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A Qualitative Study of Stakeholder Perceptions in Early Childhood Intervention Partnership

Ruth Schumacher
Loyola University Chicago

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LOYOLA UNIVERSITY CHICAGO

A QUALITATIVE STUDY OF STAKEHOLDER PERCEPTIONS IN EARLY
CHILDHOOD INTERVENTION PARTNERSHIP

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN SCHOOL PSYCHOLOGY

BY

RUTH SCHUMACHER

CHICAGO, IL

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shelter I have that is a blessing, living within walking distance from Lake Michigan, friends and loved ones who make me feel cherished, kind strangers who smile, tortas from Rocky's Tacos, and marzipan.

For my mom—thank you for teaching me to get up every time I stumble and struggle. Thank you for always rooting for me and having my back. Thank you most of all for your example; you're a tough and a wise mama. I would not be able to be the resilient woman I am without you in my corner. I love you and dedicate all that I do to you. Your tenacity allowed me to be in this position and have the opportunities I am fortunate to have in my life. This work, this research, and this project are for you and for us.

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ABSTRACT

The first three years of life are a period where significant growth occurs in all areas of development to prepare infants and toddlers for further learning. Early experiences and relationships impact that early cognitive development. As the literature suggests, the greatest opportunity to break the cycle of poverty and decrease the achievement gap is to intervene early with at risk young children and families. In order to promote resiliency, it is imperative that children have at least one adult who is a consistent and reliable figure in their lives. Early childhood intervention programs serve to empower parents to meet that need.

The literature has identified the challenges and opportunities of working with highly stressed, at-risk families and children and there has been much focus on understanding what increases the chances of highly stressed parents to become engaged and partner in Early Head Start interventions. Research has shown that matching home visitors with families is a significant piece of obtaining and maintaining engagement (engagement of staff members as well as by parents). However, there is a dearth of literature on the process of matching home visitors to families from the perspectives of parents, home visitors, and program leaders.

The goal of this study was to use a socially just process to enhance collaboration practices at an Early Head Start program. This study was intended to explore those perspectives in order to guide better practices with building and maintaining effective

working relationships to carry out Early Head Start interventions. A key area of interest was in learning from the insights of parents, home visitors, and program leaders to assess what maintains engagement as well as what disrupts engagement for EHS parents and home visitors. The investigation was informed by carrying out semi-structured individual interviews with family members, home visitors, and program leaders at an Early Head Start program.

CHAPTER ONE

INTRODUCTION

The first three years of life are a period where significant growth occurs in all areas of development to prepare infants and toddlers for further learning (Burchinal, Campbell, Bryant, Wasik, & Ramey, 1997; Ramey & Ramey, 1998; Schweinhart & Weikart, 1989). Early experiences and relationships impact that early cognitive development. Chronic stress has been identified as being harmful for the developing brain (Black, Hess & Berenson-Howard., 2000; Shonkoff & Phillips, 2000). For many, chronic stress occurs due to poverty and children become increasingly at risk to face challenges in school and in the community as they get older (Brooks-Gunn & Duncan, 1997; Cunningham & Stanovich, 1997; Duncan, Brooks-Gunn, & Klebanov, 1994; Korenman, Miller, & Sjaastad, 1995; McLeod & Shanahan, 1993; McLoyd, 1998; National Institute of Child Health and Human Development Early Child Care Research Network [NICHD/ECCRN], 2005). As the literature suggests, the greatest opportunity to break the cycle of poverty and decrease the achievement gap is to intervene early with at risk young children and families. In order to promote resiliency, it is imperative that they have at least one adult who is a consistent and reliable figure in their lives (Ainsworth, Blehar, Waters, & Wall, 1978; Weinfield, Sroufe, Egeland, & Carlson, 1999). Early childhood intervention programs serve to empower parents to meet that need.

Early childhood intervention programs must balance the vital goal of developing cognition and literacy skills with the critical issue of bolstering emotional and social development of young children as well (Shonkoff & Phillips, 2000). Early childhood intervention lays the groundwork for children's future success in school and due to this it is imperative to further cultivate sound research in this area to enhance effectiveness.

For programs serving infants and toddlers, home visiting has been the main means of providing intervention (Klass, 2008). These programs have utilized a family-centered model to form partnerships between home visitors and parents. Actions from both the parent and the home visitor have been shown to be critical to the success of the partnership and of the early interventions themselves (Bruder, 2000). Brotherson et al. (2010) defined partnership as being built through "mutual acceptance, respect, trust, commitment, openness, and shared responsibility...Partnerships are based on healthy collaborative relationships that benefit the family, the child, and the professional" (p. 32).

A key aspect to these much needed partnerships to be effective is the mindset of the home visitor in approaching working with families. While some may see the focus of the intervention as solely on the infant or toddler, significant emphasis must also be placed on supporting the family to promote confidence and competence in parents in order to be able to intervene effectively for the infant or toddler (Keilty, 2008; Lea, 2006). Families may enter early childhood intervention programs hesitant to work with home visitors, especially families who may identify that the home visitor is from a different cultural or linguistic background. Home visitors must be competent to understand the different needs of families in order to build the trust needed to partner in a

family-centered therapeutic intervention (Brookes, Summers, Thornburg, Ispa, & Lane, 2006; Park, Turnbull, & Turnbull, 2002). Currently, much of the literature on relationship-based approaches in early childhood intervention is focused on the parent-child dyad and less attention has been given to the parent-home visitor relationship. No matter if it is considered a means to an end of better supporting the child to achieve more favorable outcomes, there still exists a need to provide emotional support to families in this process of early childhood intervention (Bailey et al., 2006; Brotherson et al., 2010; McWilliam & Scott, 2001).

Early Head Start is a program that has been shown to be an effective program serving high risk infants, toddlers, and their families (U.S. Department of Health and Human Services, Administration for Children and Families, 2002). The literature on Early Head Start shows that a focus on facilitating parent-home visitor partnered interventions with young children leads to improved attachment between parents and children as well as better outcomes for Early Head Start children. There has been a considerable amount of research on Early Head Start outcomes; however, there is a lack of research where all stakeholders (parents, home visitors, and program leaders) are involved in providing their perspectives on the process of carrying out therapeutic interventions for their children or clients.

The literature has identified the challenges and opportunities of working with highly stressed, at-risk families and children and there has been much focus on understanding what increases the chances of highly stressed parents to become engaged and partner in Early Head Start interventions. Research has shown that matching home

visitors with families is a significant piece of obtaining and maintaining engagement (engagement of staff members as well as by parents) (Brophy-Herb et al., 2009).

However, there is a dearth of literature on the process of matching home visitors to families from the perspectives of parents, home visitors, and program leaders.

The goal of this study was to use a socially just process to enhance collaboration practices at an Early Head Start program. This study was intended to explore those perspectives in order to guide better practices with building and maintaining effective working relationships to carry out Early Head Start interventions. I was interested in learning from the insights of parents, home visitors, and program leaders to assess what maintains engagement as well as what disrupts engagement for EHS parents and home visitors. Qualitative research lends itself best to the goals of this study. The investigation was informed by carrying out extensive semi-structured individual interviews with parents, home visitors, and program leaders at an Early Head Start program. The research question that guides this study was: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start? If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?

CHAPTER TWO
REVIEW OF THE LITERATURE

Early Head Start Overview

Early Head Start was created as a result of understanding that the first 36 months are times of the most intense intellectual development while children learn to think, speak, and reason (Roggman, Boyce, & Cook, 2009). Infants and young children require positive learning experiences to facilitate their cognitive, social, and emotional development in order to prepare a strong foundation for future school success (Ainsworth et al., 1978; Bowlby, 1953; Bowlby, 1969). Infants and young children who live in higher-risk environments often require additional support in order to facilitate their healthy development (Black et al., 2000; De Bellis et al., 1999; Lieberman, 2004; Shonkoff & Phillips, 2000). Disparities in intellectual and social development become evident even before children enter Head Start, preschool, or pre-kindergarten programs (Bulotsky-Shearer, Fantuzzo, & McDermott, 2010; Knitzer, 2003; Shonkoff & Phillips, 2000; McWayne, Hampton, Fantuzzo, Cohen, & Sekino, 2004). Early Head Start was created by Congress in 1994 to address this issue and facilitate school readiness for these young children. The mission of Early Head Start is to support healthy prenatal outcomes and facilitate intellectual, social, and emotional development of infants and toddlers to promote school readiness. Research demonstrates that Early Head Start is effective in carrying out its mission. Early Head Start serves over 63,000 low-income families with

infants and toddlers through 708 home or community-based programs (2002 EHS Fact Sheet, www.acf.hhs.gov/programs/hsb/research/factsheets/02/hsfs.htm; Early Head Start Information Folder, www.headstartinfo.org/infocenter/ehs_tkit3.htm; U.S. Department of Health and Human Services, Administration for Children and Families, 2002).

The three-phase congressionally mandated National Evaluation of Early Head Start followed 3,001 children eligible to participate in Early Head Start. Each participating program accepted applications for twice as many children as they could enroll. Half of the children were assigned to an Early Head Start program and half were assigned to the control group. Families in control and treatment groups were noted to be the similar as evidenced by their race/ethnicity, socioeconomic status, and geographic location. Control group families could not participate in Early Head Start, but they could receive other community services. The study collected multiple forms of data: interviews, parent and child assessments, observations, and self-report rating scales. The first phase from 1996-2001 was part of the implementation study that investigated the impact of Early Head Start on children and families. In 2001-2004, the second phase sought to build upon earlier research and follow children from the original study as they entered kindergarten. The third phase from 2005-2010 sought to build upon the research to follow up with children from the original study as they entered fifth and sixth grade. States participating in the study included: Arkansas, California, Colorado, Iowa, Kansas, Michigan, New York, Missouri, Pennsylvania, South Carolina, Tennessee, Utah, Virginia, Washington, and Vermont.

Data gleaned demonstrated that children receiving Early Head Start services made significantly larger gains in vocabulary and improved cognitive and social-emotional development than children in the control group. Early Head Start parents also had increases in positive interactions and learning support for their children (including greater warmth and supportiveness, spending more time in play with their child, providing more education and stimulation for their child within their home environment, providing more support for language and learning, being more likely to read to their child, and less likely to spank their child) than parents in the control group.

These types of behaviors support children's learning through reducing anxiety when faced with unfamiliar situations so that children can discover the aspects of their environment with greater confidence. Early Head Start programs were particularly effective in improving child development and parenting outcomes of African American children and parents when compared to the control group. Early Head Start involvement has been noted to provide a greater opportunity for school success, family self-sufficiency, and parent training to foster healthy child development (Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start, Washington, DC; U.S. Department of Health and Human Services, Administration for Children and Families, 2002).

Early Childhood Developmental Needs

The goals and guiding principles of Early Head Start are grounded in the strong research base on the importance of attachment to support the developmental needs of infants and young children. The field of early intervention has long substantiated that the

infancy through toddler period are the years where development has the greatest potential to be impacted by risk as well as protective factors (Burchinal et al., 1997; Ramey & Ramey, 1998; Schweinhart & Weikart, 1989; Shonkoff & Phillips, 2000). In these early years, children's central nervous systems are developing more rapidly than they will at any other point in their lives and the experiences children have significantly shape the ways in which young children's brains develop (Black et al., 2000; De Bellis et al., 1999; Lieberman, 2004; Shonkoff & Phillips, 2000).

Attachment relationships serve the function to protect the infant or young child from threat. These relationships with a primary caregiver or a close network of caregivers can be seen through the young child's regulation of physiology (body temperature, heart rate, as well as sleeping and eating cycles), emotions, as well as cognition; these developmental tasks are exhibited in the context of a relationship and cannot happen in isolation for a young child without a caregiver (Ainsworth et al., 1978; Lieberman, 2004; Weinfield et al., 1999). Caregivers who are "good enough" are significant aids to young children's self-regulation; the presence of a "good enough" caregiver is a buffer from physiological responses to emotional stress and supports development (Winnicott, 1965).

Continuing, responsive relationships support infants and young children to organize themselves. This organization is based on the caregiving system children are a part of, which further enables them to form trusting relationships due to their expectations being met. Trusting relationships enable young children to identify that the self is worthy of love, that the self is an effective agent in soliciting the support required from

caregivers to meet their needs, and that the world is a benign place in which one's needs will be met (Ainsworth et al., 1978; Lieberman, 2004; Weinfield et al., 1999). These are the building blocks to facilitate infants and young children to grow, explore, and engage with their environment. Early Head Start seeks to take this research and apply it in partnering with parents to promote healthy development for their infants and young children.

A parent and child have the greatest capacity to form attachment in such a profound way that the child naturally develops accordingly. As John Bowlby's work documents, all children desire this attachment from within their own family. The family members serve the purpose of providing one another with the opportunity to experience warmth and satisfaction. This connection is necessary for the child as well as the parent to grow as a result of this relationship (Bowlby, 1953). Bowlby and Mary Ainsworth's work also demonstrates the cycle of exploratory, fearful, and attachment behavior. It is noted that children are often attracted to and in fear of unfamiliar stimuli; however, the time it takes children to understand that it is safe to explore and investigate the new object decreases in the presence of the child's parent. The parent-child interaction is made up of this continuous negotiation of dependence and independence (Ainsworth et al., 1978; Bowlby, 1969). Parent-child relationships that are not able to balance the need for both independence and dependence can create a less stable foundation for the child. This balance may be difficult for many parents; programming like Early Head Start attempts to support parents to move towards this goal in a way that allows parents to be partners in this intervention work so it aligns with the families' beliefs and values.

Margaret Mahler asserts that once children reach the age of attaining object constancy (understanding that even when an object is placed somewhere out of sight, the object still remains in existence), that it is important for children to have a mental image of their “internal mother” (or parent) in order to provide them with comfort even when their parent is not in their view. This phase for children is important in order to enable them to cope with challenges (Mahler, Pine, & Bergman, 1975). Families can sustain these meaningful relationships with their children in ways that highlight the values and strengths that matter to them as a family. However, currently research is lacking in the area of understanding how parents would like to be supported to accomplish this goal with their children.

Poverty, Risk, and Child Development

These developmental needs can be fulfilled by caregivers regardless of socioeconomic status; however, for many families in poverty who live in violent communities, the literature has demonstrated evidence that there are additional challenges. A significant concern is the impact poverty can have on parent-child relationships. Research exists asserting that the emotional and financial stress connected with poverty can have a negative impact with parental sensitivity and responsiveness decreasing and negativity increasing (Aber, Jones, & Cohen, 2000; Shaw & Vondra, 1995). As was previously detailed, a responsive caregiver often provides the necessary relationship for young children to regulate themselves, even when faced with stress or unfamiliar stimuli (Ainsworth et al., 1978). However, the reversal has also been assessed in the literature; when a caregiver is consistently unresponsive to a young child, the child

learns that this relationship does not provide protection from threat and for those children the result is increased stress, which is harmful to development (Lieberman, 2004; Shonkoff & Phillips, 2000). It is important to note that an unresponsive parent can have higher socioeconomic status as well as lower socioeconomic status. However, the additional burdens that exist for a lower socioeconomic status parent to ensure the family's basic needs are met put increased pressure on this group, making them at a greater risk of being less responsive than they may be if they were not experiencing such high levels of emotional and financial stress.

This level of stress impacts children in utilizing their regulation skills. In 2001, the national statistics showed that 10-20% of preschool children were noted to experience mild to moderate behavior problems (U.S. Department of Health and Human Services [USDHHS], 2001). Children with emotional and behavioral challenges are disproportionately exposed to poverty, malnutrition, and community violence (Campbell, 1997; Garbarino, 1995; Kolos, Green, & Crenshaw, 2009; Yamaguchi, Strawser, & Higgins, 1997). Emotional and behavioral problems for children living in poverty are as high as 38% (Barbarin, 2007; Feil et al., 2005; Qi & Kaiser, 2003). For young children living in poverty, there is an increased risk of these children being behind in meeting social and emotional developmental milestones due to the impact that poverty can have on increasing stress in the home. This high prevalence rate raises significant concerns due to empirical research identifying that early emotional and behavioral problems can negatively influence children's school readiness (Knitzer, 2003; Shonkoff & Phillips, 2000). Specifically, early behavior problems have been shown to impact children's

ability to engage in classroom activities and form relationships with peers and teachers (Bulotsky-Shearer, Fantuzzo, & McDermott, 2010). Young children developing in a system with additional stressors often learn to organize themselves in the context of those relationships and stressors, which impacts the way they will approach and attempt to form new relationships with those outside of their family, such as in school (McWayne et al., 2004).

Families facing financial hardships while raising young children need to be given the opportunity to express their insights on their families' needs in order for programs to better address the needs and priorities of the families they serve. In their study utilizing participants from the national Early Head Start evaluation, McAllister, Thomas, Wilson, and Green (2005) sought to understand the perspectives of urban Early Head Start mothers regarding their community and their children's health and development. Of their participants, they found that the majority of families participating in Early Head Start lived in public housing, frequently in communities where none of their extended family members resided. These families identified that other social ties were at times difficult to maintain due to families relocating frequently, causing increased instability. Temporary homelessness, or housing insecurity, was a major issue that Early Head Start mothers expressed caused them stress and that they believe impacted their children (pp. 205-206).

As Virginia Moreira (2003) expresses, the United States is a "network society" where there are significant disparities between those at the top and those at the bottom; families who live in poverty not only lack power due to financial difficulty, but also due to social exclusion that is a major part of the way individuals organize themselves in this

country. Many families and children who live in impoverished, violent neighborhoods experience significant emotional stress as a result of this difficulty.

Children's exposure to neighborhood violence has been positively correlated with having symptoms of posttraumatic stress disorder (PTSD) (Lynch, 2006), as well as a negative impact on emotional and cognitive development (Moss, St. Laurent, & Parent, 1999), disorganization, as well as dissociative responses, depression, and or hyper-vigilance or hyper-arousal. Children who grow up in neighborhoods with poverty and violence are at increased risk for exhibiting behavioral problems, for having depression, for having problematic relationships with peers, as well as school truancy (Lynch, 2006). In 2000, The Board on Children, Youth, and Families of the National Research Council established the Committee on Integrating the Science of Early Childhood Development in order to review the literature on birth to the first day of kindergarten; of particular interest to this committee were the concepts of neurobiology, environment, socioeconomic status, family systems, and early childhood programming. Through their extensive review of research, the committee found that young children were the poorest members of society in the United States. Growing up in poverty significantly increased the likelihood that a child would be exposed to environments that would add a burden to the child's development. The team asserted that poverty during early childhood may be more detrimental than poverty experienced in later childhood, especially regarding potential academic attainment (Shonkoff & Phillips, 2000). Finally, it was identified that young children who are ethnic/racial minorities are at a much greater risk of experiencing the combination of being financially impoverished within their family system in addition to

living in an impoverished neighborhood (McAllister et al., 2009; Shonkoff & Phillips, 2000). High parental stress is a significant concern for low-income families and parent-child early intervention programs can be sources of support for these parents to cope with the high stress they face (Bornstein, 2002; Love et al., 2005; Meisels & Shonkoff, 2000; Shonkoff & Phillips, 2000).

Poverty, Protective Factors, and Resiliency in Early Childhood

Yamaguchi, Strawser, and Higgins, (1997) found that single parent, female headed families account for 90% of all families who face housing insecurity. However, while there may be increased stress faced by this population, there also have been significant protective factors identified to be utilized and bolstered. It is important to note that single-mothers who face housing insecurity and poverty have been shown to be less likely to have mental illnesses, less likely to participate in criminal activity, and less likely to abuse substances or alcohol when compared with single men who are without permanent housing (Yamaguchi, Strawser, & Higgins, 1997). This positive finding demonstrates that this group of financially disadvantaged parents possesses tools to enable them to meet their children's needs, especially when given support. The literature demonstrates that families who face poverty may view those outside of their family or community network as individuals who have the power to dismantle their family system if given the opportunity. Due to this potential feeling of vulnerability, it is critical that all interventions be driven by professionals who show these families that they are consistent, reliable helpers who genuinely have an interest in their family and who are able to

articulate empathy for the family in addition to recognizing their strengths (Fraenkel, 2006).

It was noted that a risk factor for low-income families is when they lose connection with family, friends, neighbors, and networks due to moving. However, while housing instability is a major factor for many low-income families with young children and presents a challenge to maintaining a network, many families diligently work to find supportive connections, which is a protective factor. The resourcefulness of low-income families of young children is another protective factor at work in this population. After working on the Chicago Survey of Poverty and Material Hardship, Kathryn Edin professor of public policy and management at the Malcolm Wiener Center for Social Policy at Harvard University conducted further research with over 300 low-income single-mother Chicago families and found that while almost half of these women (whose incomes were below the national poverty line) expressed that their expenditures on medical needs, housing, and food was greater than their income these mothers found ways to sustain their families. Mothers interviewed expressed keeping meticulous records of their spending, networking with other mothers and neighbors for money-saving tips, getting formal and informal work, receiving assistance from absent fathers or relatives, and experiencing moments when they needed to prioritize and make trade-offs regarding what the family truly needed at the time. It was evidenced that making ends meet was difficult for these women. However, these families stressed that they have found ways to be resourceful and persevere to remain together as a family (Edin & Lein, 1997). The efforts mothers went to in order to ensure their family stayed together

demonstrates significant resiliency. Families' strengths should be identified with parents and further utilized in intervention.

Protective Factors When Parents are Given Emotional Support

In a study on Early Head Start, parents identified that in addition to their children having a need for social and emotional support, that they themselves also had this need because they felt overstretched and that they were better able to handle stress when they had support. While family, friends, and neighbors were identified as being good sources of support, it was expressed by parents that this need could be met through supportive home visitors as well. Researchers expressed that by supporting the family in this way that it would lead to more effective early intervention work with the young child (McAllister et al., 2005). These types of multi-generational activities are a hallmark of Early Head Start programs. Early Head Start programs are not solely focused on early childhood intervention, but they also are focused on supporting the caregivers (Bornstein, 2002; Love et al., 2005; Meisels & Shonkoff, 2000; Shonkoff & Phillips, 2000).

Due to this fact, Early Head Start programs place an emphasis on parents partnering in interventions with their children as well as providing interventions that bolster parents' ability to handle stress. When highly stressed parents have their emotional needs attended to, it has been identified that greater collaboration and engagement occurs in interventions with their young children (Brotherson et al., 2010). This supportive engagement often helps highly stressed parents to put additional energy into being attentive to and in tune with their young children's changing needs. A parent's ability to identify the mental states and needs of their young child has been shown to be

linked with healthy emotional development in young children (Brophy-Herb et al., 2009). A secure attachment relationship between the parent and child is a significant factor that enhances the likelihood of children being resilient even when faced with high risk factors (Garbarino, 1992).

In order to support vulnerable caregivers and children, it is necessary for intervention efforts to identify with parents the barriers that may interfere with meeting the needs of the young child and then to engage in actions to relieve some of the stress of that barrier so the parent is utilized as the primary interventionist for fostering the regulation and development of their young child. Early childhood programs, such as Head Start and Early Head Start are able to meet these mental health needs of vulnerable, low-income children and families with a focus on family-agency partnership in providing developmentally appropriate interventions to facilitate school readiness (Bulotsky-Shearer, Fantuzzo, & McDermott, 2010).

In a large qualitative study involving 150 parents participating in Early Head Start with their young children, McAllister, Wilson, Green and Baldwin (2005) interviewed low-income, predominantly African American families regarding their children's preparation for school-entry after participating in Early Head Start. These parents identified that participation in Early Head Start would support their children to be resilient in the future, even in difficult environments. They shared that the work they did in Early Head Start to build cognitive and academic skills in their children was important, but that social and emotional skill development was equally important. Parents asserted that their children were better prepared for school after participating in Early Head Start

and that the strong social and emotional skill building focused on in Early Head Start was critical for their children to survive challenging and at times threatening, school environments. Parents did express concern if preschool and kindergarten teachers would be ready to support their children's individual needs and respect their cultural background; parents identified feeling worried that teachers may not celebrate the strengths of their children. However, they asserted that working with Early Head Start helped them to find others to celebrate their children's strengths with and that this was helpful (pp. 619-622).

Early Head Start's guiding philosophy takes into account what Lynch (2006) identified as being three significant protective factors to promote resilience in children who experience significant environmental adversity in their daily lives: parental support, school support, and peer support. Parents who understand their children's needs and strengths have a better opportunity to navigate obtaining school and peer support for their child when they enter school. It has also been documented that (1) An empathic adult in the family or community or (2) at least one parent serving as an identification figure for the child to look to for support helps foster resiliency (Lynch, 2006). Early Head Start works to promote the parent to serve as an identification figure to their child and to praise parental responsiveness to their child. This promotes the development of the child's self-esteem and reduces the negative impact of stress (Landy & Menna, 2006). Above all other areas, the parent-child relationship has been identified as being the most vital to bolstering resiliency against risk factors (Bronfenbrenner & Morris, 1998).

Protective Factors and Culture

While there is significant research regarding resiliency and risk, there has been less focus on the interaction of culture. Parental sensitivity, parental instruction of norms and behaviors, and the child's attachment to the parent are often viewed as primary protective factors across cultures; however, this framework often depicts impoverished and ethnic/racial minority parent-child dyads as deficient instead of recognizing strengths within these families that exist beyond what dominant culture emphasizes (Bernstein, 2005). Greenfield (1994) suggests that a focus should be placed on the family's culture of origin adaptive behavior instead of a sole focus on maladaptive behavior from the lens of dominant culture regarding ethnic/racial minority families (pp. 11-14).

However, while it is helpful to be knowledgeable about distinctions between patterns of cultural groups, it may lead to overgeneralization of an entire group if researchers fail to account for the range of experiences and differences of group members (Joe, 1994). Increased attention should be given to engaging in research and intervention that does not reinforce negative stereotypes as a result of cultural bias (Bernstein, 2005).

The Benefits of Partnering with Parents in Early Head Start Intervention

Early Head Start utilizes strategies to facilitate healthy parent-child interaction, which includes highlighting the developmental goals of activities, verbally identifying the infant or young child's response to parents to promote attachment and increase parental awareness of the infant's cues, encouraging parents to respond to their children, and asking parents to identify their children's interests, desires, needs, and developing abilities (Roggman, Boyce, & Cook, 2009; Roggman, Boyce & Innocenti, 2008). These

strategies help to enhance home environments to be stimulating, stable, and caring, which has been shown to be effective in improving outcomes by providing intervention as a two-generation program altering the behaviors of young children as well as their parents (Bornstein, 2002; Love et al., 2005; Meisels & Shonkoff, 2000; Shonkoff & Phillips, 2000).

Interventions provided are intended to be flexible, transportable, and rewarding for parents and children, centering on principles of learning through play. Filial therapy and interventions based on play aim to improve the connection between the parent and the child, which increases the opportunity for a secure attachment as well as enhances parental confidence and child development. This approach identifies that if parents are given the time to play with their children and experience less anxiety in play with their children, they will decrease their stress levels (Kolos, Green, & Crenshaw, 2009).

There are significant opportunities that exist regarding intervention in the home setting. The home environment and parental support for language and literacy have been shown to be vital to vocabulary development in low-income children, which supports children's future success in school. In a seminal study of language development related to socioeconomic status, Hart and Riley found that young children from high socioeconomic (SES) families and middle-SES families were exposed to thousands more conversations than low-SES children. Increasing exposure to language is an important intervention to facilitate in families who are low-income (Hart & Risley, 1995). Raikes and her colleagues (2006) found that in an Early Head Start sample increased shared reading between mothers and children at age 1 led to increases in vocabulary

development scores at age two and three, better preparing children for the cognitive and social demands of school (Raikes et al., 2006).

In home-based Early Head Start programs, parents and their infants or young children are paired with a home visitor to partner with the parent on early intervention activities within the home. Home visitors begin work with parents through obtaining parent insights on their children's medical history, the developmental milestones achieved, what the parent enjoys most about the child, and if there are concerns the parent has about the child. Assessments and screenings are conducted with parents present; assessment results are shared openly so that intervention plans can be discussed and mutually determined by home visitors and parents. Interventions are individually tailored, co-implemented by the parent and home visitor in 90-minute sessions weekly, and progress monitored to meet the needs of the child, addressing areas such as cognitive, language, social-emotional, and physical development. Center based Early Head Start programs work to provide these same results; however, instead of advancing these goals in the families' homes, it is done primarily in the Early Head Start center.

When programs utilize the home as well as center-based activities this is associated with a wide range of positive outcomes for young children and families (Wasik, Ramey, Bryant, & Sparling, 1990). This facilitates the home setting becoming a crucial learning environment in addition to providing experiences for young children to become familiar with learning outside of the home as well to prepare for the transition to school. These center-based interventions provide for inclusive socialization as well as learning with a larger group of young children and parents. Learning within the home as

well as in the Early Head Start center is all conducted through collaborative goal setting and decision making. In this model, parents and professionals have responsibility and expertise to direct intervention together (Christenson & Sheridan, 2001; Sheridan & Kratochwill, 2008).

This partnership in intervention promotes social-emotional development in addition to cognitive and language development. Early Head Start promotes school readiness through parent-child attachment work, socialization with other families, children, and community members, as well as a focus on supporting emotional-physical regulation. Early Head Start family-centered interventions also have demonstrated that participating young children have increased cognitive development in contrast to same age peers who do not participate in Early Head Start, but who meet the financial requirements to be eligible (Roggman, Boyce, & Cook, 2009).

Early Head Start has a goal of utilizing parents as partners in bolstering their children's development to improve school readiness. The relationships young children experience with their parents provides a foundation for later relationships with teachers in a school setting (Bornstein & Tamis-LeMonda, 1989; de Ruiter & van IJzendoorn, 1993; Raver & Knitzer, 2002; Shonkoff & Phillips, 2000; Thompson, 2002). Parent engagement for this populations has been linked with school readiness and academic achievement (Foster, Lambert, Abbott-Shim, McCarty, & Franze, 2005; Hill, 2001; McWayne et al., 2004; Weigel, Martin, & Bennett, 2006), prosocial behaviors, (McWayne et al., 2004), and positive attitudes regarding learning (Turner & Burke, 2003). Since the relationship between the parent and child is so vital to future

relationships, it is vital to support that relationship within any intervention. Early Head Start attempts to advance these concepts through utilizing parents to expand learning opportunities to infants and toddlers as early as possible within the home setting in addition to utilizing center-based activities.

The Relationship Between the Home Visitor and the Parent

In order for home visitors to partner with parents of young Early Head Start children, it is important for them to understand the beliefs that parents have about their children. Brophy-Herb et al. (2009) conducted a curriculum development project where they found that effective home visitors were those who took on multiple roles as parenting coaches, therapists, and child-development specialists (Brophy-Herb et al., 2009). For this co-partnership relationship between the parent and Early Head Start home visitor to be effective, it must go beyond the home visitor offering support to the parent as well as to the child. This relationship requires the home visitor to respectfully strive to match the needs, desires, beliefs, and values of the family in all intervention work.

The relationship and match between the parent and the Early Head Start home visitor is a key component to successful intervention. With a strong relationship between a home visitor and a parent, Brophy-Herb et al. (2009) found greater intervention engagement of Early Head Start staff and families. Early Head Start home visitors have a role of carrying out these interventions within the home setting to increase parents' self-efficacy and their abilities to support their young children's physical, cognitive, and emotional development. Rapport building is critical before beginning to partner on any

home intervention. Through establishing a healthy rapport, the home visitor is able to reflect verbally about the work they do together with the parent during home visits and model this reflection process for parents. It is vital to have an open and trusting relationship for parents to share positive as well as challenging past experiences that may influence their parenting; this supports parents to reflectively use those insights in intervention work to bolster the parent-child bond and their child's development (Brophy-Herb et al., 2009). Reflection is a concept that is important to home visiting within Early Head Start due to parents' own life experiences influencing the way they approach socializing their children regarding emotional experiences and their development (Baker & Crnic, 2005). Reflection from parents helps foster an increased awareness for parents regarding how they process their own emotions and thoughts about parenting in order to facilitate healthier emotion socialization with their young children (Brophy-Herb et al., 2009). Home visitors become better equipped at facilitating these types of verbal reflections during their work with families when their supervisors regularly engage in a collaborative, verbal reflective process with home visitors regarding their work (Gilkerson, 2004). However, more research is needed to better understand the process of what it takes from the parent's perspective and what it takes from the home visitor's perspective to achieve an effective match between a parent and a home visitor.

It has been identified that two-generation programs that strive to support both parents and their young children, are vital to promoting improved parenting practices and increased functioning in young children. However, there are factors that must be identified to facilitating these two-generation programs, like Early Head Start, to

effectively meet that challenge to support both parents and their young children. Home visiting requires staff members to be positive, responsive, and sensitive to the specific needs of each family they serve as they give care to the connection they work to establish with parents and young children (Brotherson, Summers, Bruns, & Sharp, 2008). Staff members report greater stress when serving families and young children who have multiple needs (Lane, 2005). In a study on home visitor satisfaction Gill, Greenberg, Moon, and Margraf (2007) found of the 41 staff members of Early Head Start programs in a small urban area in the northeast, eight held administrative positions and the rest were involved in direct service/home visitation/center based service. Eighty percent of staff had a baccalaureate or postgraduate degree, 9% had an associate's degree, and four had a high school diploma with some training certification. The average length of stay for home visitors was about two years with an average staff salary of \$11.82; salaries of home visitors were significantly lower than the administrator salaries (an average pay of \$14.52 for administrators and \$11.16 for staff). Gill et al. found a significant correlation between families length of participation in a program and the number of home visitors they have been assigned. Staff members need support in order to carry out the evidenced based interventions that provide increased opportunities for resiliency for at risk, young children and their families. In another qualitative study of seven Early Head Start home visitors, Jones-Harden, Denmark, and Saul (2010) found that home visitors identified that it was often difficult to meet the mental health needs of children and families, maintain professional boundaries, and facilitate healthy parent-child interaction. Home visitors reported that they had excessive work responsibilities without enough structured

emotional support to effectively meet the demands of their jobs (Jones-Harden, Denmark, Saul, 2010). Without effective support, programs serving vulnerable populations are at risk for losing staff members, due to burnout and exhaustion (Ghorpade, Larckritz, & Singh, 2007), which creates additional stresses to the program, staff, families, and children.

In 2006, Brookes et al. published their five-year, two-site qualitative study with Early Head Start parents and home visitors trying to identify reasons behind success or lack of success in the parent-home visitor relationship. At site one, nine mothers were involved in numerous focus groups and interviews throughout the study and at site two, 12 home visitors, three supervisors, and 25 parents were interviewed numerous times throughout the study. For families, the factors that were most significant included the presence of mild to serious stressors and the presence of social support from relatives and romantic partners. For home visitors the match in terms of personality and efforts to build program loyalty were identified as being significant. Again it was noted that that the perceived bond between the home visitor and the parent was significantly impacted to staff/family engagement in interventions.

In their qualitative phenomenological study focused on early intervention (EI) services with families and young children, Brotherson et al. (2010) conducted interviews with interventionists and family members attempting to understand the emotional needs of these groups and if they were being met by the program. Three Midwestern early intervention agencies partnered in this study to better understand the emotional support given to families of young children with disabilities being served through early

intervention. Administrators, early interventionists, and families participated in focus groups to understand the phenomenon. Observation of 16 early interventionist-parent dyads was conducted to assess partnership patterns in working with the child being served through early intervention.

The findings included that the emotional needs of both families and professionals included the need to have hope for the child involved in the intervention, that both groups felt a sense of urgency from the other group regarding intervention implementation, and that both groups needed acknowledgement of feeling discomfort, stress, and being overwhelmed. Parents identified that when home visitors made them feel as though their children mattered to the home visitors, that it made them feel like the home visitors were their lifeline, bringing hope that their children could improve through the use of concrete strategies. Home visitors who worked with parents who did not miss intervention activities felt better about their work.

However, for home visitors who had parents miss intervention activities regularly, these staff members felt stressed that they missed time with the child. They asserted that they have large distances to travel with large case loads and missed appointments are significant sources of frustration. For some parents though, the emotional and financial impact of having a young child with a disability caused difficulty for them to make appointments. Parents stated that some of the emotional strain that existed causing challenges to making appointments included drug abuse, custody struggles, and transportation issues. Often parents wished they could make the appointments because for many, the intervention activities were the only time they had contact with another

adult and when these appointments were missed they felt greater loneliness and isolation. Home visitors stressed that families with complex needs often cause them discomfort in their work, particularly if parents' needs were greater than what they were trained to provide. Some home visitors felt discomfort when the home they visited was significantly different from their own home and culture. The four partnership patterns that were identified from this study included: (a) both the family and the practitioner have their needs addressed, (b) the family's needs are addressed, but the practitioner's needs are not, (c) the practitioner's needs are addressed, but the family's needs are not, and (d) neither the family nor the practitioner's needs are addressed.

The authors found that the effectiveness of the intervention partnership between family member and staff member was dependent upon the match of the emotional needs of both the family member and the staff member. The study found that when the emotional needs of the family member and staff member were a match, that interventions were more effective. However, when the staff member's emotional needs and skills were not compatible with the family member's needs, then the staff member was noted to be less available to engage in an effective partnership to address the child or family's needs. This work demonstrated the need for program leaders to continually assess goodness of fit between staff members and family members partnering in early childhood interventions. It also demonstrated the importance of program leaders to provide training and supervision to early childhood interventionists to problem solve as well as process the successes and challenges of the job. This is necessary to ensure staff emotional needs

are not jeopardizing intervention work as well as to support them to build rapport with the families they serve (36-41).

Supervision to Support the Relationship between Home Visitors and Parents

Home visitors have large demands placed on them to meet the needs of families. In the process of supporting families, they may experience situations that trigger conflicts due to their own culture or belief system being different from the clients they serve. Aponte and Carlsen (2009) assert that only through familiarity, comfort, and control of one's signature personal themes will supervisees be able to identify with and differentiate from those they serve in order to conduct effective intervention work. As supervisees reflect on themselves in the moment, they and their supervisors are able to assess their strengths and weaknesses with each family they serve in order to better meet the individual needs of their clients. Due to time and cost efficiency, many Early Head Start programs utilize group supervision. There is limited research in the area of supervision, particularly within Early Head Start; however, existing research on supervision in other areas within the helping profession field is helpful in clarifying positive practices. Bogo, Globerman and Sussman's (2007) research on group supervision in social services agencies with social work graduate students demonstrated that the competence of the supervisor to manage group supervision was the crucial piece of supervisee's perception of whether supervision was successful or not. This exploratory qualitative study interviewed 18 MSW students who received group supervision under five field instructors as the primary method of field instruction. The 18 graduate students represented seven different field instruction groups (five hospitals, one community

agency, and one school placement). The field instructors all were experienced social workers ranging in 6-20 years of practice. The supervisors' experience providing group supervision ranged from 2-10 years.

Supervisees asserted that group supervision needs to be an educational experience with competent, available, and supportive supervisors. Supervisees also stressed that supervision that focused simply on the exchange of information/planning was largely seen as less meaningful. Group supervision was seen as effective when students were able to be vulnerable and expose themselves to scrutiny in the safe space of the group; supervisees said this provided a strong learning environment. However, these graduate students in social work said that this requires a supervisor who can lead a group to be a safe space to learn and share. Students also shared that when supervisors would share with certain members of the group and exclude others this was dissatisfying to students being excluded as well as students being included. Students stated that they desired theory to connect to their applied work and that the best supervisors were able to do this in a way where they did not exclude anyone (Bogo, Globerman & Sussman, 2004). Supervisors play a significant role to help supervisees not only work through the information they receive from those they serve, but also to mediate the information they receive from themselves internally as they provide intervention services for clients. The supervisor has a responsibility to support the supervisee to understand how to navigate effectively in these moments so it does not disrupt their intervention work (McTighe, 2011).

Many Early Head Start programs utilize group supervision as a means of providing training, monitoring progress, and supporting home visitors; however, there is little literature on Early Head Start supervision or specifically how supervisees feel about the supervision process in supporting them to better work with families. Supervision plays a critical role in ensuring programs retain competent and effective staff members (Collins-Camargo, Sullivan, Washeck, & Sundet, (2009).

Currently, the practice of reflective, relationship-based supervision is gaining momentum in early childhood programs (Gilkerson, 2004). This fits well with the relationship-based approach that is the focus between parents and children (and parents and home visitors) that is a defining characteristic of Early Head Start. Gilkerson describes the importance of providing reflective supervision to professional and paraprofessional staff to support them in withholding judgment, listening, and shifting their perspective so they can support those they are serving without imposing their own values/culture. This practice in an early childhood setting, like Early Head Start would be focused on a reflective relationship for learning that is comprised of the following three aspects: regularity (being there each time and on time being fully available without interruption), collaboration (sharing power rather than the supervisor holding all of the power in order to create a partnership of development), and reflection (mindfulness). It is stated that the presence of these things in setting will create more professional supervisees and supervisors as well as better-run interventions with families (Gilkerson, 2004).

Hyun and Marshall (1996) wrote a seminal article giving a call to action for those working in early childhood not only to acknowledge culture, but to utilize it in providing meaningful service to and with families. The authors assert that the key to nurturing this type of progression in the field is the development of supervision with a focus on culturally appropriate practice. Professional development and supervision for veteran and novice early childhood teachers [or interventionists/home visitors] is needed, with a focus on promoting a reflective atmosphere of training. Supervision must support supervisees to challenge their assumptions and actively strive for culturally appropriate practices to meet the ranging needs of individual families. Issues of diversity need to be discussed in supervision to examine, reflect, and plan for developmentally and culturally appropriate approaches. The authors suggest that a supervision model should provide ongoing focus on self-examination, reflective discussion between supervisor and supervisee, observation for exploring diversity in the learning environment, and planning for developmentally and culturally appropriate practice (Hyun & Marshall, 1996).

Parent and Home Visitor Engagement

Parent-child programs are vital to the development and the potential improved outcomes for young children who have been identified as being at risk. There have been a few studies focused on obtaining qualitative data from parents and home visitors in Early Head Start and early intervention programs in order to understand what works and what does not work. These studies have identified that the relationship between the home visitor and the parent is associated with increased intervention effectiveness. An effective match between parents and home visitors is associated with increased parent

and home visitor intervention engagement. The research identifies, though that a major challenge to this relationship is when the emotional needs of both groups are not being addressed. However, there has been little research conducted in Early Head Start with all stakeholders addressing the question of what the actual developmental beliefs are of both groups, how a match occurs in the context of those beliefs, and finally, if a match does not occur between the home visitor and parent, what steps do both parties take in these instances.

This dissertation study was needed to better understand the different expectations, priorities, needs, goals, beliefs, and experiences of all stakeholders from a particular Early Head Start program. At times there may be a push-pull experience between the expectations and cultures of staff members and that of families; this study sought to uncover information on the parent-home visitor partnered intervention process. Once this information was attained the intent was to use this information to identify what is working well, what could be enhanced and how, and what may not be effective in order to improve overall parent and staff engagement and intervention effectiveness. This study may also be a model for others attempting to utilize action research to implement strategies identified to be useful by stakeholders within the particular community and program they serve.

CHAPTER THREE

METHODS

This study sought to gain an understanding of the experiences and perspectives of Early Head Start program leaders, home visitors, and parents of young children who receive home intervention developmental therapeutic services for their child(ren) through an Early Head Start program. This study's focus was on obtaining the insights of parents, home visitors, and program leaders. Attention was given to the meaning parents, home visitors, and program leaders give to their children's/clients' development, what they believe is needed in order for their children/clients to progress in their development, what they do to support their children's/clients' development, and how it is to partner in Early Head Start home interventions with an individual who may or may not agree with their beliefs in this area.

Qualitative methods of inquiry and analysis were used to investigate this research topic. Qualitative research does not claim to report absolute objective truth. Instead it creates rich descriptions on interpreting phenomena according to the meaning given to these phenomena by the participants in the study. The research question that formed the basis of this dissertation aimed to produce holistic descriptions of the ways in which parents, home visitors, and program leaders perceive, experience, and make meaning of their young children's/clients' development, that which fosters this development, as well as that which presents challenges in this development. The research question and sub

questions were open-ended; inviting descriptions of the interactions of a multitude of variables. A qualitative methodology was therefore well suited for these questions (Denzin & Lincoln, 2003).

Research question: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start? If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?

Transcendental Phenomenology

There are several approaches to conducting meaningful qualitative inquiry. This study was guided by the tradition of phenomenology. Deliberate use of first person language was used in the remainder of this study to embrace the components of phenomenology and acknowledge myself as a part of the research process. My part in the research process is important to acknowledge in order to respectfully uncover the participants' experience versus my own experience. There are different forms of phenomenology, all of which share principles taken from the philosophical work of Edmund Husserl and the sociological work of Alfred Schutz. Transcendental phenomenology seeks to describe the meaning of several individuals' experiences related to one particular phenomenon or concept; this form of phenomenological research is focused less on the interpretations of the researcher and more on the experiences of the participants and the essence of how they experienced the phenomenon. Since the primary focus of this research was the participants experience in the study, I needed to first identify my own biases I bring into the phenomenon being studied in order to decrease

the risk of forming an understanding of participants based on my own personal experience (Creswell, 2007).

I engaged in this process formally before any research was conducted with participants. This was done through the use of epoche, or bracketing. Through bracketing, I worked to suspend my own biases in order to understand the perspectives of the study participants. I bracketed my biases by making them overt and continually examining how my own stock of knowledge might be interfering with arriving at a genuine understanding of the participants (Creswell, 2007). While my subjectivity could not ever be completely eliminated, the process of bracketing enabled me to examine cognitively what was new knowledge gleaned from participants and what knowledge I previously held. I needed to convey the interpretive descriptions that often are nonverbal in nature in order to capture a more holistic picture of the experiences of participants with the phenomenon (van Manen, 1990). The best descriptions were noted to be those that felt accurate to those who had experienced the phenomenon; however, it must be noted that this feeling of accuracy was neither absolute nor complete due to the impossibility to fully capture the essence of the experiences of others.

Setting

I sought a setting that met the following criteria: the Early Head Start program finds value and use for the research, the program has been in operation for more than one year, and that the program believes in the value of providing supervision to support the goal of effectively partnering home visitors with parents of young children in order to

facilitate effective interventions regarding development, attachment, and school readiness.

I was an advanced practicum student for two years at an intensive outpatient program for 3-5 year old children and had the opportunity to support the Early Head Start program housed within the same agency for several months; I assisted in group intervention socializations with families and their children taking place at the agency, observations, staff meetings, as well as supporting the program with their self-assessment. Through these experiences, I believed that this Early Head Start program would be an ideal site for this study. The program has good attendance in terms of families not cancelling home visits or not opening the door to let home visitors in to work with the family, they have highly educated bachelor level home visitors (with diverse training in Psychology, Social Work, Spanish, Elementary and Special Education, as well as Child and Family Services), the Early Head Start program has been in operation for over a year, the program leaders are motivated and interested in better understanding the needs of staff and parents in order to improve their effectiveness, and they utilize a model of reflective group and individual supervision provided by program leaders to support Early Head Start visitors.

I approached the director, my supervisor at the time, and manager of the program and discussed the possibility of doing this project. There were hours of informal discussions between myself and program leaders regarding what would benefit this Early Head Start program. The process was a very open dialogue providing potential research questions and protocol questions to the program director in order to hone in on what

would provide the most valuable data for this program to utilize. A concern for the program director was worrying that stakeholders would want changes that could only come about through significant increases in funding. She wanted interviews to focus on aspects of Early Head Start programming where there is the greatest opportunity for actual change to occur. An important conversation led the program director and me to want the study to focus on the relationships between home visitors and parents in order to understand how to increase attendance and participation even more. The program director was relatively satisfied with attendance compared to what other Early Head Start programs have for home visitors being able to conduct their weekly interventions; however, she said it definitely could improve and she would like it to improve. Through discussing studying the relationship between home visitors and parents, I asked if the program leader would be comfortable with me collecting data from home visitors and program leaders about the relationship between staff and program leaders as well (since the literature suggests that supervision supports staff to be able to match and connect with parents in intervention work). The program director was comfortable with this addition being analyzed.

The program director then asked me to submit a brief research proposal to discuss with the agency director. After reviewing the written proposal the agency director and the director of the Early Head Start program approved the research, stating that it would provide them with necessary information to improve their program. The site was an ideal location for this research because it was unique in that supervision to home visitors is a significant piece of their program framework and the leaders view the research in a

mutually beneficial way; the leaders truly believe their program can be enhanced through hearing from all stakeholders. Supervision at this site is based on a reflective supervision model; a model that is being advocated by early interventionists, early childhood programs, and the infant mental health research community (Gilkerson, 2004). This site also utilizes a strength based approach to assessment, intervention planning, intervention implementation, intervention evaluation, and supervision. The program is driven by analyzing relationships through the lens of “what is working” in order to use those aspects to build greater skills in children and families. This site is provided with extensive professional development to support staff to reflect on understanding the differences between what is disagreeable and what is unacceptable, particularly with a focus on culturally responsive and appropriate practice. These practices align with Hyun and Marshall’s work that diversity be discussed in supervision to support staff to meet the ranging needs of families (Hyun & Marshall, 1996).

As such, the setting of this research was an Early Head Start program serving infants and toddlers 0-3 years of age and their families. This Early Head Start program provides primarily home based services for impoverished families and young children through home visitors going to the home of the parent and child to partner in therapeutic intervention. This site also provides opportunities for multiple families, children, and home visitors to engage in interventions as a larger group as well through formal Early Head Start group socializations, which are group interventions offered twice a month. Socializations are optional and are not required. During socializations parents and their children are provided with transportation to and from the site and participate in parent

education, large group family and child developmental enrichment programming, and a meal as a large group.

Home based interventions utilized by this site are flexible, transportable, and rewarding for parents and children, centering on principals of learning through play. Parents and their infants or young children are paired with a home visitor to partner with the parent on early intervention activities within the home. Home visitors strive to provide comprehensive services to support and strengthen the relationships between infants, toddlers, and their parents. This Early Head Start program specifically targets the homeless or recently housed population. Home visitors conduct weekly 90-minute home visits co-partnering with parents in developmentally appropriate interventions for their young children based on assessment results and consultation with parents. These activities target the rapid cognitive, social, emotional, and physical development that occurs during this critical period in development. Home visitors also assess and intervene to meet the families' needs, connecting them with medical, nutrition, mental health, and/or disability services as needed. Families are also encouraged to participate in the group socializations that bring together Early Head Start parents and children within the program. Socializations provide the opportunities for parents and children to practice what they learn in their homes within the larger group setting. During socializations, parents are able to share positive as well as negative feelings about parenting and partnering in interventions to support their child's growth. Children also have the opportunity during socializations to engage with other infants and toddlers in structured and unstructured learning interventions and activities.

The Early Head Start program is housed within a large community mental health agency that has been in operation since the late 1960s. The organization has a K-12 therapeutic day school for children with emotional and behavioral disorders. It has an intensive outpatient day program for young children 3-5 as well as an after school intensive outpatient program for school-age children. The agency is involved in a multi-agency partnership where they strive to provide comprehensive wrap services for young mothers and their children by engaging them in family assertive community treatment to break the cycle of intergenerational homelessness among young mothers and their children. The agency also has a large shelter outreach service program where homeless families (regardless of age) are supported through wrap programming. The program is needs-driven, individualized, and culturally appropriate in terms of interventions selected. The program has psychiatric and psychological staff within the agency to support all programs. The agency's overall mission is to address the needs of homeless children and their families. They seek to empower children and families by helping them find their way to a better future by providing innovative educational, mental health, and social services to the most fragile children and their families.

Participants

Phenomenology requires that participants all need to have experience with the same phenomenon being studied and that they have the ability to describe their conscious experiences of that phenomenon (Creswell, 2007). This study used a purposeful criterion sample. Participants were all involved in supporting and providing therapeutic

interventions to young children through an Early Head Start program (either as a parent, a home visitor, or a program leader).

There were 27 infants and young children participating in this Early Head Start program at the time this study began. Of those children, 66% were African American and 33% were Hispanic. Of the 27 Early Head Start children, nine infants and young children (members of three families) were served through the bilingual Early Head Start home visitor because their families preferred interventions in Spanish since that was their dominant language. Parents in Early Head Start ranged from having some high school education to those working on a GED or holding a GED, to those having a high school diploma, and several parents involved in college coursework.

This investigation utilized semi-structured individual interviews that ranged from 20 minutes in length to an hour and 15 minutes. There were a total number of 14 interviews conducted. Nine of the interviews were over 45 minutes in length, while three ranged from 20-45 minutes. Nine interviews were conducted with parents, three interviews conducted with home visitors, and two interviews with program leaders. Of the parents interviewed, eight parents were mothers and one parent was a father. Of the parents interviewed, two mothers were Latina and preferred conducting the interview in English, one parent was father who was African American, and six mothers were African American. Of the parents interviewed, six parents allowed me to observe a home visit. Of the parents interviewed, ages ranged from 19 years of age to a mother in her mid-thirties. The parent interviews conducted spanned all three home visitors employed in the program; each home visitor had at least two parents from their caseload interviewed. All

parents were identified as being homeless or previously homeless and low-income or impoverished. Parents were not asked directly about their employment or education, but three parents expressed wanting to obtain their GED, one parent expressed wanting to attend college, and one parent expressed that she is currently involved in a job training program. Participation in the program ranged from six months to nearly three years.

Both program leaders agreed to participate in interviews. Both are master's level therapists, Caucasian women in their thirties who have worked for the agency for several years. All home visitors have a bachelor's degree. Two home visitors are Caucasian women in their twenties who have worked for the agency for several years and one home visitor is African American and in her thirties who has worked for the agency for about a year.

Procedure

The procedure was based on answering the two-part research question: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start? If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?

The program manager, the program director, and the three home visitors were recruited via email using the recruitment flier (see Appendix A). Early Head Start home visitors and program leaders responded to me through email to demonstrate interest in participation as well as to schedule a time for the interview within a private area of the Early Head Start office.

Parents were informed of the study through a written recruitment flier (see Appendix A) that was handed to them during their regularly scheduled Early Head Start home visits as well as the twice per month optional program socializations that I attended. The recruitment flier was continued to be handed out until I had five parent volunteers since phenomenological research recommends that researchers interview 5-25 individuals who have experienced the phenomenon (Polkinghorne, 1989); four additional parent volunteers agreed to participate after the flier was no longer handed out. I visited three Early Head Start program socializations and read the recruitment script and interview sign-up sheet to seek out parent volunteers as well. The recruitment flier addressed that involvement in Early Head Start services would not be impacted regardless of if the individual chooses to participate or not in this study. I also reiterated this when recruiting program leaders, staff, and parents during the time I attended Early Head Start socializations.

Potential parent participants demonstrated willingness to participate through calling me (based on the instructions on the recruitment flier) to set up an appointment time for the interview or telling me in person that they were interested. These interviews were conducted in parent homes and in a private office at the Early Head Start program. Before each interview began, I read the consent for participation forms (see Appendix B) aloud, detailing the purpose of the study, requirements for participation, as well as the steps I have taken to protect participants' confidentiality. Recruitment and interviews were continued until data saturation was reached, that is, until new participants reiterated

meanings and themes generated by previous interviews rather than any unique contributions.

I informed the interviewees not to mention the name of the agency the Early Head Start program is housed within, or the names of parents or children in order to protect the confidentiality of the interviewee and others involved in the program. The interviews were audio recorded and transcribed. The interviewee was given the option to consent to the interview, but decline the audio recording. If the interviewee declined to consent to audio recording, detailed notes were taken. (Please see Appendix B for the consent form.) As a participant entered the room for the interview, they were handed a consent form. I reviewed the consent form with the participant and asked him/her to sign if he/she consented to participate and sign if he/she consented to audio recording.

While I am not fluent in Spanish, Spanish speaking families were recruited for participation in this study. All protocols, confidentiality forms, and recruitment fliers were translated into Spanish by a bilingual professional. While no Spanish speaking parents volunteered, if any Spanish speaking parents had volunteered to participate, a fellow graduate student experienced in interviewing who is bilingual would have been at any interviews with Spanish speaking parents in order to translate. All interviews would have been transcribed from Spanish into English by a bilingual professional in order for me to analyze the data. The English codes, clusters of meaning, and themes would have been translated into Spanish in order to have Spanish speaking parents participate in the accuracy check in the follow up meeting if they agree to be involved. The accuracy check meeting would have had the same bilingual fellow graduate student present who

supported translation during the original phase 1 interviews in order to translate during this phase 2 of the process. All information gleaned in Spanish would have been translated into English in order for me to assess if updates were needed to the codebook, clusters of meaning, and themes or if the parents felt their experiences were well represented.

Instrument

The instrument was a three set interview protocol with a separate protocol for program leaders, home visitors, and parents (see Appendix C). The interview protocols were designed to match and be based on the two-part research question. Part one of the research question and interview protocol focused on identifying if there are different development beliefs and practices held by Early Head Start home visitors and parents. Part two of the research question and interview protocol focuses on if there is a difference, how are these differences mediated in order to achieve effective partnerships in implementing interventions for infants and young children in Early Head Start. All interviews used a semi-structured interview protocol and were audio-taped if individuals consented to being audio-taped. In order to arrive at rich and holistic descriptions, the questions in this study were: (a) open-ended and non-directional; (b) specific enough to capture an experience and broad enough to invite descriptions of the interaction of a multitude of variables; and (c) broad enough so that participants did not reduce rich descriptions and limit answers to the researcher's own structure of knowledge (Creswell 2007). However, the questions alone were not enough to support participants to feel comfortable providing their experience in interviews; the use of sound clinical

interviewing skills were necessary in order to create an atmosphere demonstrating unconditional positive regard, interest, and respect. As the researcher in this study, my non-verbal skills in addition to my ability to be flexible, attending to the interests of participants were key parts of facilitating thorough interviews. At the end of each protocol was a question asking about the best way to reach the participant for member checks in addition to if the participant was comfortable with me observing a home visit. Six parents agreed to allow me to observe during an EHS home visit.

Analysis

An inductive process was utilized in data analysis where there were no predetermined themes prior to interviews. All audio-tape recordings were transcribed verbatim. After verbatim interview transcripts were created from the interview recordings, I analyzed the data through horizontalization, laying all of the data out and reducing the information to highlight significant statements about partnering in therapeutic interventions (Moustakas, 1994). Transcripts were read, reread, and then coded based on significant statements related to each participant's experience with the phenomenon to ensure immersion in the phenomenon as experienced by participants. There were three codebooks; one for parents, one home visitors and one for program leaders (Creswell, 2007).

Each of the three codebooks was broken into two components; the first component was based on questions tailored to address the first part of the research question, "Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?" The second

component was based on questions tailored to address the second part of the research question, “If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?” The data from these three groups helped me identify (1) parent beliefs, home visitor beliefs, and program leader beliefs regarding intervening in early childhood development in addition to (2) understanding the experience of participants from all three groups in the process of partnering in therapeutic intervention to support young children’s progress in achieving developmental target goals determined by these stakeholders.

From those significant statements that were coded on (1) participant beliefs on early childhood development and on (2) their experience of the phenomenon of partnering in therapeutic intervention, I developed clusters of meaning to distinguish the emerging themes in each of the two areas. A textural description was created based on those themes from participant interviews. I then wrote the composite description presenting the essential, invariant structure on the phenomenon as experienced by participants (focusing on the common experiences of participants). This composite description was presented to participants who could be reached from each of the three groups (parents, home visitors, and program leaders) during short follow up individual meetings in order to check for accuracy regarding the themes that emerged from each of the three distinct groups of interviews.

After these data were analyzed it was presented to all staff members via phone and all staff members verified that they agreed with the analysis. I attempted to contact all nine parents to conduct member checks regarding the accuracy of the data analysis.

Five parents were able to be reached. All parents wanted to discuss the information quickly. No one disconfirmed any of the data analysis. They all shared that they were really happy and liked their home visitors a lot. One woman said she would stop participating in the program if her home visitor was switched or left jobs. She said that her home visitor is the best. This sentiment was consistent throughout all of the parents contacted, that they were speaking about their home visitor and the work they do with their home visitor and not just the program in general. One woman said, "I do not know if all this is right for other parents with the other home visitors, but I know it is how I feel about how she [home visitor] works with me." Both program leaders and all three home visitors were contacted via phone and verified that they agreed with the analysis as well.

I read the follow up interview script in order to direct the focus of participants to confirm or disconfirm that their opinions were well represented. Original transcripts and raw data were not shared with participants; however, each individual interview participant was presented with the overall respective codebook created from the individual interviews for the respective group they are a member of (parent participants were presented with the parent codebook, home visitor participants were presented with the home visitor codebook, and program leaders were presented with the program leader codebook). Participants were presented with the clusters of meaning that were derived based on the significant statements that were coded, the emerged themes, and a textural description (Creswell, 2007; Ely, Anzul, Friedman, Garner, & Steinmetz, 1991; Moustakas, 1994).

A questionnaire (see Appendix D) was filled out with participants during the time of the follow up individual meetings to check for accuracy. Participants indicated that their experience was represented. This method of conducting member checks in phenomenological research was utilized in the dissertation by Dr. David Ascher at the University of California at Berkeley regarding the experiences of counseling students and their practicum supervisors and demonstrated that this is a sound method to get closer to the experience of those impacted by the phenomenon (2011). All participants indicated that their experience was represented and I analyzed the data across the three groups to uncover commonalities and differences of responses to part 1 and part 2 of the interview protocol through reviewing the codebooks, clusters of meaning, themes, and textural descriptions. I created a written description of the phenomenon, portraying the perspectives from all three groups of participants in addition to a description of how they relate to one another (Creswell, 2007; Marshall & Rossman, 2006; Moustakas, 1994; Polkinghorne, 1982).

Bracketed Researcher Notions

As was described earlier in Chapter Three, bracketing my own notions was important in order to acknowledge my own bias before, during, and after collecting data in order to understand that relationship to the data obtained. My research aligns with Brofenbrenner's ecological orientation theory, which centers on the belief that individuals make meaning of their experiences through the relationships they have with systems that make up their worlds. I believe that research participants are experts on their experiences, beliefs, insights, values, and practices. My role is to give participants

space to present their unique experiences and to honor those experiences through representing their unique experiences with respect to ensure their insights are not misconstrued.

I am a white, currently middle-socioeconomic-status, female doctoral student. I know that my experience may be different from the experiences of home visitors, program leaders, and parents. I was raised by a physically disabled, single-mother in a lower-socioeconomic-status household with part of my life in an urban setting and part of my life in a rural setting. My childhood experience is colored by moments of feeling vulnerable due to class discrimination in addition to moments of experiencing connection with my family and my community. While I have experienced the unearned privilege of being White, I also have experienced aspects of increased struggle due to financial instability in my childhood. My study's success depended a great deal on establishing trust in the interview process.

I shared my background of being raised in a single-parent, lower-income home, which spurred my research interest in hearing from all stakeholders regarding how programs promote effective partnerships to support young children of lower-income families. Through the recruitment script, I explained to participants that my goal for this study was to provide space for parents, home visitors, and program leaders to give their insights in order to (a) understand the needs, values, and desires of all stakeholders and (b) analyze that data to uncover the commonalities and differences of these three groups (program leaders, home visitors, and parents) in order to provide clarity to the program

on what may work well, what may be something to enhance, or what may be something to change in terms of effectively partnering in therapeutic intervention.

I have participated as a former specialty practicum student supporting the Early Head Start program during several of the program's socialization activities with families, children, and staff. I also have supported the program's self-assessment through conducting informal, non-audio recorded brief interviews where responses from program staff and families were written down. The self-assessment questions focused on the program's curriculum, progress monitoring, individual child outcomes, overall outcomes for all young children in the program, and parental involvement. Staff members and I found the program to have a research based curriculum, as well as tailored individual interventions implemented by home visitors and parents with Early Head Start children. It was identified that the program was producing positive gains for children in all areas of their development, especially in the area of social/emotional development.

I have had positive experiences with children, parents, home visitors, and program leaders at this site. However, I have not been involved in partnering in home visitor and parent led therapeutic interventions with young children. I believe that the parents, home visitors, and program leaders at this site are all interested in improving the lives of the young children in Early Head Start. While there are always challenges that are experienced with working to facilitate growth, it is my belief that the stakeholders at this site put significant effort into this process. I do not know how parents, home visitors, or program leaders feel about partnering with one another and if there are differences between the beliefs of parents and home visitors regarding partnership on early childhood

intervention. I am eager to learn about the phenomenon of parents and home visitors partnering and working closely with one another to support high risk, young children. I want the three groups of stakeholders to guide me and provide their insights to better understand the experience of partnering in Early Head Start interventions (bracketed reflection from August 2012). Another important part of my bracketed experience was to journal throughout the data collection phase and process those experiences with my dissertation chair who guided me through the emotional and intellectual challenges of the deeply personal data that participants shared with me to better understand this phenomenon.

CHAPTER FOUR

RESULTS

Chapter Three presented a rationale for conducting a qualitative study utilizing phenomenological methodology to uncover the lived experiences of parents, home visitors, and program leaders engaged in therapeutic partnership within an EHS program. The specific methods and processes used to collect and analyze the data included descriptions of the (a) research site, (b) participant recruitment, (c) procedures of conducting the research, (d) the instrument used in the semi-structured interviews, (e) the description of data analysis, and (f) my bracketed reflection.

Chapter Four presents the results of the data analyses and includes descriptions of the results, descriptions of the codes which comprised the clusters of meaning and themes, and examples of participant voices pulled from the transcripts. The themes which emerged from the data are presented next and the chapter closes with program leader, home visitor, and parent descriptions of the phenomenon.

Contextualizing the Data Analysis Process

Before presenting the results, in the interest of full disclosure, it is important to note that trying to bring the data into a cohesive view of the experience was challenging. While I reviewed the instrument with staff members and parents prior to conducting the study and it was identified that the questions being asked were pertinent to understanding the experience, during interviews an organic experience occurred where more often than

not, participants spoke about experiences in long periods of time with nothing more than non-verbal communication and reflections made by me. Often many interview questions were not asked by me because participants answered the questions already in the rich narratives simply in their own stream of consciousness depiction of their experiences.

Comprehensive Textual Description

Data analysis involved carefully reading the participants' transcripts several times through and then highlighting significant sentences or passages (horizontalization). The next step was to assign each highlighted significant statement a code word or phrase that could stand-in for it. The first round of identifying significant statements and assigning codes produced an overwhelming set of codes. The second round of assigning codes was centered on condensing codes in order to provide a clear set of codes that were not redundant in nature and were related to the rich significant statements in the interviews in order to uncover themes of each group and overall themes.

There were three sets of codebooks, clusters of meaning, and themes developed based on the two-part interview protocol that followed the research question that guided this study: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start? If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?

The common theme for part 1 of the protocol included: a strong spirit of collaboration and a deep relationship between the home visitor and the parent is wanted by all three groups of stakeholders. The common theme for part 2 of the protocol

included: there being no differences in priorities of home visitors and parents regarding development, that the themes from part 1 were all complimentary to one another, and that problem solving can occur with a focus on supervision, reflection, and relationship development and maintenance.

The first research question sought to explore the developmental beliefs and priorities of all stakeholders, if there are differences between groups, and how mediations occur when differences occur. This question was selected because much literature indicates that relationship between home visitors and parents is critical to effective therapeutic intervention with young children. However, there were not sufficient data regarding how those relationships were created and how they were maintained. These themes demonstrate that these partnerships in this program are solidified through putting the parents' agendas first as the main priority and also building a relationship with the entire family, not simply the child enrolled in EHS. Through this genuine relationship that is deeply personal and consistent that relationships are sustained, even in moments of disagreement. This overall common theme from all stakeholder groups will be highlighted in the data presented throughout this chapter. The themes of the three separate groups are outlined below to preview other components of this chapter.

For program leaders the themes developed for part 1 (potential differences in developmental priorities) of the protocol related to beliefs core to promoting healthy development focused on the areas of: (a) bolstering the bond between the parent and the child as the highest priority, (b) using parental insights to support intervention, (c) safety in the home, (d) using the home and the items in that natural setting as the child's first

classroom. For program leaders the themes developed for part 2 of the protocol related if there are differences between developmental priorities, how are those differences mediated? The themes that emerged centered on: (a) there being no differences in priorities, (b) home visitors and families all wanting children to grow in their development, (c) home visitors basing their efforts on the identified needs shared and guided by parents and their children, (d) if a home visitor has a personal belief or priority that a parent does not value, supervision for the home visitor is needed to help the home visitor bring in facts and then give the parent the respect to let the parent decide if this is a priority for their family as long as this issue does not jeopardize the safety of the family, and (e) that hiring decisions are important in order to hire staff who have a background serving vulnerable populations and have a passion for their work.

For home visitors the themes developed for part 1 of the protocol related to beliefs core to promoting healthy development focused on the areas of: (a) using the home and the items in that natural setting as the child's first classroom, (b) using parent insights to support intervention, and (c) a focus on literacy to support development. For home visitors the themes developed for part 2 of the protocol related if there are differences between developmental priorities, how are those differences mediated? The themes that emerged centered on: (a) there being no differences in priorities, (b) home visitors and families all wanting children to grow in their development, (c) when there are disagreements, it is based on discipline and in those moments, home visitors said it is necessary to keep an open mind to if something is harmful to a child or if it simply is a different way to do things and supervision is needed to help decipher those two things,

(d) a sense of personal responsibility for supporting families day and night, and (e) a high amount of exhaustion felt by home visitors.

For parents the themes developed for part 1 of the protocol related to beliefs core to promoting healthy development focused on the areas of: (a) using home visitors as resources for support, (b) building school readiness, (c) improving behavior, (d) increasing family stability, and (e) increasing the amount of time having fun together. For parents the themes developed for part 2 of the protocol related if there are differences between developmental priorities, how are those differences mediated? The themes that emerged centered on: (a) there being no differences in priorities, (b) feeling comfortable if a disagreement occurs that they would figure it out with their home visitor, (c) parents feeling as though their home visitor knows their family and has their family's best interest in mind, and (d) parents wanting more ways to connect with home visitors and other EHS parents because this is an important community to them.

Table 1. Overall Common Themes from Three Stakeholder Groups

Research Question Common Themes
<p>Part 1: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?</p> <ol style="list-style-type: none"> 1. Collaboration Between the Three Stakeholder Groups. 2. A Deep Relationship between home visitor and parent.
<p>Part 2: If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?</p> <ol style="list-style-type: none"> 1. Priorities are the same because this EHS program is parent guided. 2. Problem solving occurs with a focus on supervision, reflection, and relationship development and maintenance.

Table 2. Program Leaders

Research Question Codes, Clusters of Meaning, and Themes
<p>Part 1: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?</p>
<p>Theme Bolstering the bond between the parent and the child as the highest priority</p>
<p>Cluster of Meaning Supporting and building up the relationship between the parent and child and supporting home visitors facilitate this process</p>
<p>Codes Attachment Relationships Cultural competence</p>
<p>Theme Using parental insights to support intervention</p>
<p>Cluster of Meaning Supporting and building up the relationship between the parent and child and supporting home visitors facilitate this process</p>
<p>Codes The natural environment Cultural competence Professional development Supervision Parent insights</p>
<p>Theme Safety in the home</p>
<p>Cluster of Meaning Supporting and building up the relationship between the parent and child and supporting home visitors facilitate this process</p>
<p>Codes Attachment Learning The natural environment Safety Cultural competence</p>

Table 2 (continued)

Professional development
Supervision
Parent insights

Theme

Using the home and the items in that natural setting as the child's first classroom

Cluster of Meaning

Supporting and building up the relationship between the parent and child and supporting home visitors facilitate this process

Codes

Attachment
Relations
Learning
The natural environment
Cultural competence
Parent insights

Part 2: If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?

Theme

Developmental priorities of families and home visitors are the same for the children enrolled in EHS

Cluster of Meaning

Staff and families having the same goal for supporting the child

Codes

Communication
Problem solving
Parent support
Identifying strengths

Theme

Home visitors and families all wanting children to grow in their development

Clusters of Meaning

Staff and families having the same goal for supporting the child
Staff and families facing tremendous stress
Program leaders' problem solving how to mediate stress to create sustainable, effective programming

Table 2 (continued)

Codes

Communication
 Problem solving
 Parent support
 Identifying strengths

Theme

Home visitors basing their efforts on the identified needs shared and guided by parents and their children

Clusters of Meaning

Staff and families having the same goal for supporting the child
 Staff and families facing tremendous stress
 Program leaders' problem solving how to mediate stress to create sustainable, effective programming

Codes

Communication
 Problem solving
 Parent support
 Identifying strengths
 Poverty
 Mental health support

Theme

If a home visitor has a personal belief or priority that a parent does not value, supervision for the home visitor is needed to help the home visitor bring in facts and then give the parent the respect to let the parent decide if this is a priority for their family as long as this issue does not jeopardize the safety of the family

Clusters of Meaning

Staff and families facing tremendous stress
 Program leaders' problem solving how to mediate some of that stress to create sustainable, effective programming

Codes

Communication
 Problem solving
 Parent support
 Identifying strengths
 Poverty
 Mental health support

Table 2 (continued)

Theme

Hiring decisions are important in order to hire staff who have a background serving vulnerable populations and have a passion for their work

Clusters of Meaning

Staff and families having the same goal for supporting the child

Staff and families facing tremendous stress

Program leaders' problem solving how to mediate some of that stress to create sustainable, effective programming

Codes

Communication

Problem solving

Parent support

Identifying strengths

Poverty

Mental health support

Table 3. Home Visitors

 Research Question Codes, Clusters of Meaning, and Themes

Part 1: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?

Theme

Using the home and the items in that natural setting as the child's first classroom

Clusters of Meaning

Building up the relationship between the parent and child

Finding ways as home visitors to facilitate this process

Codes

Relationships

Learning

The natural environment

Cultural competence

Professional development

Parent insights

Communication

Table 3 (continued)

Parent support

Staff support

Theme

Using parent insights to support intervention

Clusters of Meaning

Building up the relationship between the parent and child

Finding ways as home visitors to facilitate this process

Codes

Relationships

Learning

The natural environment

Cultural competence

Professional development

Parent insights

Communication

Parent support

Staff support

Theme

Focus on literacy

Cluster of Meaning

Building up the relationship between the parent and child

Finding ways as home visitors to facilitate this process

Codes

Relationships

Learning

The natural environment

Cultural competence

Professional development

Parent insights

Communication

Parent support

Staff support

Table 3 (continued)

Part 2: If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?

Theme

Developmental priorities of families and home visitors are the same for the children enrolled in EHS

Clusters of Meaning

Staff and Families having the same goal for supporting the child
The amount of time and individualization required to support children and families

Codes

Relationship
Development
Supervision
Heavy workload
Problem solving

Theme

Home visitors and families all wanting children to grow in their development

Clusters of Meaning

Staff and Families having the same goal for supporting the child
The amount of time and individualization required to support children and families

Codes

Relationship
Development
Supervision
Heavy workload
Problem solving

Theme

When there are disagreements, it is based on beliefs regarding discipline

Clusters of Meaning

Staff and Families having the same goal for supporting the child
The amount of time and individualization required to support children and families

Codes

Relationship
Development
Personal responsibility
Poverty
Mental health support

Table 3 (continued)

Supervision

Heavy workload

Problem solving

Theme

Maintaining an open mind to determine if something is disagreeable or unacceptable

Clusters of Meaning

Staff and Families having the same goal for supporting the child

The amount of time and individualization required to support children and families

Codes

Relationship

Development

Personal responsibility

Poverty

Mental health support

Supervision

Heavy workload

Problem solving

Theme

Seeking out supervision to differentiate if something is disagreeable or unacceptable and looking at differences as a way to do things in multiple ways

Clusters of Meaning

Staff and Families having the same goal for supporting the child

The amount of time and individualization required to support children and families

Codes

Relationship

Personal responsibility

Poverty

Mental health support

Supervision

Heavy workload

Problem solving

Theme

A sense of personal responsibility for supporting families beyond each home visitor's work day

Cluster of Meaning

The amount of time and individualization required to support children and families

Table 3 (continued)

Codes

Relationship
 Development
 Personal responsibility
 Poverty
 Mental health support
 Supervision
 Heavy workload
 Problem solving

Theme

A high amount of exhaustion is felt by home visitors

Cluster of Meaning

The amount of time and individualization required to support children and families

Codes

Relationship
 Personal responsibility
 Poverty
 Mental health support
 Supervision
 Heavy workload
 Problem solving

Table 4. Parents

 Research Question Codes, Clusters of Meaning, and Themes

Part 1: Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?

Theme

Using home visitors as resources for support

Clusters of Meaning

A connection between the home visitor and parent
 A connection between the home visitor and the child

Table 4 (continued)

Codes

Relationships
 Learning
 Behavior
 Cooperation
 Commitment
 Socializing
 Gaining stability/family growth
 Social services
 Referrals to other programs

Theme

Building school readiness

Clusters of Meaning

A connection between the home visitor and parent
 A connection between the home visitor and the child
 A connection between the parent and the child
 A connection between other parents in the program

Codes

Relationships
 Learning
 School readiness
 Behavior
 Cooperation
 Commitment
 Gaining stability/family growth
 Referrals to other programs

Theme

Improving behavior

Cluster of Meaning

A connection between the home visitor and parent
 A connection between the home visitor and the child
 A connection between the parent and the child
 A connection between other parents in the program

Codes

Relationships
 Learning
 School readiness
 Behavior
 Cooperation

Table 4 (continued)

Commitment
 Socializing
 Gaining stability/family growth
 Social services
 Referrals to other programs

Theme

Increasing family stability

Clusters of Meaning

A connection between the home visitor and parent
 A connection between the home visitor and the child
 A connection between the parent and the child
 A connection between other parents in the program

Codes

Relationships
 Cooperation
 Commitment
 Gaining stability/family growth
 Social Services
 Referrals to other programs

Theme

Increasing the amount of time having fun together

Cluster of Meaning

A connection between the home visitor and parent
 A connection between the Home visitor and the child
 A connection between the Parent and the child
 A connection between other parents in the program

Codes

Relationships
 Learning
 Cooperation
 Commitment
 Socializing
 Gaining stability/family growth
 Referrals to other programs

Table 4 (continued)

Part 2: If so, how are differences mediated in order to effectively have these parties partner in therapeutic interventions for young children?

Theme

Developmental priorities of families and home visitors are the same for the children enrolled in EHS

Cluster of Meaning

Appreciation of home visitors

Appreciation of children's development

Identifying the ways parents teach their children every day through the help of their home visitor

Codes

Connection

Trust

Theme

Feeling comfortable if a disagreement occurs that they would figure it out with their home visitor

Cluster of Meaning

Appreciation of home visitors

Appreciation of children's development

Identifying the ways parents teach their children every day through the help of their home visitor

Codes

Connection

Trust

Theme

Parents feeling as though their home visitor knows their family and has their family's best interest in mind

Cluster of Meaning

Appreciation of home visitors

Appreciation of children's development

Identifying the ways parents teach their children every day through the help of their home visitor

Codes

Connection

Trust

Increased interest in opportunities to do more with EHS

Table 4 (continued)

Theme

Parents wanting more ways to connect with home visitors and other EHS parents because this is an important community to them

Cluster of Meaning

Appreciation of home visitors

Appreciation of children's development

Identifying the ways parents teach their children every day through the help of their home visitor

Codes

Connection

Trust

Increased interest in opportunities to do more with EHS

Increased interest in opportunities to socialize with other EHS parents

Program Leader Data Description

The program leader codebook was divided into two parts based on the two parts of the research question that were divided into the two components of the research protocol. The first part of the codebook was comprised of protocol questions that related to: "Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?" The codes for this first part included: attachment, relationships, learning, the natural environment, safety, cultural competence, professional development, supervision, and parent insights. The clusters of meaning from these codes centered on supporting and building up the relationship between the parent and child and supporting home visitors facilitate this process.

The themes that were beliefs core to promoting healthy development based on the two program leaders focused on the areas of: bolstering the bond between the parent and

child as the highest priority, using parental insights to support intervention, safety in the home environment and using the home and the items in that natural setting as the child's first classroom. The second component of the interview was tailored around if there are differences between developmental beliefs and priorities; how are those differences mediated. Program leaders expressed that experience with this population and passion for the work are two things needed by staff members to possess in order to enhance what is already working and manage stress when faced with obstacles. Leaders expressed that the developmental beliefs and priorities by staff members and families are similar and whenever differences occur between staff members or between staff members and families that collaborative problem solving occurs informally and formally.

Research Question Part 1, Program Leader, Theme 1 Bond

Both program leaders stressed the importance of attachment and that this is key in facilitating healthy development in children. They noted that the goal of intervention is to further facilitate a bond between the parent and child; it was asserted that this is a key developmental belief held by program leaders. They discussed how attachment is important for the mother's mental health and sense of belonging in addition to the child's well-being. Both leaders stressed that when healthy attachment is achieved, other important developmental milestones occur more naturally. The program director summed this up saying,

I think the most important thing for young children to learn is how to bond and feel safe with their caregivers and people in their environment, obviously having the attachment with the primary caregiver and knowing that your world is safe to explore that's the foundation and critical elements of your future development, so really

promoting and looking for those things as a home visitor, if you get those things down then you can build everything else off of that.

The program leaders both understood that attachment may look different for every parent and child and that each case needs to be looked at individually. Both leaders asserted the need for home visitors to refer to them when there are questions regarding attachment.

Program leaders discussed how this type of case conceptualization is needed in order to guide intervention appropriately. For instance, the program director stated,

If the child is having trouble bonding and attaching most of the time I would ask questions like I wonder what's going on with that parent, are they depressed, do they need mental health support, do they need to see a psychiatrist, what kind of things can we put in place to support this parent so that they can exude the warmth and nurturing they need for their child to attach. Otherwise I mean, there could be other developmental things that we would look at in the child, I mean we have our disabilities coordinator and a mental health coordinator, we can go out and observe and there may be a child with autism who may attach and look different than another child and that parent may be doing everything right and this child isn't relating the same way as other kids and we have experts that would go and look at that stuff as well. If something's not working, we're going to want to ask the questions well why is it not working, we want to explore that and look at is it something the parent is doing, is it something with the child, and that each case is different.

Both program leaders stressed that communication between staff and program leaders is key in order to problem solve to effectively serve families. The program manager stated that she enjoys going to meet with families to do observations, interviews, and further assessment. She expressed that after her observations and assessment, she determines appropriate next steps with the family in order to support them with attachment and other

mental health related needs. She noted that “most of the mental health work I do is crisis management. However, if it is going to be long term I make a community referral or an inter-agency referral so that families can have the support they need and want to move forward.” The program manager stressed that often crisis management is often an opportunity to support small changes that the family wants to engage in to help them move forward in the goals they want to achieve. The program manager said this can be achieved through building off of the strength of their family, what they are doing well, and again turning attention to attachment because it promotes health in the child and the parent. She stated “so many of our families face adversity and challenging situations, we really stress that familial bond and how that can really strengthen who they are as people and encourage resiliency.” The program manager said “allowing the child to study the mother’s face or facilitating calling to ensure the child can hear, detect sound, and track in addition to recognizing mom’s voice, holding, skin to skin contact, nursing...all of these different techniques are used [to benefit the mother and the child].” She stated that pointing out to parents how connected their children are to them helps mothers to see that they matter to their children, even if they are going through adversity and are under intense stress.

Research Question Part 1, Program Leader, Theme 2 Parent Insight

Both program leaders stressed that relying on parent insight is key to facilitating development in children. It was identified that home visitors are only with families a small fraction of the time and parents are the experts on their children. The program

manager expressed that if a home visitor is not seeing progress in a child, it is necessary to ask the parent what is happening during the rest of the week. She expressed,

Some children may take three or four months to warm up to a home visitor so the child may not be demonstrating their skill set when the home visitor is there. We cannot assume that they do not have mastery, they just may not show it when we are there. A lot of parent input and report is important.

The program manager also stressed that sitting down with parents is necessary because they are the best educators on what their children are good at and are still working on learning. Both program leaders stated that parents need to clearly be positioned as the child's first teacher because that is truly their role; it is not the role of the home visitor. Leaders stated that this is necessary in order to get a good baseline on the child's skills and to effectively develop new skills. The program manager and the program director expressed that collaboration between parents and home visitors is necessary because if a parent is not feeling comfortable with an activity, it will not be something the parent uses when the home visitor is not present. The program manager stated,

If a parent is not enjoying a task or activity that a home visitor suggests, then a child is not likely to engage in the task either because he or she may not be getting the feedback from the needed parent if the parent does not like the activity—these are things we have to be clued into instead of just assuming a lack of skills.

The program leaders made distinctive points that parents should be driving the intervention and that this creates the greatest potential to support the family and the child meaningfully. The program manager went on to say,

If after all of that there are still home visitor and parent concerns about a lack of development, home visitors would

use screeners with parents, the ASQ:SE [Ages and Stages Questionnaire: Social Emotional Screener] , and if at that point there are true noted delays in the child, then the home visitors would refer to myself and the director. We would come out and do additional assessment and if need be, we would refer to EI [Early Intervention], we have about 30% of our participants who have a disability. There are also some mothers who have postnatal depression and that is a long term intervention I support.

Program leaders stress the need to deliberately avoid pathologizing families and children and instead to strive to set a precedent of parent and home visitor driven intervention. Even when further screening is necessary, it should be conducted with the support of parents in order to utilize their insights on their children. These leaders understand that they are serving a population with significant stress; however, they advocate that just because families have stress due to poverty this does not mean that all families need more intensive support. Some of the families and children do need extra support and those identified needs are targeted and served appropriately.

Research Question Part 1, Program Leader, Theme 3 Home as First Classroom

Both program leaders expressed that in order to support healthy development in children that the home has to be seen as the child's first classroom. The program manager noted again that "we always say our parents are the child's teacher, we're just there to facilitate, but they are the child's teacher." The program director shared that,

initially, the responsibility of this may seem a bit intimidating to some parents, but after repeated visits and them seeing how we construct a lesson plan and more importantly how we advise them to use it throughout the day even when we aren't there, they're able to find their own way to incorporate it into teaching so if we're talking about math, we talk about how a parent can cook with their child and use spoons to count when they put silverware out

at the table and it may mean something different to each parent so we see where their strengths are as a parent and we build upon that.

They both stressed that early literacy and numeracy is a priority to be enhanced through viewing the home as the first classroom. They stressed that this supports school readiness, which is a mission in EHS. The program manager expressed that one of her favorite parts of her job is to build parents up to feel confident in their role to facilitate learning. She shared that even if a parent cannot read, this does not mean that the parent cannot build the love of reading in their children. “Early literacy is important and if a parent is not literate, we’ll bring story boards and picture books so that we can build early literacy skills that way so parents can be a major part and not feel as though they cannot engage in the activity.” The program leaders also stressed that they provide wrap services and connect parents to other agencies to support adult literacy if they are interested. Both program leaders stressed the importance of building up parents to be able to advocate for themselves and their children so that they know their rights and what their children are eligible to receive. The program manager stated that she likes to help parents so that when their children age out of EHS that they will be able to manage when their child is school aged. She expressed that they believe that parents who see their home as the first classroom are in a better position to feel confident about having these types of conversations with interventionists and teachers the rest of their children’s lives.

Research Question Part 1, Program Leader, Theme 4 Safety

Both program leaders shared that staff members are trained to consider if a behavior occurring in a family is disagreeable or unacceptable and knowing this

difference is key to promoting healthy development in children. If a behavior is disagreeable, leaders shared that this may be a different priority based on the families' culture and this is something that staff members need to seek supervision on in order to not push their own personal culture onto families; however, if a behavior is unacceptable, these are actions that would warrant discussions with families or notifying appropriate agencies when necessary. Both leaders stressed that supporting families to build a safe home is something that has to be done in a respectful way or families will not stay connected to the program. When the program director shared about safety as a key priority in promoting healthy development for young children, she shared that this can be difficult to mediate due to poverty. She said,

We try to be very culturally sensitive and aware and sensitive about economics, if parents are impoverished they don't always have access to resources and they make do with what they have; we try to not be so forward to say this is wrong or this is right. I mean we've had families who have had no heat and it's winter and so they use the oven as heat and having an open oven with babies crawling around is obviously really scary so we're going to say 'here's some other things that we can think of to do or here's some resources to get your heat turned on because you know, think about what would happen if your baby was to get too close to the oven.' I mean if we see something like an oven open, we'll close it, we won't leave high risk things happening, but we also want to build the relationship with the parent and we want to show them that we respect them and understand where they're coming from and that we can also bring some new ideas.

Both the program director and program manager expressed that the relationship cultivated between the home visitor and the parent is vital to helping the parent maintain

a safe home environment. Without a trusting relationship, they expressed that these comments may come off as judgmental instead of from a place of genuine care. With this relationship, the major piece of maintaining safety can be actively worked through in partnership. Program leaders discussed how development in all areas is able to be advanced when children feel safe emotionally and physically. They shared that by respectfully having a conversation with parents about physical and emotional needs of all children it helps families to problem solve with home visitors in any instances where parents may feel like they are having a difficult time meeting that need. By problem solving with parents, home visitors help parents to make informed decisions about their home environment in order to support their children's development.

Research Question Part 2, Program Leader, Themes

The second component of the interview focused on uncovering relationship development between home visitors and parents through understanding the ways in which they mediate conflict if there is any that occurs. This was tailored around if there are differences between developmental beliefs and priorities between parents and home visitors, how are those differences mediated? The codes from this second part of the interview included: heavy workload, communication, problem solving, parent support, identifying strengths, poverty, and mental health support. The clusters of meaning centered on staff and families having the same goal for supporting the child, staff and families facing tremendous stress, and program leaders problem solving how to mediate some of that stress to create sustainable, effective programming. The themes that emerged regarding the question: are there differences between the developmental beliefs

and priorities of home visitors and parents demonstrated that program leaders felt there were not differences in priorities because in general all staff and parents' priorities have been noted to be supporting school readiness for children. Program leaders also noted that staff and families all want children to grow in their development and that staff promote that development based on collaborative efforts guided by parents' needs and wants for their kids.

Another theme that was noted was that if a home visitor has a personal belief or priority that the parent does not value, that the home visitor should bring in facts regarding the topic or have a physician or expert communicate the facts during doctor visits, and then give the parent the respect to let the parent decide for their family. The program leaders stressed that this would not occur if safety was in question and that then a DCFS call would be made, but if it is a topic that does not put a child in jeopardy that the parent's priorities are held as the standard once the parent has been given facts to make an informed decision. The question of how these occasional different beliefs are mediated was demonstrated to be one of providing adequate supervision and training to staff to support them in identifying safety concerns versus personal priorities.

The last theme that emerged was that it was important to hire staff who have a background serving vulnerable populations and have passion for their work with this population. All home visitors had a background with low-income individuals and demonstrated competency in understanding the complexity of poverty, mental health, early childhood learning, and that relationships matter in supporting parents to build resiliency within their families.

When discussing if there are differences between the priorities between parents and staff members, program leaders expressed that the goal of parents is for their kids to be ready for school and that is the top mission of EHS staff members as well. They stressed that everyone might use different language to talk about the goal, but that they all are talking about school readiness. Both program leaders expressed at times disagreeing with staff or with parents, but that this is problem solved in a respectful way. The program director shared,

There's always a middle ground unless it's about safety, but we process as a team and consult. There's a lot of respect among our team. With parents, we remind them of why we're there and work through any issue that might be occurring to see if there is confusion, or misunderstanding, or if we can do it another way. We want to educate respectfully and not criticize.

The program director expressed that reflective supervision for staff members is needed in order to create a program where differences are navigated in a respectful way. She stated that staff members need a safe space to process to foster staff wellness. Both program leaders shared that a home visitor's responsibility in this program is quite intense and that ongoing training and observation is necessary because of the high stress that comes with this job. Home visitors are expected to not only support the education of the child, but also to support the parent and at times engage in activities similar to case management. Both leaders expressed that supervision has always been a priority in their program. However, they had more of a focus on administrative and group supervision in the past. Recently, the program has made time for individual reflective supervision provided to each staff member once a month and both program leaders expressed that this has been

significantly helpful in thinking through individual cases, managing staff stress, and providing ongoing training guided by the needs of the staff's cases. They both said even though they are early in their development that they are proud of their program and the foundation they have set.

Both program leaders had extensive background serving disadvantaged, low-income populations, individuals in the prison system, and families and children with extensive trauma histories. Both individuals expressed the importance of multicultural sensitivity multiple times during our interviews. Program leaders both stressed having a passion for their work. Their favorite parts included working with kids, seeing parents find delight in their children, and problem solving with families. The most difficult parts included the fact that they have a very small program and everyone on the team has basically two or three jobs and also that the barriers families face, like pervasive homelessness, is very challenging. A key part of supporting staff members was that both program leaders discussed identifying ways of helping staff who are overloaded with heavy demands. They discussed writing grants to enable them to hire an administrative support person to free up home visitors' time and decrease their workload stress in order to enable them to better serve families through direct service and potentially decrease the amount of time home visitors spend on paperwork. Program leaders both expressed that experience with the population and passion for the work is necessary to stay energized about serving families, even in the face of these difficult aspects.

Home Visitor Data Description

The home visitor codebook was divided into two parts based on the research question uncovering the principles needed to cultivate relationships and partnerships between home visitors and parents. The first part of the codebook was comprised of protocol questions that related to: “Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?” The codes included: relationships, learning, the natural environment, cultural competence, professional development, parent insights, communication, parent support, and staff support. The clusters of meaning from these codes also centered on building up the relationship between the parent and child and finding ways as home visitors to facilitate this process. The themes of beliefs core to promoting healthy development based on the three home visitors focused on the areas of: using the home and the items in that natural setting as the child’s first classroom, using parent insights to support intervention, and a focus on literacy.

Research Question Part 1, Home Visitor, Theme 1 Home Learning Environment

All three home visitors expressed that the home is the first classroom and that the parents are their children’s first teachers. Home visitors shared that the home is the best place to do their work because the family is most comfortable there. All of the home visitors touched on that the home is a great place to see authentic behaviors and this is another reason why it should be built up as the ideal classroom for young children because it is where children naturally express themselves. Home Visitor 1 expressed that she sets up the expectations of what Early Head Start is right from the start.

I actually tell them that when I'm there, no matter if we're in a shelter, or if we're in a house, or if we're in McDonalds by where they live, no matter where we are at when we're all together it's the classroom that's what I tell them. I'm going to act like a teacher and I expect you to act like a teacher so there's no yelling, there's no threatening, there's no hitting. I expect you to act like a teacher would act in a Head Start program and I go over all of that with them.

Home Visitor 1 shared that if parents feel uncomfortable with these expectations that she will explain to them that it is fine for them to have their own way of doing things and that she is not trying to change that, but that while they are together each 90 minute session, that this is the expectation. She said she tells families that,

This is a voluntary program; you don't have to be in Early Head Start. If you're not comfortable, you don't have to do it, but while I'm here you're not going to hit your kid and you're not going to threaten your kid. I mean sometimes parents slip up and I'm not going to freak out, but I remind them little by little and it's really been helpful. Giving parents more power to lead cause it's their home and their child and more of the direction of things makes it better for everyone.

All three home visitors expressed that there is nothing more real than going into someone's home. Home visitor 2 expressed, "Doing home visits is something I've gained a lot from that wouldn't be possible with just center based work; I've learned a lot from the families." Home visitors all expressed the freedom of home visiting is great for this population because these families may not be able to get their children to a center each week. They also said that if a family misses an appointment that home visitors can be flexible about things and set up another time that week to come out and work with the

parent and child. Home visitor 3 shared being flexible is key to supporting families. She said,

I have a parent I work with who is going to college, she plays basketball for the school, and she's a mom. She's very busy, but she really likes that I come into her home on Fridays, the only day that works for her. It's nice to go into her home and support her to not feel overwhelmed or alone. We're close. She wants what's best for her kids. It's a lot for her to do, but she has a really good head on her shoulders. I always tell her if I don't know, I'll find out from someone who knows and I will get her the information. I want to make it easier on her; she needs less stress since she's juggling a lot already.

Home visitors shared that they felt like if they were in a classroom they would not get the opportunity to get to know their families as well. They shared that having families drop off their children and pick them off would be a much different program than involving parents as the primary teachers and serving them in their homes. Home Visitor 1 shared this about going into her clients' homes to work with them:

It's really an honor. Like when I go to someone's house I'll always take my shoes off. I had one person stop me and say, 'what are you doing and I said I'm taking my shoes off' and she said, 'why', and I said, 'well it's raining and my shoes are wet I'm not going to track water all over your house' and she said, 'you don't have to do that and I said of course I'm going to take them off.' She said, 'nobody has ever taken their shoes off before and I've had visitors coming out for years'. I'm like nobody's ever taken their shoes off? She's like no!

All three home visitors stressed the importance of showing respect to families opening up their homes to them as visitors. They shared that these families have had a lot of people come in their homes, but that they try to not come in with the attitude that the family has to open up their home to them as home visitors and instead that parents are choosing to

do so. They shared that families will feel more comfortable and be more engaged when they know that you care about their family and respect what they're doing well already in their home with their child. Home visitor 1 said,

It's all about helping parents take a deeper look. A lot of times I spin this as a positive thing 'like oh my gosh look your child is standing on the chair, look what they can do. That's a really good thing, do you know why it's a really good thing?' and they might say, 'no' and I'd say, 'yeah they could fall and we want to make sure they're safe, but look they are curious, they are problem solving. They know if they stand on that, that's going to make them tall enough to reach, look how smart your baby is, your baby's only one and they can figure that out'. So just doing little things like that, a lot of our parents have a lot of people coming in and telling them things to do with their child and telling them things they're not doing right or things they need to do with their child. I like to come in and emphasize things that I see them doing that are good and kind of build on that and kind of have them help themselves in a way. I hate when people just tell people things to do. I mean there's going to be some of that of course, but I'd rather build on what the parent can already do.

Home visitor 2 summed up that going into to someone's home gives the greatest opportunity to form a relationship and she said, "If you have a relationship with the parent or caregiver, they're going to take you seriously and be on board with implementing the things you guys work on in their home, which is good for the child and family." It was expressed that home visitors feel like they are truly a part of people's lives and they see parents when they are first pregnant and they are with them through the entire pregnancy up until the child is ready for preschool. All three home visitors

expressed the feeling of being a part of the family and being connected to their lives through being with the family regularly in their natural environment.

Research Question Part 1, Home Visitor, Theme 2 Parent Insight

All three home visitors stressed that parent insights are fundamental to young children's development. Home visitors shared that they have to work with parents, communicate, and care about what is happening in the families' current life. They stressed that by doing these things it allows them to know what types of activities will work and what will not work. For instance, home visitor 2 expressed,

I mean something that works for one family is not necessarily going to work for the next one. The details are really important especially with our population because someone may have a trauma history and that is making it hard for them. For example skin to skin contact, you may be telling them how important that is, but they may have an abuse history so they may not want to do that because it's bringing up stuff for them or they may feel like it's inappropriate ya know what I mean. I think you have to get more into it and think about what have you tried, why didn't it work, and what do you know about the background. So if the mom was abused and the skin to skin isn't going to be able to happen right now, what's another way for us to build that attachment with the baby without doing something the mother feels uncomfortable doing, like maybe they could hug or she could hold the baby without having to do skin to skin and that's good too. Thinking about what's another way to broach it so it's not pulling on that trigger area, what's another way to come at it without bringing those feelings up, how can you phrase the activity differently or how can you make the activity different so it works for them. We have to respect how they feel or the intervention won't work for the family or child at all.

It was important to note that home visitors all expressed that no matter if a curriculum is saying that something is necessary to child development that if the family is extremely

opposed to it that it is necessary to collaborate with the family to think about if there is another way to work on that area. Home visitor 3 expressed that parents need to be excited about what they are doing in the home visit for it to work.

I think it's good to bring back things that they knew that they can share with their kids. Many of my families have really been connecting with singing their favorite childhood songs to their kids lately. One family who is transitioning out of the program, the mom wanted her child to know the ABCs before they transition out. I'm not looking for her to identify all of the letters, mainly the letters in her name. We have been singing the alphabet song and her mom got up and sang right with us. I had to look twice because her mom has schizophrenia and sometimes doesn't get that involved, but the music I think really did it cause she said she remembered the song from when she was a kid she said.

Home visitor 3 said that the more they work to help parents feel connected to the activity, the better it will go and the more likely the parent is to do it all of the time. She expressed for the parents who have mental disorders, it is important to not push anything on the family; however, to take advantage of moments when the parent is excited. Home visitor 2 mentioned that parents can come up with ideas that are more relevant to their lives and their children than what they as home visitors can often come up with on their own. She said,

Sometimes moms really have great ideas in terms of what they want to do with their kids. I mean this one case, mom was pregnant and was really worried that her baby was going to be upset when the new baby came so she wanted to do finger painting and the baby got to paint her mom's stomach; they took pictures too. Meeting the families where they're at, but also parent input is important in

planning the activities because they have really great input. They have great ideas and they know their child better than you do so they can tell you, ‘ya know what she doesn’t like coloring, bring paint or she doesn’t like paint, bring a book.’ It helps to make the most of the time.

Home visitors expressed that the parents’ goals and priorities are the most important priority to support. They shared that it does not matter if it is a priority they would hold for their own children, that does not matter; they expressed that their job is not to shift the families’ values; it’s to support the parent and child. Home visitor 1 stated,

Even if a mom says ‘I want my child to be a mother’ and they don’t say any educational goal, I would say, ‘what kind of mother do you want her to be’, ‘what can we do to teach her to be a good mother?’ If a parent is enrolling in EHS, that means they’re already invested, they want what’s best for their child, that’s already a given. So it means figuring out what they want and how to help their child get there. No parent is going to be like I want my child to be a drug dealer and get addicted to heroin and kill people. They want something better for their children. They all do. It’s our job to help them to get their children there.

This consistent theme in the three home visitors demonstrated that they believe their role is not simply focused on giving interventions to young children, but that it is centered on partnering with parents to design, tailor, and implement meaningful activities with their children.

Research Question Part 1, Home Visitor, Theme 3 Literacy

All home visitors also expressed the need to find ways to be creative in introducing literacy to children and families. The home visitors expressed that there can be challenges with this; however, with sensitivity promoting literacy can be done to some degree. Home visitor 1 shared,

I put a lot of emphasis on reading to the children a lot. I say that reading when you're pregnant and reading throughout the years is great. With a lot of my parents we make the goal of getting a library card and I help them go and do that and show them what services the library offers that are free.

Home visitors shared that much of their work on reading is helping families to be comfortable with books. All discussed how they help connect parents to community resources to promote adult literacy if that is something the parent wants to do too. Home visitors shared that if families have not been able to have books in their home, even the act of giving the parent a choice of which books they would like the home visitor to leave helps the family to have more opportunities to casually look through books with their children. Home visitor 2 shared,

I really like pushing reading and literacy with the families. Even if a mom can't read, the book has pictures that a mom can make up her own story and sit and go through the book with the baby. Sharing with moms that lots of parents do that helps them to feel more comfortable doing it too. They can have quiet, peaceful time together and look at the book. It's just a relaxed quiet time I think it works to help relationship building between a mother and her child I think it works on obviously the child's language too.

When Home Visitor 2 was asked about how she advocates for reading even if some parents are uncomfortable with reading due to their own struggles with literacy she responded saying,

It can be difficult, but asking a mom 'can you do nursery rhymes' or 'what was the stuff you did when you were little, what songs did you sing?' Kind of interviewing them a little bit to see where they're at it can be hard though. It's

hard especially for the Spanish speaking families because the older kids can read English and speak English, but mom can't sometimes. So with the babies, we obviously bring books, but we have a small variety of Spanish books and moms are using them, but if they want to go through an English book with their child I just say make up the story with them based on the pictures and that it's ok if you don't understand what it's saying, you understand what the pictures are showing. All of the books that we have and use with families have a lot of pictures so it works. Literacy is important, but not just to learn to read, but because you're working on language, you're working on fine motor skills when they're turning the pages, you're seeing if they know when the book is upside down, you're working on the relationship between the mother and the child, you're seeing if the child is recognizing what the picture is, are they picking up what is happening? Literacy does so many different things. That's why I like to focus on it and to try to use it different ways like 'ok now we're looking at the pictures in the story and now we're going to use that to paint our own pictures'.

Home Visitor 2 said that it might take time before the mother is comfortable having that conversation with a home visitor that she cannot read and that it is the responsibility of the home visitor to not make an assumption, but to ease literacy into the activities through working on pictures because that is developmentally appropriate for the young child anyway. Home Visitor 3 shared an example of how reading supports the work she does with one of her clients as well.

One of the children I work with has cerebral palsy and I incorporate things from her Individual Family Service Plan into my lesson plans. She a lot of therapists that come over, so mom knows how to do a lot of those therapies with me, like the standing board. She has a chair when I read to her, we'll sit her in her special chair that holds her head up.

Then I read to her and her mom reads to her she likes when we get animated, like with our voice, it makes her smile.

Home Visitor 3 shared that they can do physical exercises with the child's legs during reading time too and that so much can happen to enhance development all during a reading activity. The home visitor said the parent likes it because they focus on what the child can do and is slowly learning and not all of the things the child has not mastered. The home visitors all stressed that reading time promotes more than simply literacy and that these moments support development in many areas.

Research Question Part 2, Home Visitor, Themes

The second component of the interview focused on uncovering relationship development between home visitors and parents through understanding the ways in which they mediate conflict if there is any that occurs. This was tailored around if there are differences between developmental beliefs and priorities between parents and home visitors, how are those differences mediated? The codes from this second part of the interview included: relationship development, personal responsibility, poverty, mental health support, supervision, heavy workload, and problem solving. The clusters of meaning were similar to program leaders and centered on staff and families having the same goal for supporting the child and the significant amount of time and individualization required to support families and children in reaching those goals. A theme that emerged was that home visitors did not feel a difference in terms of developmental priorities and beliefs between themselves and parents. They expressed that parents know their children best and want their children to learn, they noted that this

is what they want as well and they are committed to assisting parents to help their children to learn. All home visitors said that there are rarely disagreements, but when there are occasional disagreements it is centered on discipline. Home visitors stressed being proactive, but keeping an open mind to if something is harmful to a child or if it is simply a different way to do things. They all stressed that this is why supervision from peers and program leaders is important because getting feedback helps clarify complex or messy cases.

Another theme that emerged was that home visitors felt personally responsible for supporting families day and night since they noted that collaborating services often did not have as strong of relationships with their families or the same level of commitment. A third theme that emerged was a high amount of exhaustion from home visitors based on the intense expectations they put on themselves regarding the type of direct service they provide to families in addition to the paperwork expectations the agency requires of them. They noted that they get a high degree of support from program leaders in EHS; however, they stated that the agency that houses EHS should provide increased support, communication, and collaboration with their program because EHS could provide good insights for other agency programs who work with their families and better collaboration would result in improvements all around in protocols, planning, staff morale, and service effectiveness.

Home visitors all had a background in psychology, human services, and working with disadvantaged populations. The home visitors all stressed seeing growth in children and families is their favorite part of the work. The most difficult parts were noted by all

three home visitors to be the administrative paperwork and long hours required to do their job well. For instance this sentiment from all home visitors was well expressed by Home Visitor 3, who noted the toll of the workload,

Oh my goodness. I do a lot of work at home. I don't like that part, I don't like it because it takes time away from me and my son. I work every weekend to try to keep up and I think what it is, is that we run around so much trying to do visits that we don't have time to document all the things we're doing. If I have 11 families and I'm trying to see all 11 families throughout the week, there's no time for me to do paperwork, but at home on the weekends; that's the only thing I don't like about this job. I do it, but it's hard. I feel like when I'm at home though I should be at home, but that's not the case. I could see doing it sometimes, but I do it all of the time, every weekend. I feel like I come home and I have to hurry up and try to help my son with his homework, get him ready for the next day then do my EHS work again, that's the only thing that I don't like. It's like it's too much. Even if I wrote all of the notes down and somebody inputted them for me that would help. Anything would help. What I can say though is that we do have supportive supervisors. They do what they can do to relieve some of the pressure. I love working here. I love the population because I can relate since I have a son with a disability. Maybe that's what it is, I can relate.

Two home visitors noted that the dangerous communities their families live in is a major factor of stress. One home visitor noted that it was difficult to do her job well when there is not clear communication given from agency administration. She noted that when there are shootings in the neighborhood and there are emails sent to staff members there also need to be texts sent to staff who are in the field and traveling so they know immediately. She noted that there also need to be procedures of how to handle these crises because if a home visitor is in the home when there is a shooting, they need to know what the agency protocol is so they can follow it. All three home visitors noted

that the chaotic nature in the office also is a difficult part of their job due to an overflow of donations and messy workspace in the office. They all noted that they handle the stress of this job because they genuinely care about what happens to their families and that is why they take work home with them and answer their work cell phones when parents call even when they are not at work. Home visitor 2 stated when families have a lot going on and have had a rough time, she likes being able to answer her phone and hear a mom say “guess what happened today, the baby started walking and I noticed this and this and this.” Home visitor 3 gave an example of being happy that a client called saying, “She called me Saturday and said, I know you’re not going to check until Monday, but I wanted to tell you....I felt like she thought enough of me to call and tell me even when she doesn’t have to do that. It’s great,” Home visitor 1 said, “when you get a call when a mom is in labor and you’re really a part of their life, it feels good. You go and visit them in the hospital, it is special.”

Parent Data Description

The parent codebook was divided into two parts based on the research question to uncover how relationships and partnerships are cultivated and maintained between home visitors and parents. The first part of the codebook was comprised of protocol questions that related to: “Are there different development beliefs and practices held by home visitors and the parents of young children they serve through Early Head Start?” The codes included: relationships, learning, school readiness, behavior, cooperation, commitment, socializing, gaining stability/family growth, social services, and referrals to other programs. The clusters of meaning from these codes centered on a connection

between the home visitor and parent, a connection between the home visitor and the child, a connection between the parent and the child, and a connection between other parents in the program. The themes of beliefs core to promoting healthy development based on the nine parents focused on the areas of: using home visitors as resources for support, building school readiness, improving behavior, increasing family stability, and increasing the amount of time having fun together.

Research Question Part 1, Parent, Theme 1 Utilizing Support

Parents interviewed all identified being in the system either as a ward of the state as a child or through DCFS involvement after they had children. There was significant discussion of finding the people who really cared about the family surviving and differentiating between those who really care and those who are just doing their job and that this is key to supporting their children's development. Parents said that they have to let people in their homes who do not care about their families or their children's growth and that they have to go through the motions in those cases. They noted the importance of maintaining their guard with those individuals and not investing much in those relationships. Parents stressed that it is hard to find people who actually care, but when you do that those are the people who need to know everything about the good and the difficult of what is going on in the family's life. The majority of parents articulated this feeling. Parent number 3 said summed it up nicely, saying:

I lost two of my kids and don't want to lose my other kids so I wanted to be in a program where they would help me and my kids. I heard about it through another lady at the shelter. My advice for other parents is to get in a program that doesn't just take you on to get paid by the government, but where you see they do it for the kids. If this one has a

spot open you should get in it cause they do it like that here. I've been in it for almost three years and love it. They're patient with you and try to work with you. They were there for me when I lost my older daughter. If you can't get in here, then look to see if the program is doing the little and big things to involve you, don't just help them get a paycheck if they aren't helping you. They should regularly follow up and be there for you and your child, they should show you respect, make sure it isn't just like a daycare and that there is learning. If they aren't doing good, then get into another program if you can because they aren't going to help your baby.

Parent number 4 said,

No other program does this for kids. Other programs don't know my daughter as well as [home visitor] does in EHS, some people come in and just don't remember. I like that [home visitor] knows Spanish, it helps because I don't speak Spanish that well, but my family does and my daughter is going to know Spanish and English so it's good that she knows both. [Home visitor] can talk to all of my family, which I like since she knows Spanish. [Home Visitor] comes through and I trust her because she follows up. She's my friend and we're lucky to have her as my baby's teacher. [Home visitor] never feels uncomfortable if we're at my sister's or at a shelter; she comes and is happy to see us. She wants to know how we are and how my baby did during the week. My daughter's getting a lot out of it and my daughter listens to her too. [Home visitor] helps me. I'm a first time mom and she brings me info. I'd refer her to anyone because she's different. If they change my teacher, I'm going to be mad because even when I have anger problems, she doesn't get mad and we figure things out. [Home visitor] is gentle with my daughter and she's nice. I express all of my emotions with her and I think it helps me be a good mom. I think new moms should be in EHS because they can learn and find help. I can tell my baby's happy too cause she laughs when we do the activities and she pays attention. I do the stuff when [home visitor] isn't here too and it's helping her learn a lot.

Parent number 6 said,

[Home visitor] knows I give my baby what I didn't have and she helps me to do it. My mom was so strung out she gave us away. My child is my priority. I don't want to do drugs. I give her everything I have because I didn't have it. I know I didn't have a mama, I know what I would have wanted. I love to soothe my baby, kiss her on the hand, chase her around cause she's active, talk to her. It's good to have someone who is on my side and know I can do it, that's what [home visitor] does and I'm pregnant with my next baby and she is always there helping me figure out a doctor and other stuff I want to do. I enjoy our times together, wish we could meet more than once a week. My baby likes her too. She treats us nice and always has right from the start.

Parents expressed that having this connection in EHS not only helped them bolster their child's development through receiving support, but they liked participating in EHS because it helped them to get their children ready for preschool and kindergarten. Many parents said that other programs stressed what their children could not do, instead of helping them see what their kids could do, and what they could do to help their kids learn more.

Research Question Part 1, Parent, Theme 2 School Readiness

Parent 6:

We sing songs, like BINGO, spider song, we play and she does it too. She's smart and is learning. She knows a lot and can say cat, dog, bird, giraffe. She counts, has good motor skills, all sorts of stuff. [Home visitor] and me try to keep her interested because she's Ms. Active, but we work together since she needs it changed up all of the time. She's so funny. [Home visitor] and I are getting her ready for a good school. I love the evaluations we do in EHS, I love knowing how she's doing and what I can do to keep getting her ready for kindergarten.

Parent 8 said,

I was eager to do this, my whole thing is my child's growth. I don't trust everybody, but this was different from EI. The man from EI came out and said on the first visit that my older child had CP and that was the first time he met us. The next time he cancelled and he only wanted to come when it was good for him, not when it was good for us. He did not listen to me and told doctors one thing and me another thing. I'm the parent and I know about my son. He had poor muscle tone, that's what me and the doctors say and that is what is true. He doesn't have CP. [Home visitor] asked me about my son and learned about him from me, she didn't just tell me about him right away like I didn't know what I was talking about and that is the right way to do it. Now he is crawling with the work we are doing with [home visitor] and out of everybody, she's been the best because she tells me all of it and doesn't lie. He's trying to stand up now and I keep talking to [home visitor] about getting him ready for preschool. He's only 8 months old, but it is my goal. This other guy said my baby wouldn't crawl or walk and look what he's doing, I want to focus on his learning and growth and getting him ready; that's the stuff we do in EHS and I like it. What we work on is connected to him doing good as he gets bigger.

Parents expressed that they felt that at times when they are feeling stressed it is hard to think about why their baby may be crying and that it is nice to have someone to talk to about this because it helps their children grow and learn. Several parents shared that they like having a home visitor who is also a mother and can share that she has also gone through some of these things. They shared that they felt like it is important to learn the different reasons for crying and temper tantrums and that their babies may be telling them several things. Parents also said they like learning options of how to teach their babies to behave because some things will not work for some kids.

Research Question Part 1, Parent, Theme 2 Improving Behavior

Parents expressed feeling comfortable working with home visitors to improve their children's behavior because they trust home visitors' knowledge and they trust that home visitors are on the parents' side. Many parents said that they do not feel judged by home visitors and instead they feel like they are talking to a friend or family member in order to get tips and to talk through challenges. Several parents expressed feeling guarded in other programs, but said that since home visitors talk so much about what parents are doing well that it is not a big deal to talk about what is hard or what is not going well too since they do a combination of acknowledging the challenges and the strengths.

Parent number 7 said,

My baby, sometimes he can't soothe himself and he cries so much. We've been talking about what he is telling me when he cries. I know it isn't just that he's angry. I told [home visitor] I wanted him to be able to calm himself down sometimes though like other babies do cause I can't hold him all of the time. She knows and we are doing it together. I like that she listens, sees it happening, and gives me help so he learns. My other son too, she brought a bunch of techniques to help with discipline cause time out doesn't work. Now I make sure he knows what he did wrong so that he understands why he's in trouble, why I'm taking something away from him, and what he can do to get it back. This program becomes like family, they help you figure out what to do. The workers aren't robots like most programs and they really help problem solve with me on what I want help with and they've done that from day one. It's good cause my worker connects with me and my kids. At first I was skeptical, but she proved herself and told me about how she does it with her child and we relate so we're comfortable both being moms. I don't like people without children telling me stuff about being a parent. It's good to

have a consistent person to talk to and know she's going to help me through it.

Parent number 9 said,

I want to make sure she develops right and when she is pouting or being spoiled I didn't pick up on the speaking part. Before [home visitor] started working with us, I wasn't doing speech with her. When we started talking more and she started learning words and using them, then she told me when she was wanting something and her speaking has gotten better and her behavior cause she can tell me things.

Several parents expressed that a main reason that they like EHS is that home visitors work with them and know their lives. Parents shared that it is not as though they do activities in a vacuum and that home visitors know when they are homeless, when they are looking for work, when they are trying to get their GED, and when they are experiencing any other challenge. Parents shared that home visitors work with their children, but they also expressed that home visitors take the time to help them as parents too and this aspect mattered to the parents interviewed. Parents stressed feeling like home visitors were family members or friends and they trusted them because home visitors went above and beyond doing early childhood intervention work with them. Nearly all parents expressed feeling a sense that they either were more stable through participating in work with their home visitor or that they believed their home visitor was committed to helping them get more stable in terms of finding safe housing or employment.

Research Question Part 1, Parent, Theme 3 Increasing Family Stability

Parents see improving their stability as a key priority to advancing the development of their children and they view their work with EHS as a pivotal piece of enhancing their physical and emotional stability.

Parent number 5 said,

I had a lot of trouble with the law and had some problems with alcohol. I got into a program that helped with that and [home visitor] helped me to find it. I get to go to school for free and I'm learning how to be an EMT and that's a good job that could pay for me to have a house someday for me and my kids and not be on section eight anymore. My kids are going to be proud of me and I'm going to be proud of me. [Home visitor] comes on different days now cause she knows I got to finish these classes. She knows it's important to me and so we do it when I'm free, it'll help me get my family to be real good.

Parent 6 expressed,

You can't go to school or get a job if you don't have shelter—[home visitor] helps me to work on it. She knows got to have somewhere to live. My daughter and me have lived in three different houses in the last three months. I'm a patient person and it takes patience with stuff like this. I'm very depressed, but as long as I've got my baby I can get through things. She's my medication. I'm so proud of myself for leaving her daddy cause he hit me and gave me a black eye and hit me in my stomach when I was pregnant. The relationship I have with [home visitor] helps. I got out of DCFS and emancipated when I turned 21 and I didn't know anyone or have anyone and [home visitor] really cares about us, I know it. She's a cool person and praises me and my daughter. When I'm down, she helps me, she doesn't just work with my daughter. She's the only one I tell things to when I feel bad and she helps me get it together for my baby. My baby's advanced already, but I want to keep it going forward. I ain't got nobody, so I'm glad I've got [home visitor]. Other case workers haven't been great. In my life, I have liked and trusted two people,

one case worker in DCFS when I was a teenager and now [home visitor]. When I find good people, I stick with them cause I know they will do right by me. [Home visitor] helped when I had a cold and brought me orange juice from Dominicks. I don't take her for granted. She makes me feel good about myself. She's a great person.

Parent 9 said,

I grew up in the system and I'm used to strangers. I've been in DCFS since 13, I know I have rights, but not everyone acts like we do. EHS should only hire people if they answer that they're willing to work with people like me, if not, it won't work. I'm looking for a job and it's hard. My [home visitor] helped connect me with [another program at the agency] that helps people get jobs. I know [home visitor] is coming to help me and I trust her because she communicates, she's polite, and she goes in to the details. I'd be mad if she leaves us or gets promoted, I'd miss her. She's helpful and she gets my kids. If I was to get an attitude I don't think she'd not understand cause she knows I don't mean it and I want to do this. It's a good opportunity to do the program and they help us with more than just the teaching to my daughter, it's for helping my whole family.

Another important part of supporting their children to develop is realizing that things are challenging, but there also should be time to smile and laugh. Many parents who were interviewed felt their children would do better the more they were having fun together as parent and child. Many parents expressed feeling like they did not know that fun things could be that simple until their home visitor came in and did things that did not require expensive toys, trips, or anything other than supplies in the house. Several parents laughed, saying things like what parent 3 expressed, "it doesn't take an education in this, just smiling and laughing with your baby makes them grow and smile. They pick up on that little stuff and it can be real easy, you just got to remember to do it."

Research Question Part 1, Parent, Theme 4 Increasing Fun

Parent 1 said:

She's playful with my kids, the kids are happy to see [home visitor]. Kids work well with people who are happy. We used food around the house the other day to talk about colors and counting. I hadn't thought about that before, but now I just use a banana or a box of cookies to teach them colors like [home visitor] did and then we eat together. It's fun and we use what we've got in the house. I like doing that every day now first thing when we get up. They get into it cause it's a race to see who can say it first and tell me colors.

Parent number 2

I walked in one time and my wife and kids were playing with [home visitor] and painting and reading. There are times you get tired and don't feel like being playful if you're looking for a job or stressed and feeling bad, but I'm learning to do it anyway cause that's what the kids need my wife told me. It takes a lot and my wife likes [home visitor] coming cause it changes things up and she's real cool. I sit down sometimes and do it too with all of them and it helps your kids to sit down and do it even when she's [the home visitor] not there. It's good cause [home visitor] helped me do my resume and get it all together. I need a job and she helps us learn about helping the kids learn and also helps me and my wife. It helped me have more fun with the kids cause I got some help with the resume cause I was stressed out and had never done one. Now I feel good cause I can apply to things and come back and play with the kids and my wife. I'm happy and my wife thought it was good I was applying to jobs and spending more time playing with them.

Research Question Part 2, Parent Themes

The second component of the interview focused on uncovering relationship development between home visitors and parents through understanding the ways in which they mediate conflict if there is any that occurs. This was tailored around if there

are differences between developmental beliefs and priorities between parents and home visitors, how are those differences mediated? The codes from this second part of the interview included: connection, trust, the need for increased socialization between parents, and increased interest in opportunities to do more with EHS. The clusters of meaning centered on appreciating home visitors, appreciating their children's development, and identifying the ways they teach their children every day through the help of their home visitor. The themes that emerged regarding the question: are there differences between the developmental beliefs and priorities of home visitors and parents demonstrated that parents felt there were not differences in priorities because in general staff and parents' priorities are the same; parents shared they all share the goal of helping their kids and helping their family get stronger. Themes included: feeling comfortable if a disagreement occurs that they would figure it out with their home visitor, parents feeling as though EHS home visitors know their family and have their best interest in mind, and also parents wanting more ways to connect with EHS staff and other EHS parents because they feel community in the program.

All parents stressed that they did not disagree with their home visitors and they stated that if their home visitor ever suggested doing something that they did not want to do that they would feel comfortable saying no and asking for a different activity. Parent 1 said, "if we did disagree, I know she'd figure it out with me." Parent 6 said, "No, we don't disagree, I'm down with all that we do." Parents appeared dismissive of this question, many stressed that home visitors call them, treat them with respect, ask them for permission, and follow up more than any other program they have ever worked with

in their experience. Parent number 4 summed this sentiment up nicely as was expressed by all parents, “if there’s something I don’t like, I tell her, it’s not a big deal. She never fails on me or gets upset if I’m honest.” Parents had a background of poverty and being involved in numerous social service agencies. Their favorite part of their work included the home visitor they work with, the fact that the home visitor behaves differently when compared with other social service interventionists they have had experience with in the past, that they are always doing different activities. All said that there is nothing difficult in working with their home visitor and many expressed the sentiment that EHS is something they look forward to in their week. Parent 3 expressed, “it’s a relief to have her come because I don’t have any other adults to talk to. I don’t go anywhere really because my daughter has CP so having [home visitor] come over is a big help to me. She knows us well and always makes sure to help us get to family days and socializations cause she knows I need the social with other parents.” This community and relationship was also summed up nicely by parent 8 who expressed, “Even if I’m having a bad day and I’m not focusing on what we’re doing as good as I normally do, [home visitor] knows I love my sons and I am going to do the work to teach them. At first my son was shy with her since he was so young, but [home visitor] took her time with us and the more she came over, I became less over protective and got more involved cause we all were having fun.” The difficult aspects parents noted about the program is that transportation is tough to socializations and that there should be more opportunities to do field trips and outings with all parents and children involved in the program.

Bracketed Researcher Self Reflection and Observation Notes

During my interviews with program leaders, I found myself feeling inspired and touched by the level of reflection the leaders approached supervising staff members, working with individual families, and building a sustainable program. Immediately after the interviews I found myself wondering how this leadership style could be replicated at other sites. I felt exhaustion in their voices as they spoke about the amount of work it takes to guide the program in the direction of having a truly child and parent focused program. However, despite acknowledging their own exhaustion, the exhaustion of their staff, and the exhaustion of parents who face burdens of poverty and complex trauma histories, these leaders demonstrated insight about planning to provide more opportunities for potential relief of all stakeholders in the near future while maintaining commitment to the mission of the program. They both spoke about writing grants and using data to demonstrate to the agency the need to hire additional support persons to free up home visitors to have additional time to spend on the key responsibilities of direct service in their work.

While facilitating these interviews, I wondered if families realized the level of effort these leaders are putting in to developing a nurturing and supportive EHS program. I felt positive hearing that these leaders talk about the complex needs of the population they serve and understanding the individual needs of each child and family. It was a pleasant surprise to hear leaders know and articulate the strengths and challenges of families in the program. I felt like this was a strong sign that supervision is taking place due to their knowledge of the work home visitors do with families and children. Leaders

spoke about families in an honest and strengths based manner, at times in a protective manner as though to ensure I understood that these families are more to them than numbers. Each case spoken about was talked about with detail and careful attention to where families started their journey with EHS and where they are now.

A part of me wished that these women had more opportunities to work one on one with families because their clinical skills were so strong. It was identified that they work with families if mental health or physical health challenges are determined to be evident and the manager and director consult; however, these women identified that their role is not to provide long-term therapeutic intervention, it is to provide brief treatment and connect families with psychiatrists, therapists, dieticians, pediatricians or other agency programs to provide long-term treatment in these areas. While the program leaders discussed better utilizing home visitor time through potentially hiring support staff to file and help with administrative paperwork, I wondered how to better utilize the expertise of the program leaders at this EHS site. In hearing all of their knowledge, training, and skills I felt like perhaps with an additional support staff person that these program leaders may have additional time to lead more therapeutic programming during socializations with larger groups of families. I reflected feeling frustrated that individuals with such thorough training are often bogged down with so much administrative work that their expertise is not fully utilized.

While everyone at this site wears many hats and essentially works more than one job, the leaders both stressed the protection of supervision time; they stated that this is something that has to be built into weekly schedules and prioritized. Both leaders stated

that supervision can be the first thing to fall by the wayside when deadlines approach and crises occur; however, they stressed that it is critical to hold it as a priority even in those times because that is when collaboration is most necessary because staff and families are under the greatest stress and may need support in order to determine appropriate next steps for intervention. I appreciated hearing this sentiment they also stressed that this is the ideal that they strive for, but in the past it has not consistently occurred because the program director was formerly running two programs at the agency. As a result of being split between two different programs, it was noted that supervision was difficult to consistently uphold. However, the director's only agency role now is in EHS so she stated that for the last several months that reflective, individual supervision has been able to be a consistent part of the schedule. I appreciated the emphasis on the importance of supervision, the honesty that this has been difficult to consistently establish in the past, and the energized attitude that it is possible and realistic now since the director is physically in EHS more each week currently. After talking to these two women, my own biases led me to conclude that this program is doing far more than what is required of an EHS program. While I have read about other EHS programs and have had the opportunity to visit a few over the years, I had a strong sense that the reason these women stay late, arrive early, and cultivate programming in their EHS that is not required is that they both are clinical therapists and have built this program with the idea of ethical population based practice not simply fulfilling compliance to the city.

After interviewing the three home visitors, I was left feeling that these women loved the work they were able to do with children and families, but that this work may

not be able to be sustained without further built into the program to support self-care for home visitors. All three home visitors had a background in working with vulnerable populations; however, they all mentioned feeling extremely taxed at this site and that they go above and beyond the job requirements because they know that is what the families need. Staff members all demonstrated a lack of trust in the follow through of other agency programs who wrap around families to provide long-term therapeutic support or case management. These staff members identified because these partnerships and connections do not come through for their families that the brunt of long term case management, therapy, in addition to educational programming falls solely on home visitors. I interviewed all three home visitors over the course of one day and while I was inspired at the level of dedication these women have to their families on the caseload, I also felt a strong sense of heavy stress from all three women. The level of commitment home visitors had to their families was something beyond what I saw in the literature. One woman spoke about advocating for trying to have an EHS home visit session in a prison family visiting area in order to get the father involved in sessions as well. While program leaders did not allow this, home visitors continue to be willing to go wherever they need to go to work with their children and families. There was one home visitor who mentioned that one of her families has been in three different shelters in the last several months and that she is glad to go and do home visits in the shelters while they work on finding stable housing for the family. A home visitor shared that she was at the hospital visiting a mother the day after she gave birth and that it was an honor to be there. Another home visitor mentioned that she loves being welcomed into families' homes and

that she likes feeling like she is a major part of their lives, not just some person paid to be there. She said hearing a mom say that if there was an emergency the mother would either call her parent or the home visitor is something that makes this home visitor know she is doing her job well.

However, because all three of these staff members feel such a strong sense of personal responsibility and that their role goes beyond a paycheck, home visitors are at risk of burn out. All women noted going into dangerous neighborhoods on a regular basis. One woman noted that she was there when a shooting took place and said that while the agency sent out an email about the shooting telling staff to avoid the neighborhood for the remainder of the day, because they are in the field a phone call or a text message would have been the only communication she would have been able to receive to get that information. She said it is things like this that cause her to not be at her best when doing her job because if communication is not clear, then there is not consistent procedure followed. Hearing her say that she feels stressed not knowing what she should do when a shooting occurs while she is on a visit was something that concerned me. Her concern for her own safety, for the safety of the family, and for how to process this type of event with a family and child is a valid area for immediate attention. While the agency understands the needs of the population they serve, this example made me feel that there may be a lack of foresight into agency-wide and program-wide planning regarding how to support staff work effectively and safely in these moments that occur regularly for them and the families they serve.

All three home visitors noted that the physical office space where they work also is a significant negative factor. They discussed feeling grateful for donations, but stressed having to work with piles of bags of clothes filling up entire rooms that cannot be used for anything other than donations. Since they are so busy, it can be difficult for them to find time to sort donations as well and they wish there was another place for donations in the agency and once sorted to determine if they are appropriate for infants, toddlers, or parents of young children then sent to the EHS office. I felt like staff members were frustrated that their program seemed to be the dumping ground for the entire agency and that it creates a chaotic work atmosphere. While staff members said peer supervision is helpful in addition to supervision from program leaders, two staff members noted that it can be difficult to work if another staff member had a difficult visit and then it changes the entire atmosphere since they work side by side without any separate work space. Home visitors said that while this can be helpful, it also can be difficult when they all have so much required in the field and when they need to do paperwork it would be helpful to have time to do that without interruption. I felt saddened hearing a staff member say that her own child with autism often comes second to her job because she is forced to do significant paperwork at home because she cannot get it done in the office.

All three of the home visitor interviews were over an hour in length; it felt as though home visitors needed the space to express the burdens of the job in addition to the aspects they were proud to be supporting. While I am sure that more regular reflective supervision will help staff to feel heard, I also wonder if there is an aspect of concern

with being honest with someone who holds a certain degree of power over home visitors. These women said they are comfortable sharing their thoughts with program leaders; however, they also said they know that EHS leaders have little power to change some parts of the job that need to be changed since it would take the follow through of those with power at the agency level. I felt like many concerns noted were aspects that home visitors needed the agency to pay more attention to and validate, like the creation of safety plans and providing EHS with a support administrative staff member (like all other agency programs have to enhance efficiency).

After interviewing these home visitors it was clear that they felt an unflinching dedication to their families to a degree that home visitors did not feel was matched by other programs in the lives of their families. It was also apparent that home visitors did not feel that the full picture of the EHS program or their role was recognized by the agency and I felt a sense that home visitors felt disconnected from the agency as a whole as a result. While the home visitors expressed that the EHS program leaders acknowledge the stress they face and the problems with agency-wide collaboration, it is something that is a daily challenge. After completing these interviews I felt joy from the women about the gains children and families are making, however, I also felt a tremendous weight that is on their shoulders 24 hours a day. I reflected on the trust these home visitors have gained with the parents and children who they serve; so much trust that mothers often go to home visitors first about such personal matters as terminating a pregnancy, discussing adoption, discussing substance use, discussing personal trauma histories, and discussing trauma their children have experienced. Home visitors answer

their work phones through the day and evening; I felt that while this is an honor that families feel so connected to these three women, it is something that would likely wear me out if not given considerable support. I wondered about boundaries and the gray area that exists in working in this role of being the point person for 10 or more families and balancing that with one's own life outside of the professional realm. These home visitors are paid approximately \$30,000 a year with benefits and identify working every weekday evening and weekend in addition to their standard work week duties. It made me exhausted thinking of the expectations these women have of themselves that go beyond the job description they were hired to do as a home visitor. In my opinion, this is commendable, but likely not sustainable at such a highly effective level without the addition of support to decrease the heavy work load on these three staff members.

During my interviews with parents carried out over several days, I felt so much emotion. I felt grateful that many of the parents knew me from socializations in the past when I was a specialty practicum student supporting EHS. Many parents shared very personal details and I felt a combination of things when a woman shared with me that DCFS took two of her children away and so she likes working with EHS so she can continue to keep her other five children. It was a painful moment for this woman to tell me that she does not get to see these two children at all, but also a moment of joy that she said she is proud that she is doing well enough to have her other children live with her. Going into these interviews, I felt prepared because I had worked with this population at this agency for two years, but after completing these interviews I felt foolish about having this confidence. I was humbled to hear the personal stories that all of these

families shared with me and it brought me to tears and laughter upon listening to tapes while transcribing. I think I learned a significant lesson that regardless of having worked with a general population, that individual stories will always require a person to be open to learn, to not go in with assumptions based on a general population, to be ready to be surprised because personal stories and experiences are less predictable than academics may like to admit.

I talked with several mothers who said they are used to have strangers come in their homes and that it was not odd at all to let someone in who they did not know well. They shared about their experiences being wards of the state and in the system their entire lives. Their acceptance of this fact of life was something that was said with a sense of powerlessness and that there is nothing to be done about it even if they disliked it, it is the reality that cannot be changed. I had not thought about that fact going into writing my questions and this was important for me to realize that many of the families at this EHS have this experience.

However, after these women discussed the difference with accepting strangers in their homes from DCFS and Early Intervention, they discussed feeling something different from this EHS. It made me feel hopeful when they said that EHS staff members always take off their shoes, they come when they say they're going to come, they know all of their children's names, they know the names of the other people who live in the household, and they remember what is going on in their lives. These mothers said that while they accept that many strangers will be entering their home on a regular basis, that with this EHS program it is different and it is not just accepting that they will be coming

in, the mothers said they look forward to it. Hearing mothers express powerlessness about other strangers from other programs entering into their homes and not having any ability to say no really hurt me and made me feel frustrated that these women had no choice. However, to see their faces change visibly as they shared how it was different with their EHS home visitor was something very moving.

It was difficult to have a mother ask me if I was a parent. When I said no, that I was not, she laughed and said “it’s always the people who have their shit together who don’t have kids; I don’t get it.” She told me that she trusted her home visitor more because her home visitor was raising a child she was in the process of adopting. Another mother also expressed being grateful her home visitor has a child with a disability because the mother has a daughter with Cerebral Palsy and she said that her home visitor knows from personal experience about working with Early Intervention, working with schools, and that her home visitor has prepared her to handle the challenges ahead in addition to being proud of the success her daughter has accomplished that others said she never would be able to do, like grasp onto a finger or move her legs.

I was able to observe six home visits, one of which was conducted at a fast food restaurant because the people the family is staying with does not want anyone in their home. I felt skeptical of how an intervention could be meaningful conducted in this sort of setting. I was surprised to see the home visitor guide the mother and her child to a quiet corner where the toddler, the mother, and the home visitor colored together. I was surprised at how easily the three seemed to tune out all of the other people around them and focus on their activity. I reflected a great deal about the flexibility required of home

visitors and how successful partnerships are created when home visitors are open to adapting interventions to fit the changing environment, needs, and circumstance of each family. In observing home visits, the greatest feeling I had was that while home visitors entered into each session with a plan, all home visitors were prepared, and required to deviate from their plan based on what was occurring that day for the family. I was impressed with how seamless these adaptations occurred. Observing home visits in many instances felt like observing a close family member or a close friend come and interact with a mother and her child. I was struck on each of the observations by the genuine smiles exchanged from parent to home visitor and vice versa.

While many of these parents had met me before and knew my face, it was obvious the difference in that they had an authentic relationship developed with their home visitors. It was exciting to see mothers eager to show their home visitor pictures they took of their child during the week and stories about what their child did. I felt like an intruder in many ways as mothers and their children were often reluctant to say goodbye to the home visitor and I felt like my presence interrupted a special event that is looked forward to and enjoyed by families and home visitors.

CHAPTER FIVE

DISCUSSION

The literature has conveyed that this match and relationship between parents and home matters to families, to home visitors, and to interventions with children; however, the research did not highlight how these relationships are cultivated. This study demonstrates that an overall respect between all stakeholders, a strong spirit of collaboration, and a commitment to building common understanding is key to forming the deep relationships needed in early intervention with children and families. With this deep relationship cultivation and maintenance, meaningful problem solving can occur in a safe and supportive way.

Collectively, much of the prior scholarship reviewed in Chapter Two and the results of this investigation are in parallel and can be seen through the themes generated by each individual group in addition to the larger common themes uncovered through the intersection of the interviews. Specifically, the experiences of my participants reflects the common research finding that community is important for parents who face poverty (McAllister et al., 2009) and that Early Head Start programs can be valuable sources of support for vulnerable families (Bornstein, 2002; Love et al., 2005; Meisels & Shonkoff, 2000; Shonkoff & Phillips, 2000).

The literature suggests that families who face poverty may view those outside of their family as individuals who have power to dismantle their family if given the

opportunity. Due to this feeling of vulnerability, professionals need to show families they are consistent, reliable helpers who genuinely have an interest in their family and who see the families' strengths (Fraenkel, 2006). Strong connections of support have been shown to be a protective factor for families in the literature (Bornstein, 2002; Edin & Lein, 1997; Love et al., 2005; McAllister et al., 2005; Meisels & Shonkoff, 2000; Shonkoff & Phillips, 2000). This finding in the literature was noted strongly in this study, suggesting that the ability for home visitors to truly join with families made a significant impact in families feeling connected and committing to this EHS program in a larger degree than they have with previous programs they were involved in as participants. Brotherson et al. (2008, 2010) found similar findings in that when highly stressed parents have their emotional needs attended to, it has been identified that greater collaboration and engagement occurs in interventions with their young children.

The bond between home visitors and parents was noted in the literature to significantly impact family engagement in interventions (Brookes et al., 2006) and that when home visitors take on multiple roles as coaches, therapists, and child development specialists that strong working relationships are cultivated (Brophy-Herb et al., 2009). As was discussed in the literature review, successful relationships will place a focus on utilizing the family's culture of origin and adaptive behavior instead of a sole focus on maladaptive behavior (Greenfield, 1994; Hyun & Marshall, 1996). This study demonstrated sophistication of staff to attend to each family's culture and their strengths in order to build intervention that matches a family's personal priorities; this ability was

found to be key to families in the process of relationship development and trust establishment.

The literature also identified staff members reported greater stress when serving families with young children who have multiple needs (Lane, 2005) and that supervision is needed in order to help home visitors to engage with families and help staff identify with and differentiate from those they serve in order to conduct effective work (Aponte & Carlsen, 2009; Gilkerson, 2004; McTighe, 2011). There is an important need to reduce the risk of having home visitors burn out from the significant emotional pressures of their work (Ghorpade, Larckritz, & Singh, 2007). Gill (2007) found a significant correlation between families' length of participation in a program and the number of home visitors they had been assigned, noting that staff members were said to need supervision in order to reduce turnover and improve staff resilience to support families who are building resiliency. Jones-Harden, Denmark, and Saul (2010) also noted significant challenges when they found in their study that staff faced very heavy workloads and lacked needed emotional support for themselves. While this study demonstrated that supervision and consultation plays a significant part in the program, home visitors and program leaders both identified that all staff members in this EHS program are wearing many hats and feel very emotionally taxed and that their time commitment to their work is very heavy. While a deep relationship is key to cultivating effective partnerships between parents and home visitors, effective identification of boundaries may be important to establish through supervision to provide relief to a highly taxed staff.

Summary of the Study

The aim of phenomenology is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it (Moustaklas, 1994). Qualitative research traditions recognize that researcher-bias influences study outcomes and therefore challenge the qualitative researcher to understand, describe, and, if possible, isolate personal perceptions and experiences (Moustakas, 1994). Research integrity-measures employed throughout the investigation included the use of (a) my bracketed experiences, observations, and reflections, (b) a self-reflective field journal, (c) member checking, and (d) an openness to disconfirming previously held notions (Creswell, 2007; Marshall & Rossman, 2006; Moustakas, 1994).

The purpose of this phenomenological study was to uncover the different development beliefs and practices held by home visitors and the parents of young children at an Early Head Start and if those beliefs are different. If so, I wanted to uncover how differences are mediated in order to effectively have these parties partner in therapeutic interventions for young children?

The common theme for part 1 of the protocol included: a strong spirit of collaboration and a deep relationship between the home visitor and the parent is wanted by all three groups of stakeholders; all groups see these things as key to supporting development in young children. The common theme for part 2 of the protocol included: there being no differences in priorities of home visitors and parents regarding development because staff begin intervention with a parent-directed framework and that

problem solving can occur when disagreements arise. Problem solving effectiveness was noted to be dependent on prioritizing careful reflection, relationship development, and relationship maintenance to demonstrate respect.

Extensive data were collected in this dissertation, hours of interviews, pages of observation logs, codes, and analysis. The human element though of this research is at the heart of the story being shared, instead of simply dissecting these stories as pieces of phenomenological research. The information shared by the 14 individuals who participated thoroughly in this study demonstrated that relationships between home visitors and parents are supported through home visitors joining families and becoming immersed in their lives and getting support from program leaders in order to plan the best ways to support their clients. All three groups of stakeholders noted similar things necessary in order to foster development in young children. All three groups of stakeholders demonstrated that they feel positive in working with one another and that there are not significant disagreements between the stakeholders that are beyond repair.

This result may have been found because home visitors have become such a vital part of family members' lives and those interviewed shared that the level of connection they feel has allowed them to be comfortable, open, and honest with one another. Home visitors and parents alike referred to these relationships in terms where both groups said they felt like family or friends. Parents identified that it was not only positive that home visitors knew about the parts of their lives, but that it was also positive when home visitors shared their own lives with parents. Many parents felt more connected to home visitors who shared stories of parenting because parents said they knew the home visitor

was speaking from experience and had been there. Home visitors expressed one of their favorite moments of their jobs was feeling connected to families and having families share with them. The reciprocal sharing involved in the relationship appeared to be important to both parents and home visitors and likely was a contributing factor in cultivating strong and lasting relationships.

The interviews and observations I was able to be a part of during this study have created a rich picture of how relationships can be cultivated based on respect in therapeutic partnerships between parents of children involved in EHS and home visitors. These interviews demonstrated the significant emotional and practical commitment this requires of home visitors. It also demonstrated that in order to create sustainability in this type of partnership, that continued reflective supervision is needed in addition to increased collaboration from the agency housing EHS to provide EHS staff with increased support and improved agency wrap services to increase effective overall treatment and potentially reduce home visitor exhaustion. Parents are very pleased with the EHS program and would like increased services offered to support their connection to the program or simply to other EHS parents because they see EHS as their main community. Parents and staff members both provided thorough explanation of what is working well in addition to excellent insights for enhancement to EHS. Opportunities for program development will be discussed and presented to EHS program leaders who will bring findings to their agency president. It is important to show program leaders and agency leaders that the extensive work home visitors put in to create relationships based

on respect with families has been deemed the most valuable and meaningful part of EHS as evidenced by the feedback from parents and home visitors.

Limitations of the Study

There are significant limitations of this study. I did not have anyone disconfirm any of my analysis or add to them. This may be due to (a) the fact that stakeholders were busy and did not have time to talk or did not see the relevance in changing anything and/or (b) they did not want to challenge my analysis in order to spare my feelings, and/or (c) trust was established during the extensive interview process and they did not feel the need to go further into detail of their experience. While I tried to project to stakeholders that no matter what they shared, that an accurate reflection of their perspectives was more important than my analysis, I cannot be certain that stakeholders felt able to correct me.

Another notable limitation is that parents frequently mentioned that EHS staff were more committed and respectful than other human service providers they have encountered. As such, while it is very instructive to learn from an organization that appears to reflect ideal practices on this score, it may be that this EHS program is not representative of similar agencies who may not be as skilled in providing relationship-based, client-driven and centered intervention. Finally, there were no parents who participated who were Spanish speakers and only one father participated in this study so the results also should be qualified that it does not fully represent this program. It has been noted that fathers in general are less involved than mothers; this study did not investigate why this may be and what is being done to engage and create relationships

with fathers specifically. Finally, a limitation to this study is that I did not have another qualitative researcher to support data analysis. While this was done intentionally to avoid academic bias overshadowing stakeholder support in analysis, it was extremely challenging to analyze this thorough data without another qualitative researcher during the process.

Implications for Future Research

Exploratory qualitative research methods are often used when little is known about a topic (Marshall & Rossman, 2006). Based on the findings from this investigation, an exact replication is probably not warranted; however, researchers may want to consider doing further investigation using quantitative methods in order to survey a larger population of Early Head Start program leaders, home visitors, and parents to obtain generalizable information on the degree these three groups feel parents and home visitors match in their therapeutic interventions and the degree these three groups see that as a priority in intervening within an EHS model. Increased attention should be paid to the type and frequency of supervision EHS home visitors is given and the impact this has on staff morale who work with vulnerable families.

This study truly highlights the importance of relationships. The literature has conveyed that this match and relationship between parents and home visitors matters; however, the research did not highlight how these relationships are cultivated. This study demonstrates that an overall respect between all stakeholders, a strong spirit of collaboration, and a commitment to building common understanding is key to forming the deep relationships needed in early intervention with children and families. With this

deep relationship cultivation and maintenance, meaningful problem solving can occur in a safe and supportive way. Future research may benefit from analyzing the degree of respect, collaboration, and commitment to establishing a common understanding is felt by families and home visitors at other programs.

Investigation Summary

Competent research and scholarship serve not to define what is true, but rather to advance knowledge and provide a guide for future research (Sher & Eisenberg, 2002). Thus, an investigation of stakeholder experience at this EHS program serves to advance knowledge in the field of early childhood therapeutic programming for families who face poverty and shape future investigations of the assessment of EHS home visitor-parent partnership in therapeutic intervention to support young children. Moustakas (1994) challenges qualitative researchers to – write a brief creative close that speaks to the essence of the study and its inspiration to you in terms of the value of the knowledge and future directions of your professional-personal life. My brief creative close is a quote from Virginia Satir that nicely articulates the personal and professional commitment this work requires from program leaders, home visitors, and parents in order to cultivate genuine partnerships in therapeutic interventions to support developing infants and toddlers:

I want to love you without clutching, appreciate you without judging, join you without invading, invite you without demanding, leave you without guilt, criticize you without blaming, and help you without insulting. If I can have the same from you, then we can truly meet and enrich each other.

APPENDIX A
RECRUITMENT FLYER

My name is Ruth Schumacher and I am a doctoral student at Loyola University Chicago in the School Psychology program. You may have seen me at Early Head Start activities in the past; I have been a specialty practicum student here and have loved my time learning about early childhood interventions. I was raised in a lower-income, single-parent household and as a result of my background I am very interested in programming to support families fewer financial resources. I would love to help Beacon to better understand the perspectives of parents, home visitors, and program leaders in supporting early childhood interventions. My goal is to be able to provide feedback to potentially help the program improve after hearing and analyzing insights from all stakeholders in this Early Head Start program.

I would like to invite Early Head Start parents, home visitors, and program leaders to participate in a study concerning their beliefs on early childhood development and their experience with being involved in early childhood interventions through Early Head Start. The purpose of the study is to examine the applied process of how home visitors and parents work together to partner in a therapeutic Early Head Start intervention. You will be asked to participate in a 30 minute interview regarding your beliefs about supporting young children and participating in Early Head Start. You will also be asked to participate in a short follow up meeting to ensure I have understood your insights accurately. You will also be asked if you would be comfortable consenting to the researcher observing a co-led home visitor/parent Early Head Start intervention activity.

You are not required to participate in these interviews and your involvement in Early Head Start will not be impacted in any way regardless of if you choose to participate in these interviews or if you choose not to participate in these interviews.

What you say during the interview will not be shared with others in program. In order to protect the identity of others in the program and of the program itself you will be asked not to say the name of others and of the program itself. If you do, the name will be deleted from the transcript and will not be included in the notes.

If you would like to participate, to know more about the study, or if you have any questions, please contact me at 773-606-6379, mschumacher1@luc.edu or my advisor Dr. David Shriberg, at dshribe@luc.edu.

APPENDIX B
CONSENT FORMS

**CONSENT TO PARTICIPATE IN RESEARCH
(Program Director and Program Manager)**

Project Title: A qualitative study of stakeholder perceptions in early childhood intervention partnership

Researcher(s): Ruth Schumacher

Faculty Sponsor: David Shriberg, Ph.D.

Introduction:

You are being asked to take part in a research study being conducted by Ruth Schumacher for a dissertation under the supervision of Dr. David Shriberg in the Department of School Psychology at Loyola University of Chicago.

You are being asked to participate because you have a unique perspective regarding your experience with running an Early Head Start program. Your insights on supporting home visitors and parents to facilitate healthy development in young children is of particular importance in this study.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is to examine the applied process of how home visitors and parents work together to partner in a therapeutic Early Head Start intervention, what supports this goal, and what challenges exist from the perspectives of parents, home visitors, and program leaders.

Procedures:

If you agree to be in the study:

- You will be asked to participate in an interview where you will be asked questions regarding how partnership occurs between home visitors and parents, especially when there may be differences in cultural expectations or beliefs.
- The interview will be conducted by the researcher. It will take approximately 30 minutes.
- Unless you do not consent to audio-recording, interviews will be audio-recorded and transcribed. Notes will also be taken.
- You will also be asked to participate in a 5-10 minute check for accuracy in the near future to ensure the researcher reflected your insights accurately

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but your participation may lead to an indirect benefit since the goal of the study is to gather information that will be helpful to the agency; it is possible that if that happens that the results of this study may lead to improvements in the program. The results will also add to a gap in the research as to how Early Head Start programs can support parents and home visitors to build effective working relationships to work towards improved outcomes for young children. The overall research findings with no identifying information will be provided to the program after data analysis has been completed to foster enhances in the program.

Confidentiality:

- What you say during the interview will not be shared with others in the program.
- In order to protect the identity of others in the program and of the program itself, you will be asked not to say the name of others and of the program or agency. If you do, the name will be deleted from the transcript and will not be included in the notes.
- The audio-recording, transcript, and notes will be stored in a secure place to which only the researcher has access and will be destroyed 5 years after the conclusion of the study.

Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:

If you have questions about this research study, please feel free to contact Ruth Schumacher at mschumacher1@luc.edu, 773-606-6379 or the faculty sponsor Dr. David Shriberg at dshribe@luc.edu, 312-915-7087.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent, including audio-recording:

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

Sign here only if you consent to participation but not to audio recording.

Statement of Consent, excluding audio-recording:

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study, but do not consent to being audio-recorded. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

**CONSENT TO PARTICIPATE IN RESEARCH
(Program Home Visitors)**

Project Title: A qualitative study of stakeholder perceptions in early childhood intervention partnership

Researcher(s): Ruth Schumacher

Faculty Sponsor: David Shriberg, Ph.D.

Introduction:

You are being asked to take part in a research study being conducted by Ruth Schumacher for a dissertation under the supervision of Dr. David Shriberg in the Department of School Psychology at Loyola University of Chicago.

You are being asked to participate because you have a unique perspective regarding your experience with as a home visitor for an Early Head Start program. Your insights on partnering with parents to facilitate healthy development in young children is of particular importance in this study.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is to examine the applied process of how home visitors and parents work together to partner in a therapeutic Early Head Start intervention, what supports this goal, and what challenges exist from the perspectives of parents, home visitors, and program leaders.

Procedures:

If you agree to be in the study:

- You will be asked to participate in an interview where you will be asked questions regarding how partnership occurs between home visitors and parents, especially when there may be differences in cultural expectations or beliefs.
- The interview will be conducted by the researcher. It will take approximately 30 minutes.
- Unless you do not consent to audio-recording, interviews will be audio-recorded and transcribed. Notes will also be taken.
- You will also be asked to participate in a 5-10 minute check for accuracy in the near future to ensure the researcher reflected your insights accurately.
- You will also be asked if you would be comfortable consenting to the researcher observing a co-led home visitor/parent Early Head Start intervention.

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but your participation may lead to an indirect benefit since the goal of the study is to gather information that will be helpful to the agency; it is possible that if that happens that the results of this study may lead to improvements in the program. The results will also add to a gap in the research as to how Early Head Start programs can support parents and home visitors to build effective working relationships to work towards improved outcomes for young children. The overall research findings with no identifying information will be provided to the program after data analysis has been completed to foster enhances in the program.

Confidentiality:

- What you say during the interview will not be shared with others in the program.
- In order to protect the identity of others in the program and of the program itself, you will be asked not to say the name of others and of the program or agency. If you do, the name will be deleted from the transcript and will not be included in the notes.
- The audio-recording, transcript, and notes will be stored in a secure place to which only the researcher has access and will be destroyed 5 years after the conclusion of the study.

Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:

If you have questions about this research study, please feel free to contact Ruth Schumacher at mschumacher1@luc.edu, 773-606-6379 or the faculty sponsor Dr. David Shriberg at dshribe@luc.edu, 312-915-7087.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent, including audio-recording:

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

Sign here only if you consent to participation but not to audio recording.

Statement of Consent, excluding audio-recording:

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study, but do not consent to being audio-recorded. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

**CONSENT TO PARTICIPATE IN RESEARCH
(Program Parents)**

Project Title: A qualitative study of stakeholder perceptions in early childhood intervention partnership

Researcher(s): Ruth Schumacher

Faculty Sponsor: David Shriberg, Ph.D.

Introduction:

You are being asked to take part in a research study being conducted by Ruth Schumacher for a dissertation under the supervision of Dr. David Shriberg in the Department of School Psychology at Loyola University of Chicago.

You are being asked to participate because you have a unique perspective regarding your experience as a parent of a young child participating in an Early Head Start program. Your insights on partnering with home visitors to facilitate healthy development in your child(ren) is of particular importance in this study.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is to examine the applied process of how home visitors and parents work together to partner in a therapeutic Early Head Start intervention, what supports this goal, and what challenges exist from the perspectives of parents, home visitors, and program leaders.

Procedures:

If you agree to be in the study:

- You will be asked to participate in an interview where you will be asked questions regarding how partnership occurs between home visitors and parents, especially when there may be differences in cultural expectations or beliefs.
- The interview will be conducted by the researcher. It will take approximately 30 minutes.
- Unless you do not consent to audio-recording, interviews will be audio-recorded and transcribed. Notes will also be taken.
- You will also be asked to participate in a 5-10 minute check for accuracy in the near future to ensure the researcher reflected your insights accurately
- You will also be asked if you would be comfortable consenting to the researcher observing a co-led home visitor/parent Early Head Start intervention for your child(ren).

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but your participation may lead to an indirect benefit since the goal of the study is to gather information that will be helpful to the agency; it is possible that if that happens that the results of this study may lead to improvements in the program. The results will also add to a gap in the research as to how Early Head Start programs can support parents and home visitors to build effective working relationships to work towards improved outcomes for young children. The overall research findings with no identifying information will be provided to the program after data analysis has been completed to foster enhances in the program.

Confidentiality:

- What you say during the interview will not be shared with others in the program.
- In order to protect the identity of others in the program and of the program itself, you will be asked not to say the name of others and of the program or agency. If you do, the name will be deleted from the transcript and will not be included in the notes.
- The audio-recording, transcript, and notes will be stored in a secure place to which only the researcher has access and will be destroyed 5 years after the conclusion of the study.

Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:

If you have questions about this research study, please feel free to contact Ruth Schumacher at mschumacher1@luc.edu, 773-606-6379 or the faculty sponsor Dr. David Shriberg at dshribe@luc.edu, 312-915-7087.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent, including audio-recording:

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

Sign here only if you consent to participation but not to audio recording.

Statement of Consent, excluding audio-recording:

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study, but do not consent to being audio-recorded. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX C
INDIVIDUAL INTERVIEW PROTOCOLS

Parent Protocol

Thank you so much for agreeing to participate in this interview. There are two sections to today's interview. This first section of questions is about your beliefs and practices as a parent related to facilitating healthy development in young children. The second section is regarding your experience working with your home visitor in Early Head Start. Let's begin by talking a little about your child and how you became involved with Early Head Start.

Background:

Could you describe what a typical day looks like for your child?
 How do you know when your child is upset? What does he/she do?
 How do you handle that? What do you do when he/she gets angry? When he/she is sad?
 When he/she is scared? When he/she is happy?
 What kinds of things have you seen your child learn to do?
 Does he/she know how to count? know the alphabet? colors? animals? nursery rhymes/songs?
 How did he/she learn these things?
 What are some of his/her favorite books?
 Does he/she like to be read to?

Part 1: Parents beliefs and practices to facilitate healthy development in young children

1. If another parent asked you about what things to encourage their young child to learn to do from birth to 2 years of age, what would you tell him or her?
2. If the parent asked you why these things are so important for the child to learn, what would you tell him or her?
3. What would you suggest this parent do with his or her young child to help the young child learn these things?
4. What advice would you have for a parent whose child is not progressing to learn the things you described to be important during these early years?
5. I really appreciate you sharing your insights with me. Is there anything else that I didn't ask you that would you would like to tell me regarding your feelings and experience in this area of young children's development?

Now let's talk a bit about your experience with working with your home visitor in Early Head Start.

Part 2: Parents beliefs on working with home visitors

1. What made you decide to be involved in this Early Head Start program?
2. What are your favorite parts?
3. What are the most difficult parts?

4. Tell me about the work you do with your home visitor and child? (for home visitors and leaders it would ask tell me about the work you do with parents and children)
5. Do you enjoy working with your home visitor?
6. What have you learned and/or what have you, the visitor, and the child(ren) done together (or worked on together)?
7. What would you like to be learning and/or what else do you think that you all would enjoy doing together?
8. Tell me about how you felt when you and your child first started working with your home visitor in Early Head Start?
 - a. What was it like to have someone you didn't know come into your home and interact with you and your child?
 - b. What did you like? What did you not like?
9. Did your feelings about the home visitor change at all over time?
 - a. If not, what has occurred that has made your feelings stay the same?
 - b. If so, how did they change? (positively or negatively)
 - c. Why do you think your feelings changed?
10. What is the most important goal you want your child to achieve through participating in Early Head Start?
11. Do you think your home visitor also sees this goal as the most important target for your child to reach while in Early Head Start?
 - a. If so, how did you both get on the same page about this goal?
 - b. If not, what do you think your home visitor's top goal is for your child? If your goals are different, have you shared with your home visitor that this is your goal? How did she respond when you shared this goal with her? How do you feel about the fact that you both have different goals?
12. What kinds of things do you do with your home visitor and your child? Do these activities benefit your child?
 - a. If so, what has changed for the better?
 - b. If not, have you told your home visitor that you do not think these activities benefit your child? If so, how did the home visitor respond? How did you feel about that? Did anything change as a result?
13. Have you and your home visitor ever disagreed on the activities you do with your child?
 - a. If so, what happens when you disagree? How do you feel about that? How do you work to resolve it?
 - b. If not, what insights do you have on how you both are able to work so well together?
14. What advice would you give to other Early Head Start parents to help them in working well with home visitors?
15. What advice would you give to home visitors to help them to work well with other Early Head Start parents and their children?
16. Is there anything else that I didn't ask you that would you would like to tell me about working with your home visitor?

17. Is there anything else you would like to share with me about your participation in Early Head Start?

Thank you so much for talking with me in this interview; your knowledge has really helped me to gain a better understanding of your experience and what Early Head Start participation is really like for parents. This was phase 1 of the interview process; I am hoping to contact everyone who participated in interviews after I analyze what was said in order to have everyone individually ensure that I have accurately represented your views.

Would it be acceptable for me to contact you for a very brief (5-10 minute) check for accuracy in the near future?

If so, what method would you prefer me use to contact you (email, phone, other) and would you be comfortable providing me that contact information now if you would like me to reach out to you in the near future?

Would you be comfortable with me observing a parent-home visitor co-led intervention you both are providing for your child(ren)? If so, how would you prefer me to contact you regarding setting up that observation (email, phone, other)?

Home Visitor Protocol

Thank you so much for agreeing to participate in this interview. There are two sections to today's interview. This first section of questions is about your beliefs and practices as a home visitor related to facilitating healthy development in young children. The second section is regarding your experience working with parents in Early Head Start. So let's begin by talking a little about your own beliefs and practices on child development.

Home visitor beliefs and practices to facilitate healthy development in young children

1. If someone new to the field asked you about what things to encourage infants and young children to learn to do from birth to 2 years of age, what would you tell him or her?
2. If the new colleague asked you why these things are so important for children to learn, what would you tell him or her?
3. What types of actions would you suggest this new colleague do to support the infants and young children on his or her caseload to reach these important developmental milestones you mentioned?
4. What advice would you have for this colleague if he or she is seeing little progress with the infants and young children he or she works with in Early Head Start?
5. I really appreciate you sharing your insights with me. Is there anything else that I didn't ask you that would you would like to tell me regarding your feelings and experience in this area of young children's development?

Now let's talk a bit about your experience with working with parents in Early Head Start.

Home visitor beliefs on working with parents

1. What made you decide to be involved in this Early Head Start program?
2. What are your favorite parts?
3. What are the most difficult parts?
4. Tell me about the work you do with parents and children?
5. Do you enjoy working with parents?
6. What have you learned and/or what have you, parents, and children done together (or worked on together)?
7. What would you like to be doing and/or what else do you think that you all would you enjoy doing together?
8. Tell me about how you generally feel when you initially start working with new parents and children beginning the Early Head Start home based program? What is it like to go into the homes of strangers and interact with them and their children?
9. Do your feelings generally change over time as you work more with each family?
 - a. If not, what often happens that results in your feelings remaining the same?

- b. If so, how did they change? (positively or negatively)
 - c. What types of things generally occur that results in your feelings changing?
- 10. What is typically the most important goal you want the children you work with to achieve through participating in Early Head Start?
- 11. Do you think in general that the parents you work with also see this goal as the most important target for their children to reach while in Early Head Start?
 - a. If so, how did you both get on the same page about this goal?
 - b. If not, in general what do you think most parents of the children you work with would say is their top goal is for their children? If your goals are different, have you shared this with parents? How do they typically respond when you shared this goal with them? How do you feel about the fact that you have different goals than parents?
- 12. In general, what kinds of things do you do with the parents and children you serve? Do these activities benefit the children?
 - a. If so, what has changed for the better?
 - b. If not, describe how you talk to parents about changing interventions. How do you plan next steps? How do parents typically respond? How do these responses make you feel? Do things change as a result?
- 13. Have you and your home visitor ever disagreed on the activities you do with your child?
 - c. If so, what happens when you disagree? How do you feel about that? How do you work to resolve it?
 - d. If not, what insights do you have on how you both are able to work so well together?
- 14. What advice would you give to other Early Head Start home visitors to help them in working with parents?
- 15. What advice would you give to Early Head Start parents to help them to work well with other Early Head Start home visitors?
- 16. What suggestions do you have for program leaders to help support home visitors in effectively working with Early Head Start parents?
- 17. Do program leaders support home visitors in working with parents of Early Head Start children?
- 18. If so, what types of things do they do? How do you feel about that? How does it work?
- 19. Is there anything else that I didn't ask you that would you would like to tell me about working with parents?
- 20. Is there anything else you would like to share with me about your work in Early Head Start?

Thank you so much for talking with me in this interview; your knowledge has really helped me to gain a better understanding of your experience and what Early Head Start work is really like for home visitors. This was phase 1 of the interview process; I am hoping to contact everyone who participated in interviews after I analyze what was said

in order to have everyone individually ensure that I have accurately represented your views.

Would it be acceptable for me to contact you for a very brief (5-10 minute) check for accuracy in the near future?

If so, what method would you prefer me use to contact you (email, phone, other) and would you be comfortable providing me that contact information now if you would like me to reach out to you in the near future?

Would you be comfortable with me observing a parent-home visitor co-led intervention you both are providing for your child(ren)? If so, how would you prefer me to contact you regarding setting up that observation (email, phone, other)?

Director/Manager Protocol

Thank you so much for agreeing to participate in this interview. There are two sections to today's interview. This first section of questions is about your beliefs and practices as a program leader in Early Head Start related to facilitating healthy development in young children. The second section is regarding your experience working with parents and home visitors in Early Head Start. So let's begin by talking a little about your own beliefs and practices on child development.

Program leader beliefs and practices to facilitate healthy development in young children

1. If a home visitor who is new to the field asked you about what things to encourage infants and young children to learn to do from birth to 2 years of age, what would you tell him or her?
2. If the new home visitor asked you why these things are so important for children to learn, what would you tell him or her?
3. What types of actions would you suggest this new home visitor do to support the infants and young children on his or her caseload to reach these important developmental milestones you mentioned?
4. What advice would you have for this new home visitor if he or she is seeing little progress with the infants and young children he or she works with in Early Head Start?
5. I really appreciate you sharing your insights with me. Is there anything else that I didn't ask you that would you would like to tell me regarding your feelings and experience in this area of young children's development?

Now let's talk a bit about your experience with working with parents and home visitors in Early Head Start.

Program leader beliefs on working with parents

1. What made you decide to be involved in this Early Head Start program?
2. What are your favorite parts?
3. What are the most difficult parts?
4. Tell me about the work you do with parents and children? Tell me about the work you do with home visitors?
5. Do you enjoy working with parents? Do you enjoy working with home visitors?
6. What have you learned and/or what have you, parents, home visitors, and children done together (or worked on together)?
7. What would you like to be doing and/or what else do you think that you all would you enjoy doing together?
8. Tell me about how home visitors generally feel when they initially start working with new parents and children beginning the Early Head Start home based program?
9. Do their feelings generally change over time as they work more with each family?

- c. If not, what often happens that results in their feelings remaining the same?
 - d. If so, (if so does it typically become more positive or negative)
 - e. What types of things occur to facilitate a change in their feelings?
10. What is typically the most important goal you want children participating in Early Head Start to achieve?
 11. Do you think in general that the home visitors see this goal as the most important target for the children they work with in Early Head Start?
 - a. If so, how did you get on the same page about this goal?
 - b. If not, in general what do you think most home visitors would say is their top goal is for the children they serve? If your goals are different, have you discussed this with home visitors? How do they typically respond? How do you feel about the fact that you have different goals?
 12. Do you think in general that parents see this goal as the most important target for their children to reach while in Early Head Start?
 - a. If so, how did you get on the same page about this goal?
 - b. If not, in general what do you think most parents would say is their top goal is for their children? If your goals are different, have you discussed this with parents? How do they typically respond? How do you feel about the fact that you have different goals than parents?
 13. In general, what kinds of things do home visitors do with the parents and children in your Early Head Start program? Do these activities benefit the children?
 - a. If so, what has changed for the better?
 - b. If not, describe how you or the home visitors talk to parents about changing interventions. How do you plan next steps? How do parents typically respond? How do these responses make you feel? How does it make home visitors feel? Do things change as a result?
 14. Have you and program home visitors ever disagreed on the activities/interventions that should be conducted with Early Head Start children?
 - a. If so, what happens when you disagree? How do you feel about that? How do you work to resolve it?
 - b. If not, what insights do you have on how you are able to work so well together?
 15. Have you or program home visitors ever disagreed with program parents on the activities/interventions that should be conducted with their children?
 - a. If so, what happens when you disagree? How do you feel about that? How do you work to resolve it?
 - b. If not, what insights do you have on how you are able to work so well together?
 16. What advice would you give to other Early Head Start programs to help their home visitors to work more effectively with parents?
 17. What advice would you give parents participating in other Early Head Start programs to help them to work more effectively with other Early Head Start home visitors?

18. What practical advice would you give to other Early Head Start program leaders to support their home visitors in working with parents?
19. Is there anything else that I didn't ask you that would you would like to tell me about working with parents and/or home visitors?
20. Is there anything else you would like to share with me about your work in Early Head Start?

Thank you so much for talking with me in this interview; your knowledge has really helped me to gain a better understanding of your experience and what Early Head Start work is really like for program leaders. This was phase 1 of the interview process; I am hoping to contact everyone who participated in interviews after I analyze what was said in order to have everyone individually ensure that I have accurately represented your views.

Would it be acceptable for me to contact you for a very brief (5-10 minute) check for accuracy in the near future?

If so, what method would you prefer me use to contact you (email, phone, other) and would you be comfortable providing me that contact information now if you would like me to reach out to you in the near future?

APPENDIX D
PARTICIPANT FOLLOW UP INTERVIEW DATA CHECK
FOR ACCURACY PROTOCOL

The purpose of this brief individual meeting is to allow you to verify if your opinions and beliefs were understood and documented accurately from the individual interview you participated in voluntarily. The interview questions are listed with the analyzed data for your reference.

Are your views that you shared during the interview represented in this analysis presented to you?

Yes No

If you answered, no what insights do you hold that you want added to this analysis?

If you shared additional insights, does your additional information fit into any of the current codes, clusters, or themes presented? If so, list captures the essence of your additional statements.

If not, what words would you use to categorize your additional statements you provided today in response to the interview questions?

APPENDIX E
SPANISH TRANSLATIONS

Mi nombre es Ruth Schumacher y soy una estudiante de doctorado en la Universidad Loyola de Chicago en la programa de Psicología Escolar. Es posible que en el pasado me han visto en las actividades de Early Head Start, Yo tengo tres años aquí como una estudiante de practicum especialidad y me ha encantado mi tiempo aprendiendo acerca de las intervenciones infantil. Yo me crié en un hogar con bajos ingresos y con una madre sola y como resultado de mi experiencia yo estoy muy interesada en programas para apoyar a las familias con menos recursos financieros. Mi encantara ayudar a Beacon en entender mejor las perspectivas de los padres, visitantes de casa, y líderes de la programa en apoyando las intervenciones infantiles. Mi objetivo es para poder provenir retroacción para potencialmente ayudar la programa mejorar después de escuchar y analizando perspicias de todos los partes interesados en esta programa de Early Head Start. Mi gustaría invitar los padres, visitantes de casa, y líderes de la progama Early Head Start para participar en un estudio acerca de sus creencias sobre el desarrollo infantil temprano y sus experiencias con estar involucrado en intervenciones infantiles por Early Head Start. El objetivo del estudio es para examinar el proceso aplicado de cómo los visitantes de casa y padres trabajan juntos para pareja en una intervención terapéutica en Early Head Start. También se la pedirá a usted que participe en una entrevista de 30 minutos donde su identidad sera con respeto sus creencias de apoyar niños pequeños y participando en Early Head Start. También se le pedirá a usted que participa en una breve reunión siguiendo para asegurar que yo he entendido sus perspicacias exactamente. Se le preguntará también si usted esta cómodo en dar su consentimiento para que la investigadora observa una intervención que esta conducido por los dos visitantes de casa/padre en Early Head Start para su niño (s).

Usted no esta obligado/a para participar en estas entrevistas y su participación en Early Head Start no será impactado en cualquier manera independientemente de si usted decide a participar en estas entrevistas o si usted decide no participar en estas entrevistas. Lo que usted dice durante la entrevista no se compartirá con otros en el programa. Para proteger la identidad de otros en la programa y del propio programa se la pedirá que no diga los nombres de otros y del propio programa. Si lo hace, el nombre será borrado del transcripción y no será incluido en las notas.

Si usted le gustaría participar, saber mas sobre el estudio, o si usted tiene alguna pregunta, por favor por favor no dude en contactarme al 773-606-6379, mschumacher1@luc.edu ,o mi consejero Dr. David Shriberg al dschribe@luc.edu.

CONSENTIMIENTO PARA PARTICIPAR EN ESTUDIO (Padres de Programa)

Título del Proyecto: Un estudio cualitativo de las percepciones de los partes interesadas en la asociación de intervención infantiles.

Investigadora: Ruth Schumacher, M.Ed

Patrocinador de Facultad: David Shriberg, Ph.D

Introducción:

Se le pide que usted toma parte en un estudio, conducido por Ruth Schumacher, para un tesis bajo la supervisión de Dr. David Shriberg en el Departamento de Psicología Escolar en la Universidad Loyola de Chicago.

Le están pidiendo participar porque usted tiene perspectiva única acerca de su experiencia como padre de un niño participando en la programa de Early Head Start. Sus perspicacias en hacer asociaciones con los visitantes de casa para facilitar el desarrollo saludable de su niño(s) es de importancia particular en el estudio.

Por favor lee esta forma con cuidado y haga cualquier preguntas que usted puede tener antes de decidir si usted quiere participar en el estudio.

Objetivo:

El objetivo de este estudio es examinar el proceso aplicado de cómo los visitantes de casa y padres trabajan juntos para pareja en una intervención terapéutica en Early Head Start, lo que apoya este objetivo, y cuáles son los desafíos que existen desde la perspectiva de los padres, visitantes de casa, y los líderes de la programa.

Procedimientos:

Si usted está de acuerdo para participar en este estudio:

- Se le pedirá que usted participar en una entrevista donde se le harán preguntas sobre cómo ser la pareja entre visitantes de casa y padres, especialmente cuando puede haber diferencias de en las expectativas culturales o creencias.
- La entrevista será conducida por la investigadora. Esto durara 30 minutos.
- A menos que usted no está de acuerdo con la grabación de audio, entrevistas serán grabadas de audio y transcritas. También se tomarán notas.
- También se le pedirá a participar por 5-10 minutos para verificar por precisión en el futuro pronto para asegurar que la investigadora refleja sus perspicacias con precisión.
- Se le preguntará si usted está cómodo en dar su consentimiento para que la investigadora observa una intervención que está conducido por los dos visitantes de casa/padre en Early Head Start para su niño (s).

Riesgos/Beneficios:

No hay ningunos riesgos previsibles involucrados con participación en este estudio más allá de los que se encuentran diaramente.

No hay ningún beneficios directos para usted de la participación, pero su participación puede conducir a un beneficio indirecto porque el objetivo del estudio es para reunir información que será útil para la agencia; es posible que si eso sucede que los resultados del estudio pueden conducir a mejorar la programa. Los resultados también se agregará en una brecha en las investigaciones sobre cómo las programas Early Head Start pueden apoyar a los padres y visitantes de casa para construir relaciones de trabajo eficativas para trabajar con respecto a mejorando resultados para niños pequeños. En general los resultads de las investigaciones sin información de indtificación será proporcionado a la programa después de que la análisis de los datos ha sido completado para fomentar avances en la programa. de mejorar la programa para todos las partes interesadas.

Confidencialidad:

- Lo que dice durante la entrevistas no será compartido con otros en la programa.
- Para proteger la identidad de otros en la programa y de la programa sí mismo, se le pedirá que no diga el nombre de otros y de la programa, o la agencia. Si lo hace, el nombre será borrado de la transcripcion y no se incluirá en las notas.
- El grabación de audio, transcripción, y notas serán guardados en un lugar seguro donde sólo la investigadora tiene acceso y será destruido 5 años después de la conclusión del estudio.

Participación Voluntario:

Participación en este estudio es voluntario. Si usted no quiere participar en este estudio, no tiene que participar. Incluso si usted decide participar, usted esta libre de no responder a cualquier pregunta o para retirarse de la participación en cualquier momento sin pena.

Información de Contacto y Preguntas:

Si usted tiene preguntas sobre este estudio de investigación, por favor no dude en contacta Ruth Schumacher al mschumacher1@luc.edu , 773-606-6379 o el consejero académico, Dr. David Shriberg al ddshribe@luc.edu, 312-915-7087.

Si tiene preguntas sobre sus derechos como un participante de la investigación, usted puede comunicarse con La Oficina de Servicios de Investigación en la Universidad Loyola al (773) 508-2689.

Declaración de Consentimiento, incluyendo la grabación de audio):

Su firma abajo indica que usted ha leído la información, proporcionada encima, ha tenido una oportunidad de hacer preguntas y esta de acuerdo de participar en este estudio de investigación. Usted recibirá una copia de esta forma para sus archives.

Firma de Participante

Fecha

Firma de Investigadora

Fecha

Firma aquí sólo si usted consiente en la participación, pero no en la grabación de audio.

Declaración de Consentimiento, excluyendo la grabación audio:

Su firma abajo indica que usted ha leído la información, proporcionada encima, ha tenido una oportunidad de hacer preguntas y esta de acuerdo de participar en este estudio de investigación. Usted recibirá una copia de esta forma para sus archivos.

Firma de Participante

Fecha

Firma de Investigadora

Fecha

Protocolo de Padre

Muchas gracias por haber aceptado participar en esta breve entrevista. Hay dos secciones en la entrevista de hoy: La primera sección de preguntas es acerca de sus creencias y prácticas como un padre relacionadas con la facilitación de desarrollo en niños pequeños. La segunda sección es sobre sus experiencias con su visitante de casa en Early Head Start. Así que empezamos hablar un poco de sus propias creencias y prácticas en el desarrollo de niño.

Fondo:

- ¿Podría usted describir qué un día típico se parece para su niño?
- ¿Cómo sabe usted cuándo su niño esta molesto? ¿Qué hace él/ella?
- ¿Cómo maneja usted eso? ¿Qué hace usted cuándo él/ella se enoja? ¿Cuándo él/ella está triste? ¿Cuándo él/ella tiene miedo? ¿Cuándo él/ella es feliz?
- ¿Qué tipos de cosas ha visto usted que su niño aprendió a hacer?
- ¿Él/ella sabe cómo contar? ¿conocer el alfabeto? ¿colores? ¿animales? ¿rimas infantiles/canciones?
- ¿Cómo aprendió él/ella estas cosas?
- ¿Cuáles son algunos de sus libros favoritos?
- ¿Le gusta a él/ella que le lean?

Parte 1: Creencias y prácticas para facilitar el desarrollo saludable en los niños pequeños

1. Si otro padre le preguntara a usted sobre qué cosas para alentar a su niño pequeño aprender a hacer desde nacimiento hasta los dos años, ¿qué le diría a él o ella ?
2. Si el padre le preguntara a usted por qué estas cosas son tan importantes para que el niño aprenda, ¿qué le diría a él o ella ?
3. ¿Qué sugeriría usted que este padre haga con su niño pequeño para ayudar que el niño aprenda estas cosas?
4. ¿Qué consejo tendría usted para un padre de quién su niño no está progresando a aprender las cosas que usted describió importante durante estos primeros años?
5. Realmente agradezco que usted compartió sus perspectivas conmigo. ¿Hay algo más que yo no pregunte que usted le gustaría decirme acerca sus sentimientos y experiencia en esta área de desarrollo de niños pequeños?

Ahora vamos hablar un poco sobre sus experiencias con trabajando con su visitante de casa en Early Head Start.

Parte 2: Creencias de los padres sobre trabajando con visitantes de casa

1. ¿Qué le hizo decidir en participar en este programa de Early Head Start?
2. ¿Cuáles son sus partes favoritas?
3. ¿Cuáles son las partes más difíciles?
4. ¿Dígame sobre el trabajo que usted hace con su visitante de casa y niño? (para visitantes de casa y líderes se le pedira dime sobre el trabajo que usted hace con padres y niños).

5. ¿Le gusta a usted trabajar con su visitante de casa?
6. ¿Qué ha aprendido usted y/o qué ha usted, el visitante, y el/los niño(s) hecho juntos (o trabajando en juntos)?
7. ¿Qué le gustaría estar aprendiendo y/o qué otra cosa piensa usted que todos ustedes les gustaría hacer juntos?
8. Dime acerca de cómo sintió cuando usted y su niño primero empezaron trabajar con su visitante de casa en Early Head Start?
 - a. ¿Cómo era tener alguien que usted no conocía entrar a su casa y interactuar con usted y su niño?
 - b. ¿Qué le gusto? ¿Qué no le gusto?
9. ¿Sus sentimientos sobre el visitante de casa cambiaron sobre tiempo?
 - a. Si no, ¿qué ha ocurrido que ha hecho sus sentimientos quedarse el mismo?
 - b. Si es así, ¿cómo cambiaron? (positivo o negativo)
 - c. ¿Por qué cree usted que sus sentimientos cambiaron?
10. ¿Cuál es el objetivo más importante que usted quiere que su niño logra a través de participando en Early Head Start?
11. ¿Usted cree que el visitante de casa también ve este objetivo como la meta más importante para que su niño alcance mientras en Early Head Start?
 - a. Si es así, ¿cómo se hicieron los dos en la misma página sobre esta meta?
12. Si no, ¿qué crees es la meta primero de su visitante de casa para su niño? ¿Si sus metas son diferentes, haz compartido con su visitante de casa que esta es tu meta? ¿Cómo respondió ella cuando usted compartió esta meta con ella? el visitante de casa cuando comparta su objetivo principal? ¿Cómo sientes sobre el hecho que ustedes dos tienen diferentes metas?
 - a. ¿Qué tipos de cosas haces con su visitante de casa y su niño? ¿Estas actividades benefician a su niño?
 - b. Si es así, ¿qué ha cambiado para mejor?
 - c. Si no, ¿le has decho a su visitante de casa que usted no piensa que estas actividades benefician a su niño? ¿Cómo respondió el visitante de casa? ¿Cómo sientes sobre eso? ¿Algo cambió como resultado?
13. ¿Alguna vez han desacuerdo usted y su visitante de casa sobre las actividades que usted hace con su niño?
 - a. Si es así, ¿qué pasa cuando no estan de acuerdo? ¿Cómo sientes sobre eso? ¿Cómo trabajas para resolverlo?
 - b. ¿Si no, ¿qué perspicacias tienes usted sobre cómo los dos son capaces de trabajar tan bien juntos?
14. ¿Qué consejos darías a otros padres en Early Head para ayudarles en trabajar bien con los visitantes de casa?
15. ¿Qué consejos darías a los visitante de casa para ayudarles trabajar bien con otros padres de Early Head Start y sus niños?
16. ¿Hay algo más que no le pregunte que usted le gustaría decirme acerca de trabajar con su invitado de casa? ¿Hay algo más que le gustaría compartir conmigo sobre su participación en Early Head Start?

Muchísimas gracias por hablar conmigo en esta entrevista; su conocimiento realmente me ha ayudado obtener una mejor comprensión de su experiencia y de cómo la participación de Early Head Start realmente es para los padres. Esto fue la parte primera del proceso de entrevista; Estoy esperando contactar a todos los participantes que participaron en las entrevistas después de que analizo lo que se dijo para tener que todos individualmente asegurar que yo ha representado con precisión sus puntos de vista.

¿Sería aceptable para que yo me ponga en contacto con usted para una muy breve (5-10 minutos) verificar la exactitud en un futuro próximo?

Si es así, ¿qué método prefiere usted que yo uso para comunicarme con usted (correo electrónico, teléfono, otro) y sería cómodo usted provenir esa información de contacto conmigo ahora si usted quisiera que yo me comunico con usted en un futuro próximo?

¿Estaría usted cómodo conmigo observando una intervención de padre-casa visitante manejado por los dos que usted dos están proporcionando para su niño(s)? Si es así, ¿cómo preferiría que yo me contacto con usted con respecto a la configuración de esa observación (email, teléfono, otro)?

El objetivo de este breve conversación individual es para permitirle verificar si sus opiniones y creencias fueron entendidas y documentadas con precisión de la entrevista individual que usted participo voluntariamente. Las preguntas de la entrevista aparecen con los datos analizados para su referencia.

¿Son sus puntos que usted compartió durante la entrevista representandos en esta análisis presentado a usted?

Sí No

Si usted respondió, no qué perspicacias tienes que desea agregar a este análisis?

Si usted compartió perspicacias adicionales, ¿su información adicional encaja en cualquiera de los códigos o temas presentados? Si es así, lista capta la esencia de sus declaraciones adicionales.

Si no es así, ¿qué palabras utilizarías para categorizar sus declaraciones adicionales que usted proporcionó hoy en respuesta a las preguntas de la entrevista?

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VITA

Before attending Loyola University Chicago, Ruth Schumacher attended Drake University where she earned a Bachelor of Arts in English with a concentration in Women's Studies. She returned to graduate school in order to pursue her Doctor of Philosophy in School Psychology at Loyola University Chicago. While at Loyola, Ruth worked as a graduate assistant for the Center for Catholic School Effectiveness, where she supported the implementation of Response to Intervention at Catholic elementary schools in the Chicago area. Currently, Ruth is completing her APPIC internship at District 113 in Highland Park, Illinois. She will remain with the district as a post-doctoral fellow during the upcoming academic year while also continuing to collaborate with her dissertation partnership site in order to support advancements in Early Head Start programming.