is completed

Day Before Session

- Email/text participants a reminder of the time of the session and the Zoom link

Day of Session

- At least one GSPP team member should open the Zoom room 10 minutes prior to the session
- Monitor the gmail/google voice
- Monitor the waiting room
 - Let team members enter before the start time
 - If running behind, send a message to the waiting room
 - Continue to let participants in as needed
- Update attendance sheet

Tasks that Occur at Specific Times

Week 1

Day of Session

- Verbally review the informed consent and parent permission forms
 - Can be done in small groups (break out rooms) or once all participants arrive
 - Tell participants that you will be sending out a link to the consent form
 - Update the attendance sheet with notes about which participants verbally reviewed the consent
- Before the end of the session, remind participants that you will be sending them an email with the link to the consent form and the first survey

After the Session

- Email each participant individually with the following:
 - The link to the consent form
 - Their WePlay/NJ ID number (assigned by lead research assistant)
 - The link to the first survey
 - The link to the appropriate social media page
 - A reminder to send any topics they would like to hear more about
- Update tracking sheet to note the date when the consent and survey were sent

Week 3

After the Session

- Email a reminder to participants who have not completed paper work

Week 4

After the Session

- Email a reminder to participants who have not completed paper work

Week 5

After the Session

- Email a reminder to participants who have not completed paper work (hopefully no one)

Week 6

After the Session

- Email each participant individually with the following:
 - Their WePlay/NJ ID number
 - The link to the second survey
 - A reminder that a team member will be reaching out to them in the next week to schedule the interview
- Update tracking sheet to note the date when survey is sent

After WP/NJ Sessions

Same tasks as in-person sessions, [see above](#)

“Every time I mention if someone sees a book she is reading and I say, ‘Oh that’s from the WePlay program,’ and I tell them about it. So yeah, it’s awesome and would be great to get in front of more people.”
-Mom of 21-month-old

Curriculum Week-by-Week

The following is our basic, 6-week, 90-minute curriculum designed for 6-15-month-old children and their caregivers. Modifications should be made based on cohort preferences/interests, age of children, time constraints, and whether the group is in-person or virtual.

Materials needed every week:

- Rug/mat to place on the floor
- Age appropriate toys, books
 - Sensory balls
 - Juggling scarfs
 - Puppets
 - Board books
- Table(s) to display take-home materials, snacks
- Cups, spoons, plates for babies
- Cups, tea, water kettle for adults
- Extra diapers (multiple sizes), wipes

WePlay Welcome songs:

| Hello Everybody! | Clap and Say Hello |
|--|--|
| Hello everybody, we're so glad to see you! Hello everybody, we're so glad to see you! Hello to [NAME], so glad to see you! Hello to [NAME], so glad to see you too Hello to ..., so glad to see you! Hello to ..., so glad to see you too! Hello to ..., so glad to see you! Hello to ..., so glad to see you! Hello everybody, so glad to see you! Hello everybody, we're so glad to see you | We clap [with clap] and say hello! [with wave] We clap [with clap] and say hello! [with wave] To all our friends at WePlay [gesture to friends], we clap [clap] and say hello! [wave] **repeat verse changing clap to a new gesture** |

WePlay Closing song:

| Clap and Say Goodbye |
|--|
| We clap [with clap] and say goodbye! [with wave] We clap [with clap] and say goodbye! [with wave] To all our friends at WePlay [gesture to friends], we clap [clap] and say goodbye! [wave] **repeat verse changing clap to a new gesture** |

Week 1: Sensory Play and Feeding

Welcome and set the tone – please grab a drink, some snacks, get comfortable, let us know how to help you get comfy...

Ask participants to fill out name tags for themselves and their child

Meeting everyone... please introduce yourself with first name and your baby's name and age
Who we are – team says hi

Welcome Song

Learning Experiences/Activities: Texture Explorations

- Exploration with water
- Use bins, spoons, sponges, funnels, and more to explore
- Watch baby learn
- How could you try at home?

[Psychosocial support & psychoeducation piece](#): Nutrition and feeding for the family using food textures

- Infographic on introducing new foods to infants and toddlers
- Infographic on responsive feeding
- Discuss promoting enjoyment of feeding
- q & a on feeding issues that families are experiencing

Each week we will discuss a different topic, what interests you most? In the past we've covered promoting sleep for all in the family, taking care of you, making friends as new moms, returning to work, finding childcare... housing... and other resources, play with other children, keeping family members healthy, exercise with baby

- any of these sound appealing? Other ideas for topics you'd like to discuss? This is your group!

Closing Song

Semana 1: Juego sensorial y Nutrición y alimentación

Welcome and set the tone – please grab a drink, some snacks, get comfortable, let us know how to help you get comfy...

Ask participants to fill out name tags for themselves and their child

Meeting everyone... please introduce yourself with first name and your baby's name and age
Who we are – team says hi

Welcome Song

Experiencias de aprendizaje y actividades:

Exploración de agua y hielo

- Si se trata principalmente con bebés -
 - Agua helada (algunos con bolas de hielo, otras con hielo picado, una con bloque de hielo)
 - Cucharas grandes
 - Bolas de esponjas
 - Tazas y vasija
- Si el grupo tiene niños mayores (toddlers) – todavía podemos incluir los elementos de arriba y agregar:
 - Pintura de cubitas de hielo
 - Tiza
 - Jeringa
 - Botellas de spray

Exploraciones de texturas en el museo y Joy Park

Apoyo psicosocial y psicoeducación: Nutrición y alimentación para la familia utilizando texturas alimentarias

<https://www.healthychildren.org/spanish/ages-stages/baby/feeding-nutrition/paginas/tips-for-introducing-solid-foods.aspx>

<https://www.healthychildren.org/spanish/ages-stages/baby/feeding-nutrition/paginas/is-your-baby-hungry-or-full-responsive-feeding-explained.aspx>

- Infographic on introducing new foods to infants and toddlers
- Infographic on responsive feeding
 - Observar al bebé en busca de signos de hambre, saciedad e interés en los alimentos.
- Discuss promoting enjoyment of feeding & q & a on feeding issues that families are experiencing

Closing song

Week 2: Attunement Play and Attachment

Welcome and set the tone – please grab a drink, some snacks, get comfortable, let us know how to help you get comfy...

Ask participants to fill out name tags for themselves and their child

Meeting everyone... please introduce yourself with first name and your baby's name and age
Who we are – team says hi

Welcome Song

Learning Experiences/Activities:

5 Brain Building Basics – practice in Center for Young Child exhibit

1. Joint attention and eye contact
2. Chat (conversational language)
3. Take turns (Serve and return interactions)
4. Follow your child's lead
5. Stretch (extend interactions)

[Psychosocial support & psychoeducation piece](#): Attachment between caregivers and young children

Closing song:

Semana 2: Juego de Sintonización y Apego entre cuidadores y niños pequeños

Welcome and set the tone – please grab a drink, some snacks, get comfortable, let us know how to help you get comfy...

Ask participants to fill out name tags for themselves and their child

Meeting everyone... please introduce yourself with first name and your baby's name and age
Who we are – team says hi

Welcome Song

Experiencias de aprendizaje y actividades:

Visita al Centro para la Exposición de niños pequeños

5 Fundamentos del desarrollo del cerebro- Practica en el centro para niños pequeños

1. Atención conjunta y contacto visual
2. Charla (lenguaje conversacional)
3. Tomar turnos (servir y devolver interacciones)
4. Siga la guía de su hijo
5. Estiramiento (extender interacciones)

[Apoyo psicosocial y psicoeducación](#): Apego entre cuidadores y niños pequeños

- Infographic on “What is attachment?”/Que es apego?
- No perfectamente pero suficientemente bueno
- Analogía banco – no puede estropear a un bebé, cada abrazo es dinero en el banco hacia un apego saludable
- Q & A regarding parent-infant relationship development

Closing song

Week 3: Physical Play and PRIDE Skills and Tantrums

Learning Experiences/Activities:

- Obstacle Course
- Guided observations during indoor/outdoor play

[Psychosocial support & psychoeducation piece](#): effective discipline & promoting development of self-control

Semana 3: Juego Físico y Disciplina efectiva y promoción del desarrollo del autocontrol

Experiencias de aprendizaje y actividades: Pista de obstáculos y observaciones guiadas durante el juego en interiores/exteriores

[Apoyo psicosocial y psicoeducación](#): Disciplina efectiva y promoción del desarrollo del autocontrol

- PRIDE skills/D.E.C.I.R.– Comportamientos esperados (agresión leve, mordida, etc.)
- Enseñar habilidades de interacción dirigida al niño
 - Using the CDI handout (available in Spanish from PCIT)

Week 4: Object Play and Promoting Sharing and Taking Turns

Special guests: Siblings are invited to attend this group

Learning Experiences/Activities:

Rolling, stacking, building with blocks and safe objects

[Psychosocial support & psychoeducation piece](#): Promoting sharing and taking turns with siblings and peers

Semana 3: Juego de Objetos y Promover el compartir y turnarse

invitados especiales: los hermanos están invitados a asistir a este grupo

Experiencias de aprendizaje y actividades: Rodando, apilando, construyendo con bloques y objetos seguros

[Apoyo psicosocial y psicoeducación](#): Promover el compartir y turnarse con los hermanos y compañeros

Week 5: Imaginative Play and Developmental Milestones
Learning Experiences/Activities: Puppets

[Psychosocial support & psychoeducation piece](#): Understanding child developmental milestones

Semana 5: Juego Imaginativo y los hitos del desarrollo infantil

Experiencias de aprendizaje y actividades:

Marionetas

Sostenga una marioneta en su mano y haga contacto visual con su bebé. Luego toque suavemente a su bebé con la marioneta y cante o hable al mismo tiempo. Espere a que su bebé emita un sonido o diga algo en respuesta, luego continúe la conversación

Lo que aprenden los niños

A través de esta actividad, tu bebé se siente nutrido y seguro. Su bebé entiende que usted está interesado en ella/el y responde a su comunicación. Esto motiva poderosamente y aumenta su interés en la conexión y el lenguaje.

[Apoyo psicosocial y psicoeducación](#): Entendiendo los hitos del desarrollo infantil
Infographics from IECMH classes- Dr. Vozar

Week 6: Creative Play and Caregiver Well-Being

Learning Experiences/Activities:

- Music and Movement
- Make ribbon dancers and homemade percussion shakers

[Psychosocial support & psychoeducation piece](#): Self-care for caregivers, managing my own emotional reactions as a parent, accessing resources in our community

Semana 6: Juego Creativo y Bienestar de Cuidadores

Experiencias de aprendizaje y actividades:

Música y movimiento- Haz bailarines de cinta y agitadores de percusión

[Apoyo psicosocial y psicoeducación](#): Cuidados personales para cuidadores, manejo de mis propias reacciones emocionales como padre, acceso a recursos en nuestra comunidad

Appendices

Appendix A: Sample Communication with participants

Recruitment

Email to a participant who signed up at a Motherwise event

Hi, I'm reaching out because you expressed interest in participating in WePlay, our parent-child play group at the Children's Museum of Denver. We received your information from a sign-up sheet at MotherWise.

These sessions are designed for parents and children between 6 and 15 months. During the sessions, the group will discuss a range of topics about play and development. The play-groups will be **Fridays at 9:30 am and will last 90 minutes** each session. There will be a total of 6 sessions, the first will be **January 17** and the last will be **February 21**. Also, could you provide the age of the child participating with you as well as the ages of any other children you have?

Children under age 16 years old are welcome to explore the museum during this time, but another adult would need to accompany them during this time. (Children 16 years or older can visit the museum without an adult). We ask that only the child participating in the play group attend with you to allow greater focus on the topics.

Email to participants who weren't able to join a previous session

Hi!

I am reaching out because you previously expressed interest in WePlay. Our **spring** session will start on **4/12/22**. Sessions will be once a week from **9:00 am to 10:30 in person at the Children's Museum**. Please see the attached flyer for more information and let me know if you have any questions!

Thanks,

Lauren and the WePlay team

Email/text to potential participant who has expressed interest in registering

Great! I just need to get a little bit of info from you and you'll be all set!

- 1) Your phone number
- 2) Do you prefer to be contacted by text, email, or either?
- 3) The name and age of your kiddo who will be participating

Also, do you have any older children? We ask because only the child participating in the play group is able to attend with you. We find that it allows us to focus better on the sessions. Children under age 16 years old are welcome to explore the museum during

this time, but another adult would need to accompany them during this time. (Children 16 years or older can visit the museum without an adult).

Reminder messages before sessions

Hi! We are so excited to have you join us at WePlay tomorrow at 9:30 at the Children's Museum! Tomorrow we will be outside for most of the session. When you arrive at the museum, head to the lobby. There will be someone with a WePlay sign directing you where to go! If you run into any problems, you can text me at (970) 823-4488 (calling doesn't work as well)

Follow up emails with links to consent, presurvey, and ID number

Good morning!

It was so nice to meet you yesterday at WePlay! As we talked about in our session, since this program is part of a research study, we need all participants to complete an informed consent form. The link to that form is here:

https://udenver.qualtrics.com/jfe/form/SV_blqml8LeIRr9gJ7

Once you have completed the informed consent, please fill out the surveys here:

https://udenver.qualtrics.com/jfe/form/SV_2t3PcgjCALx8IUh

The survey will ask for your ID. Your WePlay ID is: WP961

These surveys help us evaluate the effectiveness of our program so we can continue improving it! If you have any questions about the consent form or the surveys, please do not hesitate to ask!

Thank you so much and we look forward to seeing you again next week!

The WePlay team

Email with postsurvey and ID

Thanks so much for participating in WePlay!

Please complete the following post-group survey

The survey will ask for your ID on the first page. Your WePlay ID is: WP477

https://udenver.qualtrics.com/jfe/form/SV_8igxAgrRzGqJWIJ

In the next few weeks, you will be contacted by a member of our team to conduct a post-group interview (usually takes 20-30 minutes).

These surveys help us evaluate the effectiveness of our program so we can continue improving it!

If you have any questions about the surveys or interview, please do not hesitate to ask!

Thank you so much!

The WePlay team





























































Appendix B: IRB Documents Example

The documents linked below are from our original submission to the IRB at the University of Denver, followed by an example of an amendment. These documents are intended to provide insight into the information required by the IRB, such as the level of detail needed. However, it should be noted that the documents and expectations vary from institution to institution and are updated often. The documents here are no longer the most current forms used the [University of Denver's IRB](#).

WePlay Denver Original IRB submission:

All documents uploaded to IRBNet:

Documents in this Package:

| Document Type | Description | Last Modified | |
|---------------------------|---|------------------------|---|
| Advertisement | recruitment flyer WePlay.docx | 04/16/2019 06:03 PM |     |
| Application Form | expedited application WePlay groups.docx | 06/06/2019 04:39 PM |     |
| Consent Form | Informed Consent Document WePlay groups 4.16.docx | 04/16/2019 06:17 PM |     |
| DU - IRB Application Form | DU - IRB Application Form | 06/06/2019 03:52 PM |     |
| Letter | Signed Museum Letter of Support_WePlay Groups_19April2019.pdf | 04/18/2019 05:05 PM |     |
| Other | Post WePlay interview.docx | 04/18/2019 04:27 PM |     |
| Other | WE PLAY SCOPE AND SEQUENCE FOR SESSIONS.docx | 04/18/2019 04:46 PM |     |
| Other | WePlay recruitment email.docx | 06/06/2019 04:09 PM |     |
| Other | WePlay verbal recruitment script.docx | 06/06/2019 04:10 PM |     |
| Other | WePlay_irb_appendix f.docx | 04/16/2019 06:26 PM |     |
| Parental Permission Form | WePlay parental_permission_form 4.16.docx | 04/16/2019 06:24 PM |     |
| Questionnaire/Survey | APT Version 2.doc | 04/18/2019 04:27 PM |     |
| Questionnaire/Survey | edinburghscale.pdf | 04/18/2019 04:27 PM |     |
| Questionnaire/Survey | PWS-R.doc | 04/18/2019 04:29 PM |     |
| Questionnaire/Survey | Sociodemographic questionnaire final.doc | 04/18/2019 04:25 PM |     |

- [WePlay Denver IRB Application](#)
- [WePlay Denver Human Research Application](#)

Response from IRB: [Revisions Email](#)

Follow up response from IRB after revisions: [Approval Letter](#)

WePlay Denver Amendment IRB submission:

Documents uploaded to IRBNet:

| Document Type | Description | Last Modified | |
|------------------------|---|------------------------|---|
| Amendment/Modification | irb-amendmentapp-final-green-3.1.18-version6.docx | 07/17/2019 12:15 PM |     |
| Application Form | expedited application WePlay groups 7.17.docx | 07/17/2019 12:07 PM |     |

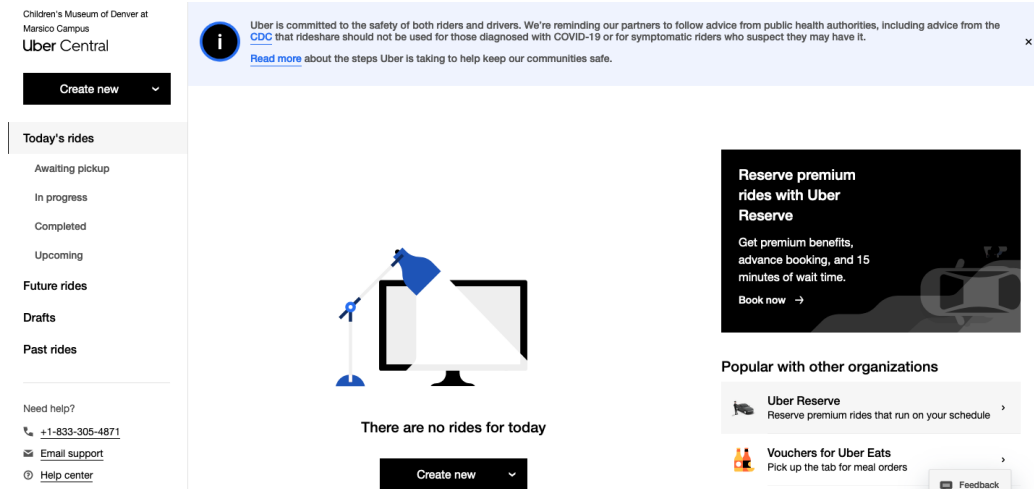
- [Amendment application](#)
- [Updated Human Research Application](#) (changes highlighted using track changes)

Response from IRB: [Amendment Approval Letter](#)

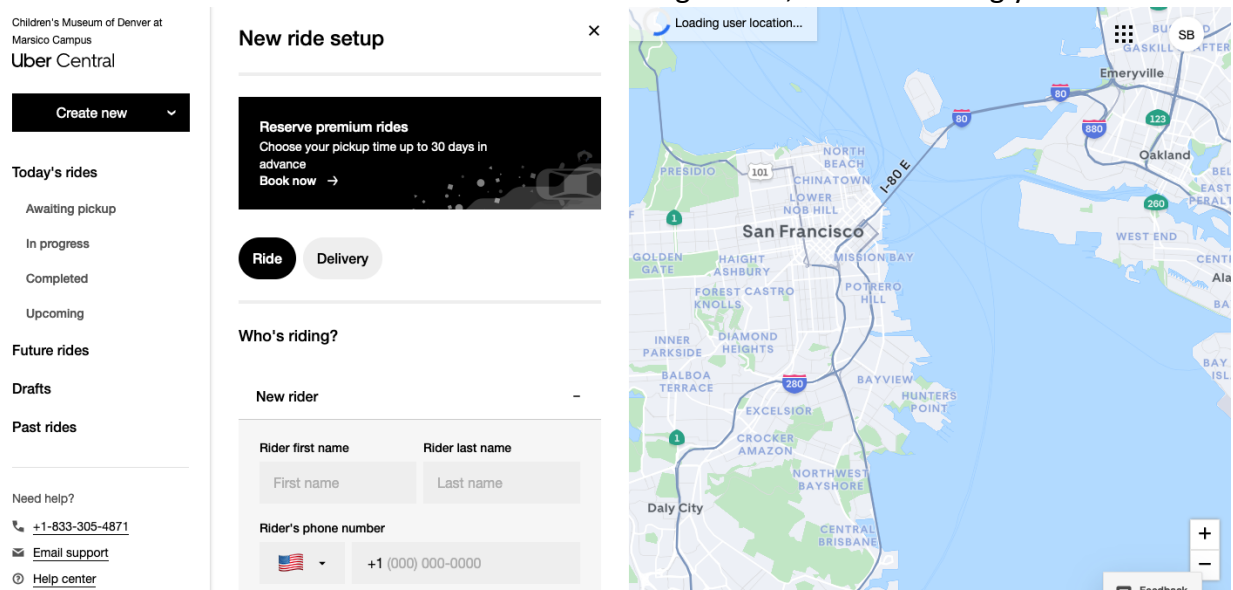
Appendix C: Uber Central User guide

SCHEDULING RIDES TO THE MUSEUM (This can be done day of or in advance)

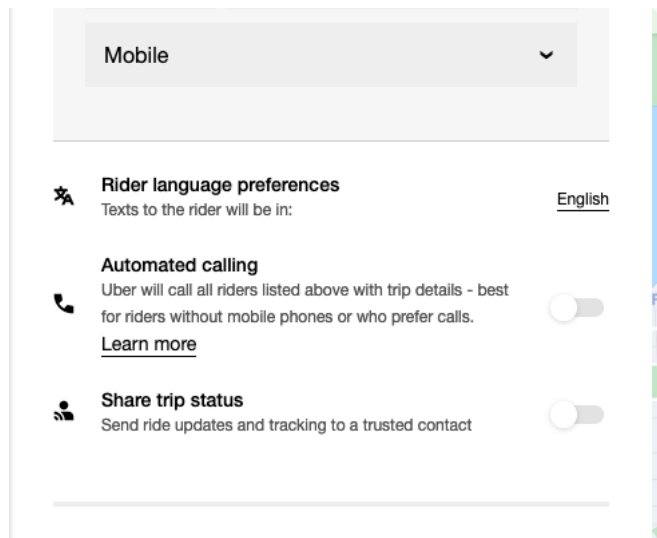
1. Log in to central.uber.com
2. Once you are logged in, you will see the Uber Central Dashboard:



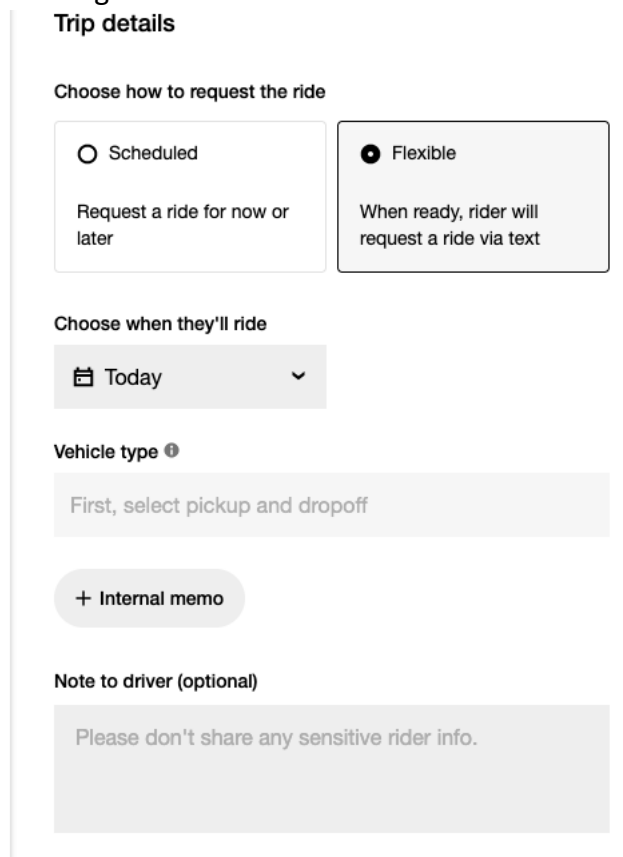
3. Scheduling a ride
 - a. You will need the participant's name, phone number, and address in order to schedule a ride (the participant does NOT need to have the Uber app downloaded)
 - b. Click on "Create New" and select "Single ride", which will bring you to this screen



- c. Enter in the participant info, including address of pick up and drop off. If desired, you can change the language of the text the participant will receive

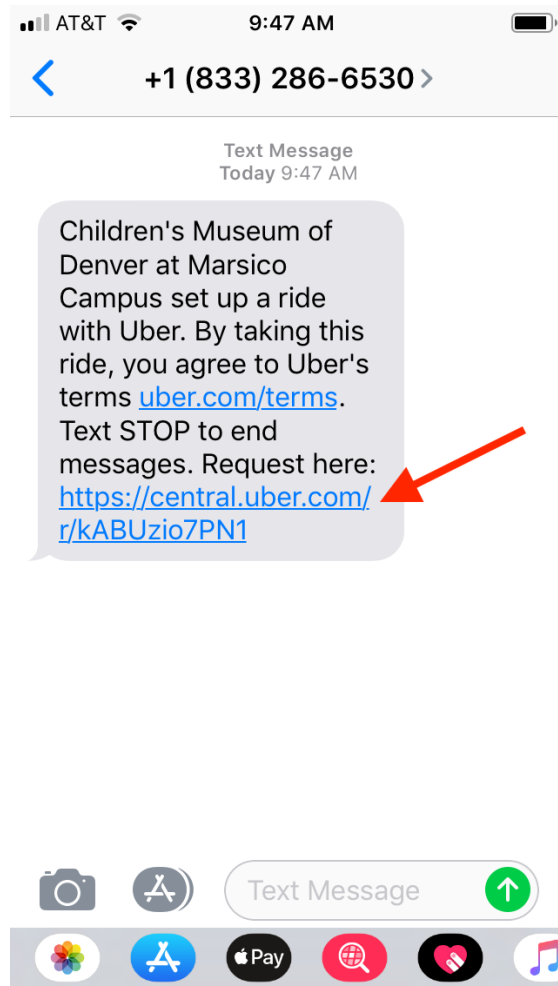


- d. Finalize trip details. For trips **TO** the Museum, select “Flexible”. You can also add a note to the driver if needed. It is sometimes helpful to add a note if the participant lives in an apartment complex or is getting picked up from a location that might confuse the driver



- e. When complete, click on “set up ride”

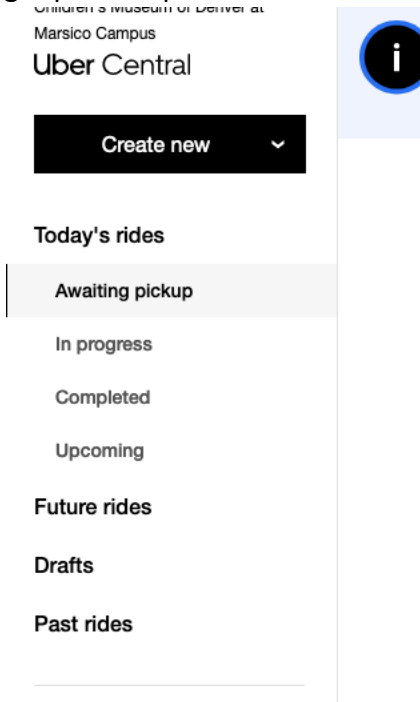
- f. On the morning of the date selected, the participant will receive a text. Instruct the participant to click on the link when they are ready to hail a driver. Information from Uber about the driver and car, etc. will be texted to them



Once a participant has used Uber, for the next week, you can click on "Past Rides", then that participant's ride, and then "Re-book trip" See below for a screenshot of that page*

DAY OF THE SESSION

1. If you haven't already set up rides, follow the instructions above
2. It is important to monitor the rides' progress prior to the session. We have had times that the driver cancelled or couldn't find the address, etc. and the participant did not get picked up and we had to send another ride



3. The links on the left-hand side of the screen will allow you to monitor how things are going for folks

BOOKING RETURN TRIPS

1. The easiest way to book trips home is to click on the “Past Rides” link on the left-hand menu

Past rides

Select date range

February 28, 2020: Friday

| | |
|---|---|
| Isabel WePlay (303) 555-0000 Completed ride | \$47.67 ▾ Isabel WePlay E... |
| Berina WePlay (303) 555-0000 Completed ride | \$25.04 ▾ |

2. Click on the participant’s previous trip

Isabel WePlay
~~(303) 555-0000~~
Completed ride

\$47.67 ▾
Isabel||WePlay E...

Children's Museum of Denver at Marsico Campus
2121 Children's Museum Dr, Denver, CO
~~(303) 555-0000~~
Aurora, CO

Pickup at 2:06 PM MST
Children's Museum of Den...

Dropoff at 2:40 PM
1442 S Federal Blvd

Book return Re-book trip Request support Report lost item

\$47.67
26 min ride 18.06 miles UberXL
Automated calling disabled

Note to driver

Michael 4.91 ★
Toyota Highlander
B0B74

3. Click “Book return”. You will have the option to select a specific time or a flexible ride, depending on what works best for the participant