ENGAGING MOTHERS: SELF-EFFICACY AND MOTHER/INFANT INTERACTION AMONG MOTHERS EXPERIENCING MULTIPLE LIFE STRESSORS

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ENGAGING MOTHERS: SELF-EFFICACY AND MOTHER/INFANT INTERACTION AMONG MOTHERS EXPERIENCING MULTIPLE LIFE STRESSORS

THESIS

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in the College of Education at the University of Kentucky

By

Allison Loftis

Morganton, North Carolina

Director: Dr. Jennifer Grisham-Brown, Professor of Interdisciplinary Early Childhood Education

Lexington, KY

2013

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ENGAGING MOTHERS: SELF-EFFICACY AND MOTHER/INFANT INTERACTION AMONG MOTHERS EXPERIENCING MULTIPLE LIFE STRESSORS

The purpose of this project was to interview mothers of newborns who participated in early intervention services focusing on the implementation of a tool developed at the Family, Infant and Preschool Program (FIPP) in North Carolina. The intent was to examine the experience of mothers and home visitors employing the tool, which was designed to enhance the mother/infant relationship. However, a stronger focus on the relationship between mother and home visitor emerged throughout the interviews. Among some participants the relationship among practitioner and parent appeared to create a safe space to share, practice strategies and grow. Although characteristics of FIPP practices associated with the tool remained consistent among home visitors, the way in which services were implemented were unique to each home visitor and parent. Mothers participating in the project were identified as coping with numerous life stressors associated with poverty at the time of the interviews.

KEYWORDS: Early Intervention Services, Mother/Infant Relationship, Mother/Home Visitor Relationship, Life stressors, Poverty

Allison Loftis
December 17, 2013
ENGAGING MOTHERS: SELF-EFFICACY AND MOTHER/INFANT INTERACTION AMONG MOTHERS EXPERIENCING MULTIPLE LIFE STRESSORS

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DEDICATION

For my son, Sean Loftis, a creative, articulate young man, whose development parallels my journey in higher education. His life was both positively and negatively impacted by the multiple life stressors he experienced as the son of a student and single mother. I believe these experiences, in part, contributed to his unabashed acceptance of others, and his empathic understanding of human beings who face social and economic injustice. I am also certain this journey, as well as the end product, would have been markedly less valuable without him.
ACKNOWLEDGMENTS

The completion of the following thesis would not have been possible without the support of many gifted individuals who influenced my life, stimulated my learning, and inspired the development of creativity and curiosity. The guidance and encouragement of my thesis chair, Jennifer Grisham-Brown, was instrumental. Although this process required more time than anticipated, she maintained a positive, supportive stance with regard to this endeavor. In addition, my peers, supervisors, and friends at the Family, Infant and Preschool Program served as both intellectual and emotional resources. It is with their enthusiastic backing, that I was able to begin this process, again, and see it through to fruition. I am additionally and equally grateful to my parents for their financial support, as well as their valuable insight, and steadfast commitment to the value of higher education. I wish to thank my husband, Randy Lane, who unwittingly took on multiple roles and responsibilities in order to provide the space and support I needed to persevere. Finally, I am indebted to the mothers interviewed as a part of this project, as well as the families I have served throughout my career. Their courageous ability to allow a stranger into the everyday settings of their lives and permit the assessment of their most intimate relationships continues to inspire me. I value their authentic perspective and am humbled by their tenacity.
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Chapter One: Introduction

How do mothers coping with stressors associated with poverty perceive their parenting ability following a home visiting experience focused on the Newborn Interest and Activity Plan? Research suggests that children appear to fare better when their mother’s feel efficacious regarding their parenting ability (Oysterman, Bybee, Mowbray & Kyoung 2004). Parental self-efficacy enables parents to feel successful with regard to parenting aptitude. Perceived self-efficacy is described by Bandura (1997) as “a belief in one’s personal capabilities” (p.4). Self-efficacy affects the ability to cope with stressful situations, a powerful skill when dealing with the array of stressors associated with poverty. Additionally, individuals with “high self-efficacy” are better able to cope with harmful feelings, as well as seek outside support (Bandura 1997 p. 5).

The initial purpose of this project was to interview mothers of newborns who participated in early intervention services focusing on the impact of a tool developed at the Family, Infant and Preschool Program (FIPP) in North Carolina. At the time of the study, FIPP was comprised of a Developmental Services team, a research team, administrative staff, and Early Head Start staff. All research participants received services from the Early Head Start component of FIPP. Based upon initial enrollment, all mothers also met the criteria of a 100% poverty threshold. In addition, enrollment was dependent upon level of need. Therefore, parents with the highest level of need were deemed most appropriate for services. This in no way implies that the level of need is correlated with parenting. Current research demonstrates an association between child well-being and multiple family stressors associated with poverty (Barnett, 2008).
However, the literature also suggests that self-efficacy may mediate this association (Raikes & Thompson, 2005).

**The newborn interest activity plan**

The Newborn Interest and Activity Plan (NIAP) is a tool that is currently being utilized with parents of newborns at FIPP, a research based early intervention program in (Newborn Interest and Activity Plan, 2007). According to NIAP developer, Frances Davis, a developmental psychologist and researcher for the program, “The NIAP was designed to focus on building the type of responsive parent-child interactive patterns that are associated with secure attachment, an authoritative parenting style and effective parent-child learning and/or teaching interactions.” In addition, “the NIAP was designed to focus parent attention on the complex or integrated developmental skill sets newborns engage when participating in everyday activities” (Personal Communication, May 29, 2009). The instrument is used with newborns from neonate to 6-months of age (See NIAP in Appendix). Practitioners utilizing the NIAP employ additional strategies in order to support mothers. These techniques include coaching, and participatory and relational help giving practices. All of these strategies fall under the umbrella of family-centered practice.

**Study development and purpose**

As an early interventionist at FIPP, I was fortunate to use the NIAP prior to the research study, and had some success with its implementation. The families I served seemed to enjoy the questions developed from the NIAP. It also provided a simple map, as a new FIPP practitioner, from which to engage parents in the home visit. The NIAP appeared to provide parents with an opportunity to talk about their infants and
share important observations during day-to-day interactions and infant development across time.

In developing the study, I was curious regarding an objective parent’s perspective of the NIAP, independent of my practice, and the tool’s implementation among other home visitors. I was equally interested in the tool’s support of self-efficacy, specifically among women experiencing the stressors associated with poverty. Uniquely, a professional conviction that relationship development occurs prior to, and during implementation of practices materialized in each of the interviews. A significant theme that emerged from the data was the positive association of relationship development within mutually respectful roles.

**Early Head Start**

For the purpose of this paper, Early Head Start is included under the umbrella of Early Intervention. Early intervention is more commonly associated with disability. A common example of an early intervention program is one in which providers, such as physical therapists, developmental interventionists and speech therapists serve families with children birth – three with diagnosed disabilities. Early Head Start enrollment is based on poverty status, as opposed to disability. However, it has a disability component, which is important to note. Each of the mothers who participated in the project received services from Early Head Start. In addition, one mother has a child with a diagnosed disability. According to the Early Head Start National Resource Center (2006),

“Early Head Start is a child development program for low-income families. Each Early Head Start program is responsible for determining its' own eligibility criteria. Family income is one key factor in determining eligibility. The federal poverty guidelines are used to evaluate family income. Early Head Start programs may elect to target their services to a particular population to best meet the unique
needs of families and children in their community. In addition, Early Head Start programs must make at least 10% of their enrollment opportunities available to children with disabilities who are eligible for Part C services under the Individuals with Disabilities Education Act in their state.”
Chapter Two: Conceptual Development

Family-centered practice

Family-centered practice is a term in the field of early intervention that equates the practices of professionals to those that strengthen family ability by focusing on family-centered goals and interventions in order to promote child development. The idea that families guide practice (i.e. family centered practices) is supported in Dunst, Leet and Trivette’s research on impoverished versus financially stable families receiving early intervention services (1994). In their study, Dunst et al (1994) found that when family needs are not addressed, developmental interventions bear less weight (p. 111). A guiding principle of family-centered practice is that families are viewed from a strengths perspective and are believed to have assets and capabilities specific to their make-up and culture. Empowerment is a key term. According to Dunst, Trivette & Deal, “The ability of families to manage life events effectively, as well as gain mastery over their affairs, requires that we empower families to become competent and capable rather than dependent upon professional helpers or helping systems (1988, p. 6). In other words, goals are family-chosen and interventions are family-driven, in order to promote parental self-efficacy and expertise.

Practitioners who apply family-centered practices employ two specific types of help-giving practices when working with families: participatory and relational help-giving practices. Participatory help-giving practices, “include behaviors that a practitioner uses to assist individuals and groups to make informed choices and decisions and take action to achieve desired outcomes” (Wilson, Holbert & Sexton 2006, pg. 3). Relational help-giving practice describes a practitioner’s belief system and the way in
which a practitioner relates to families. A practitioner utilizing relational help-giving skills communicates with a family respectfully in order to build rapport and give weight to a family’s goals by truly listening to and supporting them in achieving their needs and desires (Wilson & Dunst 2005). Practitioners who adhere to participatory-help giving practices are open to and adaptive of families’ needs and self-chosen outcomes (Dunst 1988; Peterson, Luze, Eshbaugh, Jeon and Kantz 2007; Wilson et al 2006). In their review of programs utilizing help-giving practices, Trivette & Dunst (1999) state “relational helpgiving includes both help giver interpersonal skills with help receivers, and help giver attitudes about help receiver’s capability to become more competent; and participatory helpgiving includes both help receiver choice and action and help giver responsiveness and flexibility” (p.10).

**Parental responsiveness and natural environments.** Responsiveness is broken down into two categories: Responsive parenting and responsive teaching. Responsive teaching refers to a set of strategies employed by a parent in early intervention philosophy that utilizes the parent or caregiver as the teacher and promotes positive developmental outcomes. Responsive parenting is the act of attending to the child or infant’s cues while attending to their needs. Identifying child interests and determining where those interests fit into a child’s natural environment is a key component of responsive parenting. Daily routines and activities are opportune times for children to learn because they are plentiful.

The field of early intervention is in its infancy in understanding the full importance of parental responsiveness. Mahoney (2011) explains the importance of recognizing that a parent or caregiver is not only capable, but the best possible teacher for
their child (Mahoney & Pearles, 2011). Their opportunity to interact with and teach their child is far greater than that of a practitioner. According to Mahoney & MacDonald (2007), interaction between parent and child occurs significantly more often than that of child and teacher.

Mahoney (2011), in a case study of two 5-year-old Turkish children diagnosed with Autism and their mothers, examined the impact of an intervention designed to teach the mothers how to interact with their children using a responsive teaching style. A pre-test was done prior to the intervention and post-test was completed following the intervention for both mother and child. The intervention focused on parental “sensitivity, responsivity, effectiveness, inventiveness, warmth, enjoyment, praise, acceptance, expressiveness, achievement, pace and directiveness” (Mahoney, 2011, p. 365). “Both mothers displayed a highly directive and relatively non-responsive pattern of interaction with their children pre-intervention” (Mahoney, 2011, p. 364). In other words, mothers focused more on achievement and directing their children’s activities as opposed to following the children’s lead or responding to the children’s interests.

The children’s pre-and post-tests focused on “pivotal” behaviors that included “cooperation, attention, persistence, interest, initiation, joint attention, and affect” (Mahoney, 2011, p. 365). The results of the intervention demonstrated significant improvements in pivotal behaviors, as well as their general development. Significantly, mothers reported more positive interactions with their children, which resulted in a decrease in stress for the mothers (Mahoney, 2011, p. 368).

In his article describing parent-mediated practices, Dunst (2006) states “Parent competence is measured in terms of child interest identification, the selection of everyday
activities that are the contexts of interest expression, parenting efforts to increase child participation in everyday activities, and parents’ roles in supporting child learning in these activities. Special attention is placed on self-efficacy beliefs that are known to be mediators of all of the above kinds of parenting behavior” (p.7). In other words, parents gain competence and assurance as they become able to choose and implement successful activities for their children that “lead to desired outcomes” (Dunst 2006, p.7). The NIAP, utilized in this study, was developed within the framework of parent-mediated practices, a term that is synonymous with responsive teaching.

**Coaching.** Coaching is a specific technique used by practitioners that is especially effective in adhering to family-centered practice. Coaching allows for greater parent participation by creating a partnership among coach and learner. Hanft, Rush & Shelden (2003) define coaching in early intervention as “an interactive process of observation, reflection, and action in which a coach promotes, directly and/or indirectly, a learner’s ability to support a child’s participation in family and community contexts” (p.4 ). Coaching is a 5-step process. These steps include: joint planning, observation, action/practice, reflection and feedback (Hanft, Rush & Shelden, 2003). For instance, if a parent is concerned with regard to their infant’s ability to self-soothe, the parent and coach will develop a plan together guided by the parent’s knowledge of their infant and the routines in which that infant participates. The intervention is led by the parent’s desires and needs. The coach’s role is to assist and support the parent providing knowledge of child development and other pertinent information specific to their field. The parent’s role in coaching is equally valuable to that of the coach because the parent is the expert on their child and can provide valuable information regarding intimate
knowledge of that child (Hanft et al 2003). Once the plan is set in place, the parent may observe the practitioner and/or the practitioner may observe the parent in action (Hanft et al 2003). The parent and coach then reflect on the activity/intervention and feedback is provided (Hanft et al 2003). Throughout the coaching process a form of open-ended questioning is used to assess and reflect on goals (Hanft et al 2003). This form of questioning encourages parents to provide input and play a central role in creating a plan to meet their family self-identified goals (Hanft et al 2003).

**Self-efficacy as a mediator: poverty and maternal responsivity**

**Local poverty.** Burke County, where FIPP is located, has an increasing percentage of its population struggling with poverty. Many families are either at risk for or currently experiencing generational poverty. Female headed households represent 37.5% of those living below the poverty line in Burke County (U.S. Census Bureau, 2013). Approximately 50% of those female headed households include children under the age of 18, and 70% include children under 5 (U.S. Census Bureau, 2013). The child poverty rate in Burke County is 30.4%. This rate has increased over 10% since 2007. (U.S. Census Bureau, 2013).

**Self-efficacy.** In Raikes and Thompson’s (2005) examination of the impact of self-efficacy and social support on 65 Early Head Start mothers, they found that high self-efficacy served as a buffer against the negative impact of financial pressure with regard to parenting. They hypothesized that their results indicated “that for very impoverished families, self-efficacy may enable parents to feel more in control of their lives, which mitigates some of the impact of low income on parenting stress levels” (Raikes and Thompson, 2005, p. 188).
Teti and Gelfand (1991) found similar results in their examination of 48 clinically depressed and 38 non-depressed mothers (p. 918). They observed interactions between mothers and their infants, aged 3-13 months old. Researchers used a maternal self-efficacy scale to identify maternal perceptions of their ability to soothe their infant, understand infant desires, maintain joint attention, interact with their infant, perform daily routines and identify interests, among other items. “A final item tapped mothers’ global feelings of efficacy in mothering” (Teti and Gelfand, 1991, p922). Their findings demonstrated that maternal self-efficacy was the key factor in maternal competence.

In another study examining 65 mothers, Hess, Teti, and Hussey-Gardner (2004) found that knowledge of child development mediated self-efficacy and parent competence. Mothers were found to be “less sensitive” to their infants if they lacked knowledge of child development (Hess, Teti, & Hussey-Gardner, 2004, p. 423). However, they still remained high in self-efficacy (Hess, Teti & Hussey-Gardener, 2004). Therefore, parent confidence was not necessarily associated with parent competence. Knowledge of child development may play a critical role in mediating the effects of high self-efficacy and low competence.
Chapter Three: Methodology

Sampling

Purposeful sampling was used to select participants. Participants of the study were also participants of FIPP, a research based institution. Mothers participating in the program during the project timeline were offered participation in the study. As the principal investigator, I distinguished potential participants using the program database and identified mothers who received the intervention within 6 months beginning in May of 2012 based on child age. For instance, if an interview was conducted in September, 2012, the child must have received services within the last 6 months. A child may have been 11 months at that time, but the NIAP was implemented at 6 months of age in April of 2012, or as early as March of 2012. The reason for this was to ensure that mothers were not asked to recall information beyond the six-month timeline. I was concerned that recall would be challenging after six months, but this did not appear to be a challenge for any of the participants.

I contacted potential participants to determine initial interest and spoke with each potential participant by phone to describe the study. I then met in person to sign consents and conduct the interview. Home visitors were not informed of potential and current participants’ interest in recruitment.

A designated number of participants ranging from 5-10 was chosen in order to provide enough depth for potential themes to emerge. Ultimately five mothers participated in the study. The basis for the range in sample size is explained by Patton (2001) who suggests “that qualitative sampling designs specify minimum samples based on expected reasonable coverage of the phenomenon given the purpose of the study and
the stakeholder interests” (p.246). Patton further states sample size be discussed and defended in detail, including “how the sample size affected the findings, strengths and weaknesses of the sample procedures, and any other design decisions that are relevant for interpreting and understanding reported results” (p. 246). The sample size was chosen based upon availability of participants during the study period. Fortunately, five interviews provide plenty of data from which to discern themes and cultivate narratives.

All five participants received home-based services through the local Early Head Start Program, which includes satellite offices in adjoining Western North Carolina counties. In an effort to ensure accuracy of memory and consistency among participants, the NIAP was implemented with each participant within the last 6 months prior to the interview. This provided a wide range of variance among infants and mothers, as the NIAP is implemented up to 6 months of age. Two participants attended school, while the other three stayed at home with their children. One participant resided in Burke County, home to FIPP. The other participants resided in adjoining rural counties with similar population and poverty statistics. It is important to note four home visitors served each of the five participants individually. Three of the four were Caucasian middle-aged women, while the fourth home visitor was a young African American female.

Liz, my first interviewee, a Caucasian female was 22 years old at the time of the interview. She resided in an adjoining county, and was a stay-at-home-mother. She lived in a small house with her daughter’s father and multiple pets, including a large dog that was locked away during our interview. She was open, engaging and chatted easily during the interview. Her daughter, who was the focus of our interview, was her 2nd child. She also had a son who did not reside in the home.
Shelley, a Caucasian female, was the only participant in her thirties. She was thirty-eight at the time of our interview. She, too, briefly discussed other children, but at the time of the interview only her infant son resided with her. She lived in a government subsidized apartment with her boyfriend. She was equally forthcoming and engaging, although she was a bit more open with regard to offering her personal beliefs and opinions concerning her parenting abilities than other participants, with the exception of Maryanna, a twenty-eight year old Caucasian female. Maryanna and Shelley shared similar characteristics. Most notably, they added their personal parenting perspectives, and discussed negative situations with other agencies. They also shared the same home visitor.

Maryanna resided in Burke County with her two young daughters and her mother. Maryanna was very curious, asked several clarifying questions and offered insight and feedback. She was also the only participant to offer feedback with regard to the design of the study. During the interview process, Maryanna shared that she had been diagnosed with Asperger’s Syndrome as a child. In her excerpt below, she is responding to the final question regarding additional feedback the participant would like to offer.

Maryanna: I don’t like the word intervention.
Researcher: So, you tell me. I only use the word intervention is because you guys didn’t use the NIAP, but we can just call it….
Maryanna: Well, when I think of intervention, I think of somebody intervening to help somebody overcome an addiction or something like that.
Researcher: Right. Right.
Maryanna: Or, to rescue somebody.
Researcher: Right.
Maryanna: I feel it more as weekly visits.

Charla, a young African-American mother, also resided in a government subsidized apartment with her infant daughter. She attended school daily and explained that she was often tired. Charla was twenty years of age at the time of the interview. She
was reserved and cautious concerning her responses. She was also visibly uncomfortable during the interview and often spoke to her daughter following a question, as if the question had not been asked.

As with Charla, Tabitha, a bubbly, young African-American female appeared to be a bit uncomfortable responding to questions. Still, she was open, friendly and engaging during the interview. She resided in a small apartment with her two young children. She was a college student with a very busy schedule.

**Interviews**

A semi-structured interview format was used for the study. Participants were asked the same basic set of open-ended questions associated with the central research question. Probes were consistently utilized when necessary to assist participants having difficulty responding to questions. According to Riessman (1993), “Interviews are conversations in which both participants – teller and listener/questioner—develop meaning together, a stance requiring interview practices that give considerable freedom to both” (p. 54). While the question format of the study was specific, the open-endedness of each question and follow-up probe allowed for freedom of response from participants. This shared responsibility provides participants with some control over the interview, an ideal of the interview process, per Riessman (1993).

Participants were interviewed between 2-6 months post-initiation of the FIPP intervention. At that time the implementation of the Newborn Interest and Activity Plan tool should have been completed or well under way as the tool was developed to be used during the first 6 months of the newborn’s life. The hope was that this would provide for
uniformity among participants. Interviews were taped and transcribed solely by the principal investigator.

**Interview questions**

While each of the following questions was solicited in my interviews, I did not follow the same script each time. I attempted to remain true to the specific questions developed in the protocol. However, the circumstances surrounding each interview, whether it was excitement to share learning or discomfort in responding, made it impossible to follow a truly prescribed protocol.

I viewed the interviews independently, as a distinctive experience, in order to gain a fresh understanding of each participant’s encounter with home visiting. This proved to be an easy task. While significant themes emerged during the interviews, the way in which participants described the events associated with a particular theme varied vastly. The interviews often guided when and how questions were asked. Responses to each question were unique, as was the content of the interview. I often let the interviewee guide my role, which is evidenced in Charla’s interview where questions were asked twice in order to ensure my explanations were clear and to give Charla additional time to gain comfort. Because of the variance among interviews, the interviews varied in length depending on the participant’s comfort level, chattiness, and personality. Some interviews were 25-30 minutes in length while others were over an hour.
<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>Key concepts</th>
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<tbody>
<tr>
<td>1. What did your home visitor do to help you learn about the Newborn Interest Activity Plan or your newborn?</td>
<td>Practices</td>
</tr>
<tr>
<td>2. If you are doing anything different now as a parent than before your home visitor came, tell me about that.</td>
<td>NIAP</td>
</tr>
<tr>
<td>3a. How did you feel about doing pages 1, 2, and 3 of the Newborn Interest Activity Plan?</td>
<td>NIAP</td>
</tr>
<tr>
<td>3b. If your home visitor did not use the paper version of the plan, think back to a time when you and your home visitor discussed what your baby was doing. She might have asked questions like “What is your baby looking at?”, “Who does your baby know”, or “What sounds does your baby pay attention to?” How did</td>
<td>Maternal Responsiveness, Self-Efficacy</td>
</tr>
</tbody>
</table>
you feel about that discussion?

3c. Think back to a time when you and your home visitor discussed what you and your baby were doing together each day. She might have asked questions like “How did you talk to your baby? What did your baby do when you talked to him?”, “How did you show her new things? What did she do when you showed her?”

4. How did you feel about planning each week? NIAP/Self-Efficacy

5. How did you feel about practicing with your baby what you and your home visitor talked about? Self-Efficacy

6. How do you feel about yourself as a parent? Is that different than prior to the intervention? If so, how? Self-Efficacy

7. What additional feedback would you like to share regarding the Newborn Interest Activity Plan? Practices
The interview questions focused on the concepts associated with the NIAP. Family-centered practice, coaching and responsive parenting practices are described earlier in the paper. It is important to note that without these key elements the NIAP could not work. The NIAP was developed around a full model, including each of the key components described above. In order for the tool to be successful, to be accurately implemented; the full model should be in place.

The central research question “How do mothers coping with stressors associated with poverty perceive their parenting ability following a home visiting experience focused on the Newborn Interest and Activity Plan?” served as a benchmark in developing interview questions. Questions related to the main research question exist to ensure each function is present. However, I began to realize in my first interview and solidified this understanding in my second and third interviews there was an unexpected underlying theme of the relationship between participant and home visitor throughout my questioning. Often participants responded to a question about the NIAP by relating it to their relationship with their home visitor. The exception to this occurred when participants were asked about weekly planning.

**Data analysis**

Kvale’s (1996) breakdown of the analysis process fits well within the scope of the current study and provides an outline by which to adhere. Kvale (1996) describes 6 key components of analyzing interview data. These elements are: Meaning condensation, meaning categorization, narrative structuring, meaning interpretation, generating meaning through ad hoc methods and action (Kvale 1996).
Meaning condensation, also referred to as data reduction, is the process of transcribing and weeding out or curbing data that is unnecessary (Kvale, 1996). This process also includes the re-interview component described earlier, in which the participant had an opportunity to correct any mistakes or clarify intent. Each interview was transcribed and provided to available participants to provide an opportunity to review the transcription for accuracy. Data was eliminated that was irrelevant to the study questions or key concepts. For example, pauses, extra words and unrelated comments were purged.

Meaning categorization involves the coding process in which key themes develop (Kvale, 1996). As the primary investigator, I independently coded the data using a color scale to identify themes. For instance key concepts of family-centered practice, self-efficacy and utilization of the NIAP were coded separately as pink, blue and orange respectively. Themes that emerged, such as relationships with practitioners and teaching strategies were coded using color categorization, as well.

The two emergent themes, relationship to practitioner and teaching strategies, were identified following data transcription. In other words, they developed solely from the data. Relationship to practitioner served as theme separate from family-centeredness because in several instances relationship to practitioner appeared to move beyond relational and participatory help-giving, although those components were consistently present. For this reason, I ultimately chose to incorporate family-centered practices under the broader theme of relationship to practitioner. In addition, teaching strategies, such as modeling or coaching, were initially included in the pre-identified code of NIAP implementation. However, in several instances directive teaching or providing
developmental information not specific to the NIAP appeared in the data. For this reason, I chose to include teaching strategies as a separate theme. Coaching and modeling, although minimally represented in the interviews, were included under the umbrella of the teaching strategies theme.

In addition, themes occasionally overlapped, such as self-efficacy and parent description of incorporated practices. For instance, when a parent described teaching their child in a manner that demonstrated ownership of the practices, such as responsiveness, responsive teaching, or interacting with their child, as opposed to giving credit to their practitioner, I referred to that as both self-efficacy and ownership of teaching practices, and coded it green to represent a combination of teaching strategies and self-efficacy. While ownership of practices appeared to be an extension of self-efficacy, it moved beyond parent competence and confidence in implementing the NIAP. Ownership of practices often implied that the parent spoke of the practice in a manner that implied incorporation into their personal parenting assets. Therefore, five themes emerged from the data: self-efficacy, ownership of practices, relationship to practitioner, NIAP implementation, and home visitor teaching strategies. Interestingly, ownership of practices often involved maternal responsiveness.

Whenever possible, member checks were done for accuracy of interpretation. In addition, I maintained the original transcriptions with notes during the coding process to demonstrate the process of initial coding to final coding. Maryanna was asked to review the final draft due to her interest in continued participation in the study and her willingness to provide feedback. She was the final interviewee. In addition, she was one of two participants who reviewed both her transcribed interview and the initial
development of themes associated with her interview. However, she was unable to follow through with a final review. She cancelled at the initiation of the final home visit, due to a significant family stressor.

Narrative analysis was used to further break down and interpret significant pieces of data. Narratives were chosen from coded categories relevant to key concepts and emergent themes. Labov (1972, 1982; Labov & Waletzky, 1967) created a basic framework for structuring narratives that will be used for the current study. Riessman (1993) describes this structure as “an abstract (summary of the substance of the narrative), orientation (time, place, situation, participants), complicating action (sequence of events), evaluation (significance and meaning of the action, attitude of the narrator), resolution (what finally happened) and coda (returns the perspective to the present” (p. 18-19).

Meaning interpretation is the process of inferring meaning to transcribed data (Kvale, 1996). Data were interpreted at all points of the process and is a component of the coding and categorization process. However, interpretation of the data, as a whole was done solely by the researcher. This is a large task and can be subject to personal interpretation. In order to ensure researcher trustworthiness, data interpretation was validated by clarifying coding and initial analysis with a co-investigator.

Ad hoc meaning generation is simply the use of different methods to analyze the interview data (Kvale, 1996). Kvale (1996) describes it as “a free interplay of techniques during the analysis” (p. 202). He further states that looking at the text from different perspectives, ciphering out narratives, pulling together and breaking up key text are all part of this 5th step in addition to many, many other forms of working with the data and
attempting to generate some significance from it. Key data were presented in narrative form, while other significant pieces of data were simply provided in sentence or paragraph form, when appropriate.
Chapter Four: Results

Prior to data analysis, I attempted to review transcriptions and identify themes with participants. I was able to review transcriptions for accuracy with Liz, Maryanna, and Tabitha, and shared identified themes with Liz and Maryanna. My plan was to do so with all participants. I attempted to contact Shelley and Charla for follow-up meetings, but did not receive a response. Interestingly, Shelley’s feedback during the interview process was exceptionally positive, while Charla’s feedback was equally negative. Therefore, their lack of response may have less to do with study participation, as it did with choice and life circumstances.

I analyzed several major pieces of the data using narrative analysis. Narrative analysis is an effective approach in describing fundamental themes represented in this project: self-efficacy, relationship between home visitor and parent, NIAP implementation, and teaching strategies. The depth of information provided would require a tedious amount of detail to describe all responses in narrative fashion; therefore only vital pieces of data were analyzed using narrative analysis. These data were especially conducive to narrative and provided a representation of the major themes represented. Instances of self-efficacy or lack-there-of were often described through a narrative voice.

In Narrative Analysis, Riessman (1993) examines narrative methods, theoretical perspectives, and the use of narrative analysis across disciplines and among multiple studies. Riessman points out that “personal narratives are produced in conversation” (1993, p. 31). In her review of narrative methods, Riessman (1993) identifies a unique component of narrative analysis employed by sociologist and researcher, S.E. Bell.
According to Riessman, Bell (1988) demonstrated in her study of women impacted by DES, that meaning occurs during the interactive nature of conversation (1993, p.35). Riessman provides examples of Bell’s work, based on the seminal work of Labov (1972), in which “Utterances are parsed into clauses, lines are numbered, and the parts of the narrative are identified by their function (to orient, carry the action, resolve it, etc.) (1993, p. 35). She further states that “to focus on the core narrative, other parts of the discourse have been deleted” (Riessman, 1993, p. 35). In addition, components of speech, such as pauses, are indicted by commas or parentheses (Riessman, 1993, p. 35). Riessman’s visual examples, as well as her explicit descriptions of this form of narrative analysis were used as a road map in developing the narratives described in this study.

As described in Riessman’s work (1993, p. 45), the narratives depicted in this study represent speech patterns, similar to “stanzas” in a poetic format. Riessman defines stanzas as “a series of lines on a single topic that have a parallel structure that go together by tending to be said at the same rate with little hesitation between lines” (1993, p. 45). Riessman learned to listen for patterns in speech through the review of transcripts and “hearing” the structure of the narrative (1993, p. 51). While, I am a novice at listening for the structure in a narrative, I understand the importance of listening to the voices of the participants and identifying the narrative patterns, cadence of speech, and stanzas that appear to flow together naturally.

The interview process provided ample opportunity for the participants to produce meaningful responses, although narratives were not always present in their speech. Within three of the interviews, the participants described their experiences in great detail. Particular participants, such as Shelley, were especially prone to speaking in a narrative
voice, but each of them did so in one way or another. Significant narratives were often
developed when mothers described feelings of self-efficacy. In addition, many of themes
appeared concurrently. For instance, it was challenging to determine if a narrative
describing self-efficacy was truly about relationship.

A participant’s ability to relax and participate in the interview varied. For some,
this appeared to occur naturally. Other participants, appeared uneasy responding to the
questions posed. Tabitha and Charla seemed particularly uncomfortable. However, this
did not dissuade them from providing valuable information when relating their
experience during home visits.

**Teaching strategies**

Participants described their particular home visitor’s approach to teaching from a
range of strategies. It was clear from many of the interviews that providing
developmental information was valuable. Some participants described the coaching
process described earlier in the paper. Other participants depicted home visitors offering
suggestions, modeling, and/or giving directive feedback. In the following interview
excerpt, Shelley, a middle-aged mother, describes how her home visitor offered
suggestions regarding responsive teaching during every day routine activities:

So, she says you know…well “just in the household chores you can do it by like when
you’re doing your laundry cause he likes to play with the laundry when I’m folding and
stuff. You know like can he hand me…you know she said suggested like well “Buddy,
hand me your red shirt or you know mama’s yellow shirt” something like that and I said
“Well, that’s a pretty cool idea and that way he’ll be part of the chore.” So, I think that’s
kinda fun because it’ll make chores fun for kids. It won’t just be like go fold that laundry.
You know? But, you know just all kind of little stuff like that, like introducing new toys,
like bath time, you know which we’ve bought some more bath toys. I think anything…I
don’t want to take away from me teaching him and that’s like, like getting a lot of toys
you know and just putting him in front of it and expect him to learn from that.
Liz, a young mother, describes learning how her child develops and the use of everyday activities and interactions within her environment, as well. The following excerpt incorporates an example of a home visitor providing developmental information, as well as Liz’s ownership of the practice.

She says as long as she’s interacting and she’s getting out, you know in the world that her brain skills are developing, because she sees all kinds of different stuff every day like when people get to hold her. You know they can be wearing necklaces or earrings and she ain’t never seen that cause I don’t wear’em, but you know she interacting, you know, being able to see different kinds of stuff like people wearing different things. When we went to Buck Case Falls she seen all kinds of dogs. We had horses and stuff. She interacts everyday differently with certain stuff. She sees different things every day, so her brain’s developing every day whether she’s at home or whether she has home visitors here. So, it helps her a lot cause she develops more.

Charla described a different experience with regard to how her home visitor taught her about her child. The following excerpt is representative of a more directive style of teaching, with little parent input. Charla is responding to a question regarding practicing with her child what she and her home visitor talk about.

Charla: See Penelope comes on days, she comes during the week and I have to go to school. Kinda tired and stuff, when we do do it, I don’t feel like doing it. I’m just tired. But, I do it anyway. I’m just kinda tired. I’m tired when she comes. We usually go over the stuff I was supposed to do that week. Yea we like, I think this week I’m supposed to om ah ga, I don’t know cause it’s confusing. But, I was supposed to just, we’re supposed to practice talking.

*Interviewer: You and baby?*

Charla: Yea

*Interview: Gotcha. And, you said it’s a little confusing?*

Charla: No. It’s confusing, but, I mean we, she, I guess it’s from Wednesday to Wednesday that I’m supposed to practice it.

*Interviewer: Gotcha. And, what do you think about that?*

Charla: Nothing. I don’t think about it.

*Interviewer: Or...How do you feel about having to do that?*

Charla: Well, I mean I usually do it anyway. Just...just keep on.
Charla’s description lacks the excitement evident in Liz and Shelley’s descriptions. It is clear from the passage, in her use of the phrase “supposed to” that she sees the components of practicing activities as something that’s been enforced upon her. She seems to imply that she has no choices with regard to the implementation of strategies. Still, she does it, although her demeanor and responses demonstrate a lack of understanding as to why she is “supposed to” and a lack of ownership of the strategies she’s using.

NIAP implementation

A common theme among participants with regard to NIAP implementation was planning what mothers would do each week between visits. In the following excerpts, Tabitha, Shelley, Liz, and Maryanna describe their feelings with regard to weekly planning. I question whether or not the planning question was the most concrete question, making it easiest to respond to, or if it was simply a positive aspect of the tool.

Tabitha: Yea it just made me real excited and it gave me something to really look forward to – honestly, it really did and you know it gave me a number of different activities to do with her and add different things to our list of what we do each week, so it made me. I just liked it. I liked it a whole lot.

Liz: Every week when she comes out we’ll plan like…new stuff to do, like I know last week it was being about her being in her bouncy….and every week she’ll give us a goal to reach to, you know get further in the life with her and make sure she’s growing at the speed she has that she needs to and you know she just makes sure that we’re doing you what we’re supposed to, help us interact with her and give us a goal every week to make sure that she’s doing what she’s needing to at the age that she is, even though she can’t do a lot at the age but you know she can still, she can grab her rattles and uh she can lift her head up. She knows voices and sounds and stuff like that.

Shelley: Oh it’s fun…I cannot wait. I’m constantly telling his daddy or even my friend, Sally, I’m saying – “I can’t wait til Barbara comes, she’s gonna be so happy at what Billy’s doing”– You know what he’s discovered, what we’ve discovered together. I’m just so happy or just so excited for when she’s coming the next week. Because I, sometimes I can’t wait to share the news, so I’ll text her (laughter) – you know I’ll text
her and even though she’s busy I know she got it. I said I’m sorry I just could not wait til you got her next week, but you know.

Maryanna: Planning is good because then you can look back and see where you’ve come.

Charla’s response to planning was similar to that of other participants, although, she did not make a value judgment regarding the activity of planning. Her response matches some of the early excerpts described in the paper in that she demonstrates an understanding of planning during routine activities. The following excerpt includes interview probes. Charla’s responses were brief and often required follow-up questions.

*Interviewer: So, do you remember her asking you questions about – om doing the planning every week?
Charla: Yea. What I was gonna do with her every week.*

*Interviewer: And, what’d you think about that?
Charla: I didn’t really. It just fit into my routine.*

*Interviewer: If fit into your routine?*
Charla: Yea.

*Interviewer: So, when you say it fit into your routine…do you mean…you tell me what do you mean…it fit into your routine?*
Charla: Ahh…just adding on stuff like when I’m changing her diaper or when I’m taking her bath or when I’m feeding like doing different kind of activities.

*Interviewer: So, like routine every day, you were doing things. It wasn’t*
Charla: It wasn’t like I had to really get up and do

**Relationship to practitioner**

Descriptions of relationship development between practitioner and mother were powerful in Maryanna and Shelley’s interviews. A lack of relationship development was equally powerful in Charla’s interview. The following excerpts and narratives were chosen to provide a vivid picture of each of their experiences. The narratives were titled using participants words to emphasize the relevance of the particular narrative. Narrative choice is subject to researcher bias. Therefore, whenever possible, interpretation of the narrative is left to the reader.
In my interview with Shelley, she described her home visitor as a practitioner who implemented both participatory and relational help-giving practices, key elements of Family-Centered Practices. Shelley expressed similar interactions throughout her interview. This excerpt provides a small, but distinct picture of the benefit of those practices and the impact of family-centeredness on Shelley.

I’ll tell ya she makes me feel really good about myself, you know and not only, it’s not just about me telling her. She’s very observant. She watches how we interact with one another. And not only does “my child” get praised, but, as a parent, I get praised which makes me just feel wonderful. You know I’ve felt before that a lot of people didn’t see how I was trying. That you know the parenting skills that I have and being a good parent and I said “well heck with it. I’m gonna give myself a pat on the back.” You know, but, but, you know, my home visitor she, she’s wonderful and you know like I’ve said not only does “my child” get praised when he’s doing something, but I do, as well. She’s always making positive comments and “Well, I just see how you are with “your child”…and “your child”, like he plopped down on his butt earlier, she says “You were very responsive and instead of him sitting there crying you showed him like a toy and started talking to him about that toy and, you know, and then he was just back like happy again. You know, so ah you know, every little thing he does I’m very responsive to –

Shelley is a natural storyteller, and often strayed off topic during our interview, but her words often conveyed significance, and she shared them with great emotion. I attempted to depict the following excerpt in narrative style, because pieces of a story structure are present. It is Shelley’s nature to share information passionately, and in narrative form. However, it made more sense to simply share her words with regard to this scenario.

Shelley: “Having that praise means a lot”

I will say, you know, it’s really even more. I mean I have felt great from day one, don’t get me wrong, but I really don’t get like say how HV when she sees me do something she just makes me feel so good I don’t get that from other people around me. So, that really boosts me a whole lot and it just makes me more inclined to keep doing things with my child. And you know, don’t let depression overcome me about other things, you know? But, anyway, just having that praise that means a lot. That goes a long way. You know – his daddy’s a worry wart. He acts like I don’t know how to take care of a child – You
know? And I cannot stand (when somebody says/when his daddy says). You know you
don’t need to leave this out, you don’t need to om—I’m a parent.
Your children are almost 30 okay? The wife took care of you. The wife took care of the
kids while you worked. Let me handle this – I got this. But, you know I feel like
sometimes I wish he would give me a little bit more credit. You know? But, having HV
do it every week’s great. I told her I’m not ever letting you go HV – I don’t care how old
we are that’s somebody I would love to keep in contact with.

In Maryanna’s first excerpt below, she is responding to a question regarding her
conversation with her home visitor about questions relative to her child and what she sees
her doing. Maryanna’s response is in regard to more challenging conversations she has
had with her home visitor, when Maryanna is not pleased about the topic. In the second
narrative, Maryanna describes how her relationship is different with her current home
visitor as opposed to a previous home visitor. The prior home visitor often cancelled
visits or did not call to let Maryanna know that she would not be present for the visit.

The second excerpt is depicted in narrative format, because it has a natural story-
like quality. There is a clear abstract that begins with Maryanna’s matter-of-fact
statements that are indicative of Maryanna’s natural conversation style. While it is a brief
narrative, there is a clear story structure including the abstract, orientation, complicating
action, and ultimate resolution. It is the way in which the narrative highlights the
resolution that makes the structure of the narrative valuable.

Maryanna: “She treats me normal”

Those questions I didn’t mind at all. HV knows what’s gonna like bother me or not –
she’s like so I know this might not be what you want…These are the new standards,
especially the ones we didn’t realize that nobody was doing.

Interviewer: So, tell me a little bit more about that

Om..she’s just compassionate to me. She’s very compassionate. Cause I have Asperger’s.
It’s a low grade form of it, but I still have it. And she’s just…she really is compassionate
to my needs. Om…aware that I do have a disability, but also doesn’t let it control the
situation like – Okay so she has a disability I have to act, to treat her a certain way, where she treats me normal.

Maryanna: “Reliability, trust, communication and friendship”

Abstract:

1. She actually showed up.
2. She didn’t make excuses.

Orientation:

3. She didn’t…. 
4. if she wasn’t gonna be here she called right away to tell ya.
5. Even if it was that morning,
6. but she still called.

Complicating Action:

7. Whereas the other worker
8. “Oh. I’m sorry.
9. I couldn’t be there because of this and this and this.”
10. And stuff…
11. it just…..
12. it wasn’t good.

Resolution:

Interviewer: Oh my. So, what I hear you saying I think is that you have developed a...

13. Relationship based on trust.
14. Reliability, trust, communication and friendship.
15. Interviewer: Right. And that makes a difference?

Coda:

16. It does.

Charla’s excerpt provides an alternate perspective of a home visit, one in which a relationship has yet to develop. It is not depicted in narrative format. However, there is a narrative structure to the conversation, and it is an important revelation. I felt that it was important to depict the conversation in the manner below, because of Charla’s ultimate
resolution. It is telling. In this excerpt, Charla is responding a final wrap-up of the interview questions.

Charla: “I just let home visitor pick”

Interviewer: And then we talked about, we talked about the questions....and you said that Charla: They are sort of weird. I mean yea and then it’s like I be not in the mood to answer them. I just be tired and all that. Don’t even feel like talking and stuff.
Interviewer: And we talked about planning every week – you do some planning every week, and some activities every week. And, then we also talked about participating.
Charla: I think this week I was supposed to talk to her and brush her teeth.
Interviewer: And, how do you guys decide on who does what, on what you do
Charla: I just let Home visitor pick it
Interviewer: You let Home visitor pick?
Charla: Yea. And, I just agree with it. It makes it easier.

Self-efficacy

Many examples of self-efficacy were present in the interviews conducted. I attempted to distinguish between representations of self-efficacy that demonstrated personal self-efficacy prior to services, those associated with services, and ownership of practices. Ownership of practices seems to demonstrate a higher level of self-efficacy in that the parent may have learned new strategies from the agency. However, they attribute themselves with successful implementation. Ownership of practices in some instances was clearly linked to maternal responsiveness. There were multiple examples, therefore some examples provided are in the form of an excerpt from the interview. Others are described in narrative form.

In the following narrative, Tabitha describes what she learned from her home visitor about how her emotions impact her child. This is beyond the NIAP tool, but is a part of FIPP’s behavioral support model. It is represented in both Tabitha’s narrative and Shelley’s narrative below. The broader theme among both narratives was the impact of the practice on their self-efficacy. The interviewer’s voice is used only for clarification,
and in some ways it reduces the flow and pattern of Tabitha’s narrative. However, each of the lines in her narrative were valuable because they resulted in her feelings of self-efficacy, which is best described in the Coda section of her narrative. Her home visitor helped her understand the challenges she was incurring with her infant daughter, but Tabitha ultimately discovered what she learned impacted her ability to parent her son, as well. Without the lengthy complicating action, and resolution, the Coda would lose value. In addition, taken out of narrative format, would lessen the impact of her discovery.

Tabitha: “You’re her security blanket”

Abstract:

1. So, if they sense that you’re a certain way
2. or if you’re upset
3. then they’re gonna be upset.
4. Your emotions and feelings rub off on them.
5. And she really pushed that to
6. …pushed that on me.
7. You know even if I’m feeling down
8. whatever
9. kinda
10. that the kids’ll see it.
11. And, so,
12. she really helped me with that.

Complication Action:

13. Om. She let me know that –
14. because I had this issue where my daughter,
15. even if I left her in her room by herself for a second she would cry.
16. And I just did not understand that
17. because my son –
18. he was not like that.
19. Interviewer: He didn’t do that?
20. No.
21. He didn’t do that.
22. And, she let me know that
23. you know you’re Mabel’s security blanket
24. whenever you’re gone
25. and she doesn’t see you
26. she feels unsafe.
27. Interviewer: Right.
28. And, so
29. om
30. she really reminded me
31. and let me know,
32. you know…
33. that’s why she does that.
34. That’s why she’s like that
35. because “you’re her security blanket
36. Whenever she cries,
37. she expects you to come.
38. That’s who she looks for to come.
39. You”.

Evaluation:

40. And, so she really helped me with that. Om.

Resolution:

41. Interviewer: And, how did that feel?
42. It made me feel really special.
43. Interviewer: I can tell it when you say it.
44. It did.
45. It made me feel really special,
46. and now actually that she,
47. that I’ve had her
48. om my son is actually wanting me to be around him a lot more
49. because when he was younger
50. he was more of the adventurous type.
51. He wanted to go off and do things by himself.
52. He wanted to crawl alone and be alone.
53. And, now that I’ve had her,
54. he’s wanting to be up under me, as well.

Coda:

55. So, I was getting two things.
56. I’m getting 2 good things, now,
57. so.

The following excerpt from Shelley’s interview is an example of her self-efficacy.

It’s an interesting example, because she clearly describes her boundaries with regard to
outside support and what she needs as a parent. It demonstrates prior self-efficacy, her ability to make choices about the strategies she chooses to incorporate, and also, as with Tabitha’s excerpt describes her experience beyond the NIAP. Both she and Tabitha are referring to strategies their practitioners have discussed with them regarding how their emotions impact their child. At FIPP, this is referred to as being the “emotional director”.

Shelley’s narrative is also an example of how she uses parenting strategies to support the stressors in her life. While this was not a common concept among participants, it is an important concept to note. It demonstrates the importance of using parenting strategies, for Shelley, to cope with her stress. We did not delve into what her personal stressors are, because the focus was the impact of the home visiting experience.

This particular narrative is less “story” like than Shelley’s other narratives. However, there are a couple of components that provoked me to place this particular response in narrative format. First, there is a clear speech pattern in Shelley’s abstract, and a distinct complicating action, evidenced by her use of metaphor, which struck me in her response. “Rolling down a mountain” clearly signifies a shift into a dark phase. Shelley was often elusive regarding the challenges she faces, but always effective in conveying her message.

Shelley: “Pick one that’s gonna best suit me”

Abstract:

1. You know?
2. and just like anything
3. that’s gonna kind of relax
4. To go out for a stroll.
5. That helps me.
6. That helps him.
7. You know whatever I can find a remedy for I’ll do before I find myself getting upset.
Complicating Action:

8. You know it just triggers too much.
9. It’s like you’re rolling down a mountain when you get like that,
10. So..
11. Interviewer: So, it sounds like you’re trying several different strategies
12. All kinds of strategies
13. cause I got a lot of stressors.
14. You know..
15. ah..
16. besides this in my life,

Evaluation:

17. and I’m trying not to let that interfere with my parenting.

Resolution:

18. And finding ways that I can cope with that during my alone time,
19. like say when he’s napping.
20. So,
21. you know she’s given me ideas on that and there’s been other people that I’ve worked with that also has done the same,
22. so I just combined all their strategies –
23. pick one that’s gonna best suit me for the day
24. cause it’s not all
25. like okay
26. it’s not all the time that I can have a strategy to work –
27. it’s just a matter of me having to walk away
28. have someone step in for a moment –
29. sometimes I do get a bit overwhelmed.
30. I got several emotions running through
31. because of several things going on in my life.

Coda:

32. So sometimes it helps to just step back and find somebody you can trust to step in for a moment til you get up
33. you know?
34. Cause we can’t always find strategies to solve every little thing.

There is the implication in Shelley’s narrative based on her comment that she has more stressors beyond “this” in my life, that home visiting services may be a requirement
for her. Often, in North Carolina, the Department of Social Services requires parents to participate in services if they deem the parent to be at-risk for neglect or abuse. FIPP is a voluntary program, so parents have the choice to participate, regardless of the requirement. Often, the requirement forces parents to participate in services that others deem important for them. The power of Shelley’s statement is that she maintains her self-efficacy while potentially being required to participate in services. It is also a reflection, although not in this particular narrative, of the value of the relationship between Shelley and her home visitor.

In the following narrative, Shelley describes what it means to her to discuss what her son is learning each week. This narrative also provides a small glimpse into maternal responsiveness associated with ownership of practices. Shelley has incorporated the strategy of praise, as well as attending to what her baby is learning each week. The narrative is built from the first line. The orientation clearly orients the listener to the “what” and “when”, and time and place of the story. The complicating action seems quite minute, however, it is the resolution and coda, which are particularly prone to story structure. The interviewer’s voice is only used to provide a background for Shelley’s response.

Shelley: “Every week he’s doing something”

Abstract:

1. Oh…I loved it
2. because it keeps my…
3. it keeps me from forgetting the things that I have done,
4. you know?
5. And because I’ve got,
6. I’ve got that poor memory thing going on.
7. You know my mind ain’t as sharp as it used to be.
8. But, I love
9. and it make..
10. when I sit there and think about it actually being able to express it
11. and talk about what he’s doing –
12. then I just get
13. like thrilled all over again

Orientation:

14. like from the first time he actually done it
15. you know?
16. We’re just sitting there like
17. “Ahhh”
18. you know?
19. he’s happy
20. he’s clapping
21. because we’re praising
22. when we’re talking about “Billy
23. and he hears that
24. and you know,
25. so yeah and
26. I mean
27. you know
28. he’s always doing something different every week

Complicating Action:

29. But, sooner or later he’ll be in a routine
30. and all these little surprises will become routine,
31. you know?

Resolution:

32. So. It’s…
33. it’s awesome,
34. though.
35. But, yea
36. she asks every week
37. and like I said
38. every week he’s doing something,
39. he’s doing something new and...

Coda:

40. Interviewer: It sounds like you enjoy that.
41. Oh God yes.
42. Lord yes.
In the following excerpt, Liz has clearly describes her ownership of the practices. There is a clear link between this excerpt and responsiveness. She talks about what she does for her child in comparison to other parents. She even describes her feelings with regard to the impact of not interacting with your child during daily routines and activities. She attributes her success to the agency, but this statement does not seem to take away from the fact that she has incorporated the strategies into her personal repertoire of parenting strategies and ultimately claimed ownership of them.

“You know it don’t matter if you’re in there cooking or you know washing the bottles you can put her in her bouncy and you know talk to her and say you know look, look what I’m doing and talk to her and” But, if you just sit there and you go wash bottles and you just sit there in your bouncy and just not pay no attention to her she’s gonna grow up you know like you know “who is that?” You know she’s not gon know who you are because you’re not, you’re not interacting with your kid. If you don’t interact with your kids they’re gonna grow up not knowing what to do. And they’re gonna basically be like you know “who’s my mama, who’s my daddy” – But, I mean I try to interact with her every day or you know like….before I had FIPP honestly I probably wouldn’t be doin none of this stuff.

Liz provided this type of referencing to her parenting throughout her interview. The following excerpt provides a very simple statement of self-efficacy, as well as what I refer to as “ownership” of practices. The statement moves beyond a statement of feelings about her parenting and provides her reasoning for teaching her child. It is engrained in her belief system. She seems to be implying in her last sentence that she takes teaching her child one day at a time.

You gotta help make sure you and your baby are both healthy and that she’s learning and progressing. If you do it week by week it easier instead of saying, “well, I’m gonna do this this week” and I mean then you know forget about it and not do it. You gotta teach your baby new stuff. When they grow up you don’t want them (to) , you know…Like nothing against some kids that have this - I wouldn’t want her to be in a special class because I want her to grow. You know, if she winds up in one….I mean it don’t matter cause long as long as she’s healthy I don’t care what she has to grow up in, but I want to

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try to teach her as much as I can weekly because it’s easier for me because I don’t like having to plan a lot of stuff ahead, so I just do it one at a time.

Maryanna often took ownership of her parenting practices, as well. Maryanna’s last statement provides a concrete example of responsiveness. Ownership for Maryanna occurred both when she described the strategies she learned from her home visitor, as well as her personal convictions regarding parenting as a whole. Therefore, self-efficacy was present prior to and after services. In the short conversation below, Maryanna shares her thoughts with regard to when her daughter began to speak, and, while others don’t agree with her assessment, she stands by it.

Mmmhhmm – always been that way. Her first word, other than like mama, hi, hey, yea was butt at 5 months old. She was pooping. Her first word was at two weeks old. Her first word was hungry at two weeks old. You can ask HV. I’m not kidding. Cause everybody thinks I’m lying when I say that – that nobody can talk that young, but she did. And, HV says the reason that I can understand it is because I actually take the time talking to them. And, that most babies do talk younger, but parents just pass it off as babbling. And it is isn’t. It’s them actually.

Interviewer: And, so what is that you’re doing differently?
Maryanna: I’m actually communicating with my kids. And when I hear them try to say something – I say it – and then they learn to repeat it – and they learn to say what they want.

Maryanna’s home visitor supported her assessment of her child, although research on language development contradicts it. It appears that the home visitor’s belief in Maryanna was a more powerful tool in home visiting practices than providing developmental information. It also supported Maryanna’s use of positive strategies to support language development and her self-efficacy. This may be a controversial assessment of this particular narrative. It is also an example of a discrepant case, one in
which developmental information was not accurately provided. However, Maryanna noted earlier in the interview the importance of her home visitor’s compassion, friendship, and trust. For Maryanna, the role of relationship was fundamental to her home visiting experience, as was the freedom to share unconventional views, without judgment.

Charla shared her feelings as a parent in two separate instances. Interestingly, the following excerpts are in contrast to one another. Therefore, I have placed them side by side in an effort to compare the two passages. They are not depicted in narrative format. They are still in interview format, so the questions asked are equally evident.
### Charla’s Contrast of Self-Efficacy:

<table>
<thead>
<tr>
<th>Excerpt 1</th>
<th>Excerpt 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer: <em>So, let me ask you this how do you feel about yourself as a parent?</em></td>
<td>Interviewer: <em>But, you’re saying you think she learns best from you?</em></td>
</tr>
<tr>
<td>Om. Well, I feel like I’m a good parent.</td>
<td>Yea.</td>
</tr>
<tr>
<td>Interviewer: <em>You feel like you’re a good parent. Okay, so tell me a little bit about that.</em></td>
<td>Interviewer: <em>Gotcha.</em></td>
</tr>
<tr>
<td>Yea. It’s kinda hard taking care of her by myself, but I feel like I’m a good parent. She’s learning stuff really fast.</td>
<td>Some stuff she’s learned on her own.</td>
</tr>
<tr>
<td>Interviewer: <em>Very cool. Very cool. And, whose teaching her that stuff?</em></td>
<td>Interviewer: <em>Like what, what did she learn on her own?</em></td>
</tr>
<tr>
<td>Me.</td>
<td></td>
</tr>
<tr>
<td>She does this thing like – I don’t know. It’s weird. It’s like she does like this or she does some stuff with her hands. She learned that by herself. I don’t know I didn’t teach her that. She grabs her diaper and stuff now. She grabs her stomach and so she learned some stuff by herself. She acts like she doesn’t pay attention when I teach her stuff – but later on I see that she does cause she does it on her own.</td>
<td></td>
</tr>
<tr>
<td><em>Interviewer: Yea.</em></td>
<td><em>Interviewer: Oh, really. So, when you’re teaching her something</em></td>
</tr>
<tr>
<td>I taught her to clap her hands, and how to wave bye and hey.</td>
<td>She just be looking the other way. And, then sometimes I can get her to look at me and then she</td>
</tr>
</tbody>
</table>
look the other way and she just does what she feel like doing.

Interviewer: Uh-huh. And, how did you do that?

And, I taught her to say mom. I just showed her. I just showed her almost every day.

Interviewer: So, are those things you guys have been working on or are those things you decided to do on your own?

I decided to do them myself.

Interviewer: And, then how does that feel when you see her do that?

I just put her down. Say, forget it.
In both excerpts there is a clear missing component. Neither passage makes any reference to Charla’s home visitor. It is apparent that Charla credits her child’s progress, either to herself, or to her daughter. However, the first excerpt, on the left, is an example of self-efficacy, while the second excerpt, on the right, seems to demonstrate a lack-of self-efficacy. The strongest implication appears to be that the home visiting experience has had no impact on her as a parent, at all. And, in some instances, it seems it has reinforced a lack-of self-efficacy, as opposed to supporting Charla’s positive feelings as a parent. In addition, it is important to note that self-efficacy is context specific, which may play a role in her responses. There is stark difference in Charla’s positive perspective of herself as a parent, versus her ability to teach her child.
Chapter Five: Discussion

Several themes stemmed from the interviews. Relationship, trust, encouragement and family centered practice were common themes in Shelley and Maryanna’s interviews. Oddly, although family-centeredness, trust, and encouragement were not described in her interview, a positive helpgiving relationship was also present in Tabitha’s interview. Tabitha’s description of her relationship with her home visitor was very different than Shelley and Maryanna’s description. She portrayed a relationship with her home visitor in which she was often the recipient of developmental information and suggestions. Both Tabitha and Liz provided positive feedback regarding their home visitor. However, they did not provide examples that demonstrated evidence of positive feedback regarding their parenting. Participatory help-giving practices were clearly present, while relational help-giving practices can only be assumed.

Still, Tabitha described a very positive, helpful relationship, which supported a difference in her perspective of herself as a parent. Tabitha consistently described her home visitor as sharing information and offering suggesting. The following excerpt provides more insight into this phenomenon.

You know, even when you have a baby, you’re still kind of a little shaky about bath time cause I was still because my daughter was a squirmer. So, I was a little shaky about bath time. And, so she let me know that if you’re shaky about bath time and you’re worried about bath time then she’s gonna be worried about bath time. So, I just calmed down and you know I just talked to her…I said…Well, I ran her water and got her undressed and I said “Sophia”, it’s bath time. Let’s wash your face. Let’s wash your arms. Let’s wash your legs. And, it helped out. It helped a lot. It helped her to be more comfortable, and it actually helped me to be a lot more comfortable, as well, doing things like that.

In addition, teaching strategies, such as modeling, direct teaching and providing developmental information were present in Tabitha, Charla, and Maryanna’s interviews. Self-efficacy was evident in Maryanna, Shelley, Tabitha and Liz’s interviews.
Lack of self-efficacy was evident in Charla’s interview. Clear NIAP implementation, particularly planning each week and practicing with parent and home visitor was present in all of the interviews. Maternal responsiveness was often synonymous with a mother’s ownership of practices. Therefore, self-efficacy was relative to maternal responsiveness.

I began with a question: How do mothers coping with the multiple stressors associated with poverty perceive their parenting ability following a home visiting experience focused on the Newborn Interest and Activity Plan? The answer is much more complex than I anticipated. This search initiated with the intent of focusing on the NIAP tool, which now seems ill-informed. The tool itself is valuable in that it impacts the discussions and direction of the visits. It is clear from each interview that all of mothers had an understanding of the importance of implementing parenting strategies throughout daily routines. There was no question that this appeared in each interview. However, what emerged from the interviews was the importance of relationship between home visitor and mother.

I am uncertain if the focus of relationship throughout the interviews was because relationship was implied in each question I asked, or if it is simply not possible to view a home visit outside the perspective of relationship between practitioner and parent. Regardless of the reason, it was a substantial theme, be it negative or positive, in each of the interviews. This was also identified by my co-investigator who reviewed Charla and Shelley’s interviews.

When I began this project, my bias was that practitioners employing family-centered practices would be more successful than those who do not. However, I was not prepared for the significant role the relationship between home visitor and mother played.
The experiences of the participants in this project lead me to believe the role of relationship in early intervention goes beyond that of family-centered practices.

Carl Rogers’ theory of client-centered practices takes the role of relationship a step further than my former interpretation of family-centered practice. He identified three key qualities of a client-centered practitioner in his role as a therapist. Of the first feature, he stated “each of us knows individuals who we somehow trust because we sense that they are being what they are, that we are dealing with the person himself, not with a polite or professional front” (Rogers, 1995, p. 61). In other words, the first characteristic is associated with the authenticity and genuineness of the practitioner. The second characteristic of a practitioner who employs a client-centered approach is that of “unconditional positive regard” (p. 63). Rogers describes this as having no judgment or expectation of the client. Expressly, it is essential to accept the client as they are, having an understanding of where the client is in the process of their personal growth and meeting them there, without any preconceived plans or notions regarding what their results should be. Finally, Rogers identifies empathy as a crucial component of client-centeredness (Rogers, 1995). He explains that this goes beyond understanding the client and having empathy for their experience, it encompasses the value of the practitioner sharing this insight with the client (Rogers, 1995).

Rogers work is most often indicated as a therapeutic approach. However, his theory is applicable to the field of early intervention. Specifically, in Shelley and Maryanna’s interviews, it appears that all of the components of client-centeredness were intact. Maryanna described the importance of trust, friendship, and encouragement. Shelley explained how praise and a belief in her parenting impacted her belief about
herself. The following narrative demonstrates the value of Rogers’ concept of client-centeredness with no need for further explanation.

It is also an important narrative because Shelley’s passion for this particular topic, as in many of her narratives is evident. The abstract sets the storyline. Shelley’s uses the term “good mother” or “good parent” throughout the narrative to describe herself as a parent, in an effort to depict the power in this particular label. It is clear in the complicating action that this is a sensitive topic to Shelley, that her opinion of herself as a parent is impacted by mistakes in her past that she has overcome. The resolution is her understanding and acceptance of her ability to be a “good mother” in tandem with the positive relationship and praise she receives from her home visitor has support her feeling of self-worth.

Shelley: “I’m a good mother”

Interviewer: Tell me this – how is that type of feedback important to you?

Abstract:

1. It’s very important because it shows me that
2. yea I am doing the right thing.
3. That I’m a good mother,

Orientation:

4. she’s always telling me that I’m a good mother.
5. And she see that,
6. how much I love my son –
7. and you know she observes it all the time
8. and that gives me reassurance
9. that I AM doing the right thing
10. that I am doing the very best at being a parent.

Complicating Action:

11. You know there’s been issues in my past concerning my kids and –
However,
I was a good parent.
I had some flaws
but, I worked past those
but, yet nobody seen it.
Or, I didn’t get the appreciation or
“well, Shelley you’ve done good.
I’m proud of you,
anything like that.”

Evaluation:
And, basically the same way I done with my daughter is how I’m doing with my son, now.

Resolution:
And, to get that praise,
I think about my daughter
and I say well hey
I did that with her,
so yea I am feeling good.
I’m on the right track.
I’ve been doing it with her,
now I’m doing it with my son.
So, you know,
I know I’m doing the right thing.
But, it’s good to get recognition.
You know?
She surprises me –
we’re sitting there
and just all the sudden
“Oh Shelley –
just look at how you just did with “Billy”
“That’s great!”
You know,
I feel like a big kid.
Yea…. (laughter)
I’m like YAY!!

Coda:
But, yea,
it really it boosts my self-esteem a great deal.
A great deal.
Alternatively, in Tabitha’s interview, the role of the practitioner seemed to be quite different in that the practitioner appeared to give her suggestions, advice, and developmental information as a rule, which does not fit with the makeup of the NIAP. Still, it appears her relationship with her home visitor was an important one. Had she not had a mutually respectful relationship with her practitioner, she may have been more resistant to participating in services. She also maintained throughout the interview that the outcomes for her, as a parent, and her children were positive.

Among the participants, Charla was a discrepant case. Her home visiting experiences, as well as her relationship with her practitioner were clearly unique to the experiences of the other participants. Charla’s home visits were definitively different than the other mothers interviewed. The key difference appeared to be a lack-of a positive relationship with her home visitor. It was evident her relationship with her home visitor was not on equal-footing, as demonstrated by the multiple comments in which she stated she was “supposed to” do something or she “just” let her home visitor choose activities for her because it was easier. It is important to note that Charla was a young, African American mother of modest means, while her home visitor was a middle-class, Caucasian woman. Could this have created the relational imbalance? It is difficult to assess based on the information ascertained from the interviews. However, it is a valid question to consider.

If implemented appropriately, the NIAP tool does not allow for a practitioner directed experience. Coaching questions are built into the tool in order to support parent examination of their unique relationship with their child. Practitioner led activities diminish the role of the parent in their child’s development. In addition, they negate the
parent’s ability to identify and assess their infant’s cues and interests, and disaffirm parent recognition of their strengths as a parent.

With regard to theme of self-efficacy and the NIAP, there were several instances of “ownership” of practices that seemed to provide participants with a voice, at times a strong voice regarding their parenting practices. There was also a connection with ownership of practices and maternal responsiveness, although ownership of practices existed outside of maternal responsiveness, as well.

Liz’s explanation of teaching her child within everyday routines was stated in a proud, advice-offering manner. Shelley and Tabitha’s explanation of managing their emotions, while not specifically a component of the NIAP, provided them with similar authority regarding their parenting practices. There were several examples of this throughout the interviews. Each mother, in her unique way, described parenting strategies that were a part the practices introduced by the home visitors, as their own.
Chapter Six: Self-Reflection

The development of this project has paralleled my own growth. It has been quite some time since I participated in my formal qualitative research classes. Certain aspects of this process suffered because of the distance between my education and implementation of my thesis study. Interviewing was the most significantly impacted by this distance in time. There were several moments in interviews where I caught myself asking leading follow-up questions. For instance, I fought the urge, albeit unsuccessfully, in each interview to ask how a particular incident was helpful. No matter how prepared I was to remove that particular word from my thought process, somehow it displayed itself in my interviews. My role as a home-based teacher over the last several years creates a level of comfort with the interview process that is both a benefit and disadvantage to the interview. My desire to understand experiences also impacted my questioning. At times, I think follow-up questions that appeared leading were acceptable because they demonstrated my understanding of the participant’s feelings or meaning behind a particular statement. However, I recognize there were also moments that my follow-up questions were not appropriate.

I also found the way in which I worded a question made a difference in how each mother responded. For instance, if my emphasis was on the practitioner, the parent would follow my lead and respond accordingly. Or, if I used the word “helpful” to focus a probe, it became a relevant response with each follow-up question. In other words, if I threw out the word “helpful”, a parent used “helpful” in multiple responses. I didn’t remove those pieces of my interview, because I don’t think this mistake wholly impacted the response of the participants. Liz clearly described her home visitor as helpful, but also
shared many instances of self-efficacy and ownership of practices. Maryanna and Shelley were quite positive in their interpretation of their home visits and home visitor, but they also shared negative experiences and personal opinions that did not coincide with the NIAP or the home visitor. Charla remained consistent with regard to her perception of the experience throughout the interview.

My intent was to provide triangulation of the data. I planned to interview each participant, transcribe interviews, code and identify themes, and complete a final draft with the full participation of all participants, in addition to agreement of themes by my co-investigator. This did not occur. I don’t believe this was an error within the interview process. It appears to be more relative to life circumstances and participant interest in taking on such a significant role within the project. However, I was able to seek consult from the developer of the NIAP, who acknowledged several of my assertions. In addition, my co-investigator, reviewed two interviews to provide agreement for coding and interpretation. Triangulation of the data was achieved, although it was not in the manner that I anticipated.

The depth and amount of data I gained from my interviews is huge. Piecing together the significant items has been a challenge. It is the reduction of data that I find difficult. I want to share every transcribed word because I believe the experiences and ideas offered by each mother is valuable. However, I realize that the person most excited about this project is me and making it comprehensible and readable is central to good research.

Additionally, I reviewed Riessman’s *Narrative Analysis* (1993) extensively to better understand the methods and structures of narrative analysis. I am drawn to the way
in which Riessman depicts her narratives, as well as her thorough and extensive analysis of the narrative content, speech patterns that promote narratives in context, and the poetic nature of narratives. I also find that I “listen” for the narrative in the speech pattern of the participant in the way that Riessman describes. In her analysis of her own work, Riessman states “I found myself not wanting to fragment it into discrete thematic categories, but instead treat it as a unit of discourse; it “sounded” like a narrative when I attempted to code it” (1993, p. 45). Throughout my analysis, I used my ability to listen and intuitively hear the narrative. This proved ultimately be problematic because I often heard narratives in speech, when there was a lack of narrative structure. However, I believe there is a poetic sequence to speech that naturally flows in the context of conversation. Better understanding such patterns, could enhance my ability to identify concrete narratives within the voices of participants.

The question that buoyed the development of this project is obviously already meaningful to me. I find great value in the field of early intervention and the mutual role home visitors and parents develop in the process of facilitating positive growth and change. However, my research question was not fully answered in this study. My findings were complicated, and naively unexpected. A bias for the relational role of home visitors in early intervention is clear in this report. As a teacher, social worker, and former home visitor, I value the role a strong, healthy relationship plays in providing support to families. The underlying role of that relationship, when appropriate, allows families to feel safe, unjudged and respected when implementing parenting practices that are often contrary to what they have experienced in their personal lives. In my own experience as a home visitor, mother, and student, I recognize that strong, supportive
relationships facilitate growth. I have not attempted to conceal this bias. However, I did not seek this particular theme in my paper; it is evident in the words of the participants.
Chapter Seven: Implications

I continue to study narratives in my work, as well as in graduate school as a former social work student. In the field of therapy, there is a narrative approach based on qualitative research and narrative analysis. Combining social work practice, specifically with regard to the value of relationship, with teaching in early intervention, and qualitative research focused on a narrative approach could provide a more well-defined scope with which to explore the themes of relationship, self-efficacy and parent competence. All three areas encompass my intent for further growth. At the same time, this project could be expanded with a stronger focus on the stories of participants coping with the stressors of poverty and the role of relationship and parent competence in mediating self-efficacy.
Appendix
Newborn Interests and Activity Plan

Identifying Information

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Months):</td>
<td>Today's Date:</td>
</tr>
<tr>
<td>Parent/Caregiver:</td>
<td>Relationship to Child:</td>
</tr>
</tbody>
</table>

Interests and Activity Plan Description

Beginning at birth, newborns are interested in the people and objects around them and in making things happen. Some things are familiar, like the sound of their family’s voices, while others are brand new, like the feel of a soft blanket on their hands and cheek. Most of what newborns learn occurs during everyday activities such as feeding and diapering. When newborns are in a quiet awake state, they are exploring the things that interest them in a variety of ways. Newborns learn about people and objects by watching and staring, moving their heads to hear things, and wiggling and stretching their fingers, arms, and legs to touch and find things.

Caregivers play a very important role in supporting newborn learning and development. For example, newborns quickly learn what their favorite people like, smell and sound like during face-to-face exchanges with caregivers. Additionally, how a caregiver responds to the newborn’s interest in a rattle can encourage the newborn to try and reach for the toy.

The purpose of the Newborn Interests and Activity Plan is to support your newborn’s learning and development during daily activities and routines. The plan has three sections:

1. Discovering Interests and Activities
2. Encouraging Responses
3. Activity Planning

The first two sections will help you capture your newborn’s interests as they occur in your daily routines and note how your responses encourage your newborns learning. The third section will help you plan new, daily learning experiences or opportunities that will continue to promote your newborn’s development. Because newborn’s change their interests and capabilities so quickly, the Newborn Interests and Activity Plan should be updated every two weeks and can be used up to 4 months of age.
Across the next two weeks, observe your newborn during his or her daily activities and write down unique and different ways he or she interacts with the world. Each box can contain more than one observation.

<table>
<thead>
<tr>
<th>What is your baby looking at?</th>
<th>What does your baby do when he/she is looking at you?</th>
<th>How does your baby move himself/herself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can you tell when your baby is happy?</td>
<td>How can you tell when your baby is hungry?</td>
<td>How can you tell when your baby has had enough to eat?</td>
</tr>
<tr>
<td>How can you tell when your baby wants to continue something?</td>
<td>How does your baby like to be cuddled?</td>
<td>How does your baby go to sleep?</td>
</tr>
<tr>
<td>What sounds does your baby pay attention to?</td>
<td>How does your baby wake up?</td>
<td>How long does your baby stay awake?</td>
</tr>
<tr>
<td>Who does your baby know?</td>
<td>What movements and sounds does your baby repeat?</td>
<td>Other</td>
</tr>
</tbody>
</table>
Parents and caregivers can do a variety of things to make an infant’s interactions more meaningful. This is especially true when you respond by doing something right after your baby does something. Across the next two weeks, observe and record how you respond to your newborn’s interests and activities and how your newborn responds back. Note the responses that encourage your baby to continue what he or she is doing or to try new things.

<table>
<thead>
<tr>
<th>What did you do?</th>
<th>What did your baby do next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to him using a baby talk* voice when she/he made sounds</td>
<td></td>
</tr>
<tr>
<td>Held different toys up for him/her to look at</td>
<td></td>
</tr>
<tr>
<td>Smiled back and made funny faces to him/her</td>
<td></td>
</tr>
<tr>
<td>Put different things to touch near her/his hand</td>
<td></td>
</tr>
<tr>
<td>Imitated her/his expressions and vocalizations</td>
<td></td>
</tr>
<tr>
<td>Noticed what she/he looked at and talked about that</td>
<td></td>
</tr>
<tr>
<td>Read a story to him/her</td>
<td></td>
</tr>
<tr>
<td>Danced/sang with him/her</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

*A baby talk voice uses quiet, sing-song, exaggerated storytelling sounds and has a melody to it but the actual words spoken are typical adult words.
**Section 3 - Activity Plan**

Use the information you collected in Section 1 and Section 2 to plan some specific learning opportunities in which you, your family, and your baby will participate. What new or different activities have you tried with your baby? What were the reasons you decided to try these activities? What are the reasons you will continue or stop doing these activities?

<table>
<thead>
<tr>
<th>During the next two weeks these are the things...</th>
<th>What did I observe my baby enjoying or repeating?</th>
<th>What will my baby and I try next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>my baby and I will do during bath time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my baby and I will do during diaper changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my baby and I will do during feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my baby may be doing when he/she is awake</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my baby may do to learn more about the world</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
References


VITA

Place of birth: Winston-Salem, North Carolina

Educational

MSW: Appalachian State University, Boone, North Carolina

BA: University of North Carolina at Wilmington, North Carolina

AA: Brunswick Community College, Bolivia, North Carolina

Professional

Social Research Associate, Family, Infant and Preschool Program, Morganton, North Carolina

Birth-Kindergarten Teacher, Family, Infant and Preschool Program, Morganton, North Carolina

Recruiter/Trainer, Therapeutic Foster Care, Alexander Youth Network, Lenoir, North Carolina

Research Assistant, University of Kentucky, Lexington, Kentucky

Early Interventionist, First Steps of Kentucky, Lexington, Kentucky

Head Start Teacher, West Lexington, Lexington, Kentucky

Honors and Awards

Phi Alpha Honor Society
Appalachian State University

IECE Program Faculty, Student Representative
University of Kentucky
Kappa Delta Pi, International
Education Honor Society
University of Kentucky

Historian, Kappa Delta Pi
International Honor Society
University of Kentucky