

2011

Learning to trust in home visiting: Mothers' perspective

Cynthia Thompson
Iowa State University

Follow this and additional works at: <https://lib.dr.iastate.edu/etd>

 Part of the [Family, Life Course, and Society Commons](#)

Recommended Citation

Thompson, Cynthia, "Learning to trust in home visiting: Mothers' perspective" (2011). *Graduate Theses and Dissertations*. 12108.
<https://lib.dr.iastate.edu/etd/12108>

This Thesis is brought to you for free and open access by the Iowa State University Capstones, Theses and Dissertations at Iowa State University Digital Repository. It has been accepted for inclusion in Graduate Theses and Dissertations by an authorized administrator of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.

Learning to trust in home visiting: Mothers' perspectives

by

Cynthia P. Thompson

A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

Major: Human Development and Family Studies

Program of Study Committee
Kere Hughes-Belding, Major Professor
Kimberly Greder
Gayle Luze

Iowa State University

Ames, Iowa

2011

Copyright © Cynthia P. Thompson, 2011. All rights reserved

TABLE OF CONTENTS

ABSTRACT	iv
CHAPTER 1. OVERVIEW	1
Introduction	1
Home Visiting	1
Relationship Building	3
Mothers' Perspective	6
Symbolic Interaction	7
CHAPTER 2. METHOD	9
Data Collection	9
Qualitative Research	9
Researcher	9
Ethical Consideration	10
Recruitment	10
Participants	11
Interviews	12
Member Checks	13
Rigor	13
Data Analysis	14
CHAPTER 3. FINDINGS AND DISCUSSION	16
Research Questions and Themes	16
How do mothers describe their initial interactions with home visitors?	16
Mistrust and Fear	16
What changes do mothers experience in their relationships with their home visitors?	17
Child-Centered Focus	17
Alleviation of Fears	18
How does trust influence the home visitor/mother relationship?	19
Learning trust	19
How do mothers describe trust with their home visitor?	20
Letting go	20

Discussion	21
Implications	24
Considerations	25
CHAPTER 4. CONCLUSION	27
APPENDIX A. INSTITUTIONAL REVIEW BOARD APPROVAL	28
APPENDIX B. RESEARCH AND INTERVIEW QUESTIONS	29
APPENDIX C. CODING SYSTEM	30
REFERENCES	33

ABSTRACT

Home visiting can be an effective service delivery approach for reaching families with children at risk for developmental delays or maltreatment, but most of the related research is from the agency or home visitor perspectives, with particular focus on maternal and child outcomes. Five mothers currently enrolled in home visiting programs were interviewed using qualitative, semi-structured interviews focused on how each mother perceived the development of trust with her home visitor. Four themes emerged; mistrust and fear, alleviation of fears, learning trust, and letting go. The strong emphasis mothers placed on mistrust and fear is missing from agency and home visitor focused research. Finding ways to help home visitors understand mothers' fears should be a consideration for efforts aimed at increasing program engagement and retention.

CHAPTER 1. OVERVIEW

Introduction

Home visiting has been shown to be an effective service delivery approach for working with families with children at-risk (Izzio et al., 2005; Olds et al., 2007; Whipple & Nathans, 2005) for developmental delays or maltreatment due to factors such as low income, maternal age, substance abuse or violence in the home (Allen, 2007b). The effectiveness of the approach, however, depends on how the services are delivered and the relationship that develops between the home visitor and the mother receiving the services (Klaus, 1996). The foundation of empirical evidence related to home visiting has focused primarily on achieving outcomes from the perspectives of agencies and home visitors, or on quantitative assessments of mothers and children. Only a few studies have focused on the perspective of mothers receiving home visiting services (Allen, 2007b; Jack, DiCenso, & Lohfeld, 2005; Kirkpatrick, Barlow, Stewart-Brown, & Davis, 2007; Woolfolk & Unger, 2009) despite the fact that mothers and their children are the focus of the prevention approach. The current study aimed to explore mothers' perceptions of how trust develops between mothers and home visitors in programs focused on serving at-risk families.

Home Visiting

Home visiting is a service delivery approach, offered in families' homes, that commonly attempts to improve families' social supports, access to community resources, and knowledge about parenting and child development (Whipple & Nathans, 2005). Services are usually offered as a voluntary program and mothers are often the primary participant. Mothers who receive voluntary home visiting have used more community resources (McNaughton, 2000), have had larger intervals between pregnancies, more stable

relationships with partners, (Olds et al., 2007), shorter duration on welfare, fewer substance abuse problems and have had fewer health problems (Olds, Hill, & O'Brien, 2003). Mothers in home visiting programs have also showed positive changes in their parenting attitudes and behaviors (Cullen, Ownbey, & Ownbey, 2010). Benefits for children have included reduction in childhood mortality from preventable causes, successful adjustment to elementary school (Olds et al., 2007), improved health, enhanced child development (Whipple & Nathans, 2005), improvements in cognitive skills and attachment security (Roggman, Boyce, & Cook, 2009), and higher performance on social and emotional measures (Cullen et al., 2010). Many of the benefits found by Olds and colleagues (2003) were still impacting mothers and children 5, 9, and 15 years later. Izzo et al. (2005) also found long term benefits. Mothers who participated in home visiting had fewer negative outcomes, such as substance use and mental health problems, when experiencing traumatic events (e.g. the death of a loved one) 15 years after the service delivery. One of the strengths of the home visiting approach has been its ability to tailor specific strategies to not just unique populations but also to the unique and diverse needs of each individual participant (Daro, McCurdy, Falconnier, & Stojanovic, 2003). However, program models vary considerably in terms of focus, staff qualifications, and frequency and duration of home visits (Gomby, Culross, & Behrman, 1999) and program flexibility and variety has made studying the universal benefits of home visiting a challenge (Gomby et al., 1999; Reynolds, Mathieson, & Topitzes, 2009).

A major challenge for home visiting programs has been enrolling and engaging mothers (Daro et al., 2003; Jack, DiCenso & Lohfeld, 2002; Heaman, Chalmers, Woodgate, & Brown, 2006; McGuigan, Katzev, & Pratt, 2003; Riley, Brady, Goldberg, Jacobs, & Easterbrooks, 2008; Tandon, Parillo, Mercer, Keefer, & Duggan, 2008). In a review of six

home visiting programs, Gomby et al. (1999) found that up to 25% of mothers invited to participate in programs decline services. Of mothers who did accept home visiting, most received only half the number of intended visits and 20-67% left the program before the program's scheduled end. Getting mothers to accept the program and gaining entry into the home can be difficult barriers to overcome, especially with the most vulnerable mothers (Jack et al., 2002). Daro et al. (2003) found that mothers who were currently enrolled in school and enrolled in home visiting services prenatally were more likely to engage in services and suggest this indicates a more highly motivated segment of the target population. Research, however, has suggested that the greatest benefits for home visiting programs are achieved with families with children at the greatest risk for developmental delays or maltreatment (Olds 2006; Olds et al., 2003). Unfortunately, these families have been least likely to accept (Jack et al., 2002) and stay involved in home visiting services (Brookes, Summers, Thornburg, Ispa, & Lane, 2006; Raikes, Green, Atwater, Kisker, Constantine, & Chazon-Cohen, 2006). Gomby et al. (1999) recommended that improvement in program outcomes starts with careful consideration of enrollment and engagement strategies used by programs while acknowledging the crucial role of the relationship between the home visitor and the mother for behavioral change (Gomby, 2007).

Relationship Building

The overarching premise of home visiting has been that a positive relationship between a home visitor and a parent can influence parent development, parent development can lead to an enhanced relationship between parent and child, and this enhancement will lead to better outcomes for the child (Klass, 1996). Parent development refers to the skills necessary to parent effectively, such as empathy and appropriate child development

expectations. Relationship development can be facilitated by the intimate and informal nature of the home visit (Riley et al., 2005). Mothers have often viewed the home visiting services they received within the context of their relationship with the home visitor, not the specific program (Woolfolk & Unger, 2009) and the relationship has been shown to predict the intensity of interventions used with mothers more than the amount of contact a home visitor has had with a mother or even the level of family need (Allen, 2007a). It is through close relationships with the family that home visitors can model empathy, trust, and caring with the mother. This modeling and relationship building is necessary to engage mothers and provide preventions such as parenting education so that mothers can then develop a trusting and empathetic relationship with their child (Allen, 2007b; Olds et al., 2003). Some researchers have tried to explore the relationship between home visitors and mothers by relating maternal risk factors to program engagement (Damashek, Doughty, Ware, & Silovsky, 2011; McGuigan et al., 2006; Rainkes et al., 2006; Olds & Korfmacher, 1998) or the influence of home visitor and program characteristics (Burrell McFarlane, Tandon, Fuddy, , & Duggan, 2009; Daro et al., 2003; Harden, Denmark, & Saul, 2010). Other studies have explored how emotional needs of home visitors and parents are met in the context of relationships (Brotherson et al., 2010). McFarlane and colleagues (2010) examined the association between attachment styles of both the home visitor and mother in relation to family engagement in services. Many studies have focused on measurable outcomes of the home visitor/mother relationship. For example, studies have measured parent involvement in program components (Korfmacher et al., 2008) or helping skills (Korfmacher, Green, Spellman, & Thornburg, 2007) as a result of the home visitor/mother relationship. Only a few studies have looked specifically at how the home visitor/mother relationship develops.

After synthesizing fourteen qualitative research studies on home visiting, McNaughton (2000) suggested a 4-phase process in the relationship between a nurse home visitor and mother: pre-entry, entry, working and termination. Pre-entry referred to characteristics present in both the home visitor and the mother prior to the start of the relationship, such as previous experiences. Entry included both the physical entry into the home and the interpersonal entry into the life of the mother. Working described a collaborative effort between the home visitor and the mother to meet concerns of both parties, but this phase was dependent on the previous phases of initial and continued entry into the mother's life. Termination could occur any time, but most research in this area has focused on what home visitors can do to avoid early termination. Others have explored the broad context of the relationship building process between home visitors and mothers (Chalmers & Luker, 1991; de La Cuesta, 1994; Kardamanidis, Kemp, & Schmied, 2009), but these, like McNaughton, have focused on the home visitor's perspective. For example, Kardamanidis and colleagues (2009) found that home visitors saw trust as an ongoing process where the parent is in control of what is shared, with sensitive information disclosure viewed as a sign that trust had been established. Home visitors also considered a trusting relationship as an important component in mothers continuing to stay engaged with the program (Domian, Baggett, Carta, Mitchell & Larson, 2010). Home visitors, in a study by Heaman et al. (2006), viewed the ability to form positive relationships using skills and traits like honesty, open-mindedness, humor, and a non-judgmental respect for diversity as key to the relationship building process with mothers. A non-judgmental and optimistic attitude was also found to be an important home visitor trait in a study of home visitors' perceptions conducted by Harden et al. (2010).

Jack et al. (2002, 2005) researched the development of the relationship between home visitors from both the perspective of the home visitor and the mother. From home visitors' perspectives, physical access to the family began by clearly explaining to mothers the visitor's role and purpose. Emotional entry occurred when the home visitor and the mother found common ground, and trust developed when the home visitor kept appointments, had an open mind, was family and mother centered and offered practical help such as food and clothing (Jack et al., 2002). Using a qualitative grounded theory approach, Jack et al. (2005) specifically sought the perspective of mothers in home visitation and suggested a process of relationship building that includes overcoming fears, building trust, and seeking mutuality, or the development of a connection between the home visitor and mother. Others have sighted the importance of trust in the process of effective home visitation (Kirkpatrick et al., 2007; Olds et al., 2003; Whipple & Nathans, 2005), but all have stopped short of exploring how trust develops in the context of the home visitor/mother relationship. Exploring how trust develops is crucial because families targeted by home visiting programs often have little experience trusting others (Barlow et al., 2003; Zerwekh, 1992). Understanding how trust develops can help programs better access and retain families (Jack et al., 2002; Gomby et al., 1999)

Mothers' Perspective

Missing from a large portion of the research on home visiting has been the perspective of the mother (McNaughton, 2000). Jack and colleagues (2005) noted that in order to have a complete understanding of the home visiting process researchers need to look beyond the perspectives of those conducting the home visits. The predominated focus on quantitative research lacks any in-depth perspectives of families (Allen, 2007a). McGuigan et

al. (2003) found that home visitors' scores on assessments such as perspective taking and empathy were not related to program retention and suggested a family's view of a home visitor may be an important avenue of study. Sometimes researchers have forgotten that what is observed may be very different than what is experienced by those observed (White & Klien, 2008).

Symbolic Interaction

Symbolic interaction posits that each person is driven to create his or her own meaning of experiences. Signs, symbols, and gestures look different from person to person. The key to understanding any phenomenon is to understand how an individual interprets the situation (White & Klein, 2008). Symbolic interaction has recently been used to explore mothers' experiences of parenting a child with autism (Gill & Liamputtong, 2009) and community maternal child health needs (Wang & Pies, 2004), as well as how mothers viewed issues of trust with nonresidential fathers (Sano, Richards, & Zvonkovic, 2008) and intimate partners (Burton, Cherlin, Winn, Estacion, & Holder-Taylor, 2009). Symbolic interaction would suggest that mothers' perspectives of trust in home visiting could be very different than the perspectives of home visitors, and that for effective prevention all perspectives should be sought. Symbolic interaction also emphasizes the different roles assumed by individuals. Stress associated with new roles is influenced by how clearly a role is defined, with more clearly defined roles inducing less stress (White & Klein, 2008). Becoming a new mother can bring with it a role ambiguity that can be offset by a knowledgeable professional if the professional is willing to first consider the perspective and experiences of the mother (Aston, 2008).

The purpose of this study was to explore the trust experiences of women who have participated in home visiting services, with a particular focus on how mothers developed trust with their home visitors. Interviews with mothers focused on the following research questions: 1) How do mothers describe their initial interactions with home visitors? 2) What changes do mothers experience in their relationship with their home visitor over time? 3) How does trust influence the home visitor/mother relationships? 4) How do mothers define trust?

CHAPTER 2. METHOD

Data Collection

Qualitative Research

A qualitative approach was used to explore the current research questions. Qualitative researchers have often brought to light the views and perspectives of individuals who have been neglected (Hammersley, 2000). Social settings and how participants construct meaning of those settings has historically been the focus of many qualitative studies (Glesne, 2006). Conducting research in the participants' environments and exploring topics with in-depth interviews and observations has helped provide avenues for discussing complex and difficult topics (Hammersley, 2000). For these reasons, it was decided that a qualitative approach using in-depth interviews in mothers' homes was the best avenue to exploring the missing perspectives of mothers on the topic of trust in home visiting.

Researcher

Qualitative research relies on an individual, or group of individuals, as the lens through which data are collected and interpreted (Glesne, 2006), thus it is important to lay a foundation for this lens. I come from an educational background that includes psychology, family resource management, child development and parenting education. Work related experiences have included providing child care, delivering trainings related to child development, coordinating services for families and delivering family support through a home visiting program. Related to each of these roles has been the assumption that trust is the foundation of all relationships and that trust between a professional and a parent can help a parent develop trust with their child. Strengths-based means to build on what the family is already good at or what is going well with a family. Family-center practices focus on what is

important to each individual and unique family. I believe strengths-based services and family-centered practices support the development of the relationship between professionals and parents. I also believe that mothers have an important perspective that is often overlooked, and that mothers would like their voices heard but are unsure what avenues exist for them to be heard.

Ethical Consideration

Approval for the study was granted by the university's Institutional Review Board (see Appendix A). All participants, including recruiting home visitors, signed a consent form prior to participation in the study. My primary concern was the potential vulnerability of the mothers by the nature of each being deemed at-risk by a home visiting program. I did not want to add any undue stress or discomfort. Mothers who agreed to be interviewed chose the day, time, and location that worked best for them, and decided who, if anyone, they wanted be present during the interview. Contact after the interview was limited to the member checks. To avoid any potential concerns mothers and home visitors might have about the influence of the study on the home visiting relationship, both mothers and home visitors were informed that the home visitor was not being evaluated, and I was careful during interviews to focus solely on the mother's experience without offering advice or suggestions. I explained to each mother that she could end her participation in the study at any time, and that quotes from the interview would not be associated with the mothers' actual names; pseudonyms would replace mothers' or their family members' actual names.

Recruitment

Mothers were recruited through agencies in rural communities that delivered intensive home visiting services with at-risk families. Urban agencies were not contacted

because of possible differences between family demographic and needs between rural and urban populations (Whipple & Nathans, 2005; Cordes 1989). Agencies known to enroll mothers using a risk assessment, primarily low income, were identified using the professional connections of myself and the research committee. Intensive home visitation was defined as weekly or bi-weekly visits with a mother in her home for at least the first two months of service delivery, with visits lasting at least one hour. Multiple studies have cited the significant influence implementation has on the success of home visiting services (Gomby et al., 1999; Nievar, VanEgeren, & Pollard, 2010) so an attempt was made to control some of this variability by focusing recruitment on agencies that only target at-risk mothers with intensive home visiting. The first two agencies approached declined participation in the study. The third and fourth agencies agreed to participate, and a home visitor from each agency distributed recruitment information to mothers on their individual case loads. Interested mothers signed a release of information giving the home visitor permission to share the mother's phone number with the research committee. Six mothers signed release of information, three from each home visitor. I contacted mothers by phone to discuss the study further and confirm the mother's interest in being interviewed. After several attempts one mother was unable to be reached. Five individual interviews were scheduled at a time and location convenient to the mother. One interview took place in a public location. The remaining interviews took place in each mother's individual home.

Participants

Mothers ranged in age from 20 to 35 years, with a mean age of 26. Four mothers were married and one was partnered. All five mothers had more than one child and one mother was pregnant at the time of the interview. Two mothers had a GED and three mothers

had some college. Four mothers were at or below the 145% Federal Poverty guideline (U.S. Department of Health & Human Services, 2010). One mother was Hispanic and four were Caucasian; all identified themselves as American. All mothers had been receiving program services from their current home visitor for at least 6 months, with two mothers having received services for more than 5 years.

Interviews

Semi-structured interviews were conducted with each mother (see Appendix B). Interviews were designed to start broad and casual and lead into more personal and specific information. For example, first each mother was asked to talk a little bit about herself. This gave me a chance to learn about the mother while helping the mother feel at ease by talking about familiar subjects. Mother's comments about herself were used to probe for how the mother learned about the program and her initial thoughts and expectations. Researchers have found that mothers' enrollment reasons are linked to program retention (Damashek et al., 2011; Tandon, et al., 2008). Program retention has also been linked to the home visitor/mother relationship (Heaman et al. 2006; Woolfolk & Unger, 2009) and it was speculated that enrollment reasons might also be associated with the home visitor/mother relationship. Mothers were then asked to talk about their first visit with their home visitor to provide a baseline of initial impressions and expectations of services. Next mothers were asked to discuss a recent visit, and differences between first and recent visits were explored with the mother. Multiple studies (Barlow et al. 2003; Jack et al., 2005; Kirkpatrick et al., 2007; McNaughton, 2000) have emphasized the importance of trust in developing the home visitor/mother relationship, so the remaining interview questions focused specifically on elements of trust. Questions explored the mother's initial level of trust with the home visitor,

any barriers or supports to the development of trust, and the mother's current level of trust with the home visitor. Mothers were asked to describe their definition of trust, what they need when developing trust with another person and ways their home visitor might have tried to build trust at the start of the relationship. Interviews were audio-recorded, with the mother's permission, and transcribed, verbatim. Transcripts, along with field notes collected immediately after each interview, provided the basis of the qualitative analysis.

Member Checks

Approximately one month after the interview each mother were sent a letter thanking her for her time and participation in the study. Included in this letter was a small portion of the transcript along with a sample of themes that ran through the course of the interview. Each mother was asked to reply to the letter, using an enclosed self-addressed stamped envelope, whether or not the transcript and themes accurately reflected the mother's thoughts on home visitation. Three of the five participants returned the member check. Member checks affirmed research findings.

Rigor

In qualitative research scientific rigor is established through a trustworthiness process that builds credibility and internal integrity (Krathwohl, 2009). The concept of scientific rigor in qualitative research has been debated in regards to terminology, appropriateness, and achievability (Golafshani, 2003). The consensus amongst most qualitative researchers, however, has been that that imploring multiple strategies throughout the qualitative research process can build scientific rigor (Glesne, 2006; Golafshani, 2003; Hammersley, 2000). In the current study, a detailed reflective journal was maintained that included dates and thoughts related to all steps in the research process. This reflective journal

was referred to frequently as interview questions were developed and during the coding and thematic development process. Member checks were offered to all participants to ensure the mothers' perspectives were adequately reflected. The study was overseen by a research committee and an outline of the coding system, with rich descriptions of the mothers' comments, is provided (see Appendix C).

Data Analysis

Transcribed interviews were imported into MAXQDA 10 software (Sozialforschung GmbH, 1998-2010), and all coding and analyses were conducted within the software program. Each interview was read thoroughly and memos created related to thoughts and possible codes regarding individual segments of text (Creswell, 2007). Boyatis's (1998) text on thematic analysis was used as a guide for both manifest and latent analysis. Manifest analysis refers to "visible or apparent content" (Boyatis, pg. 16) and latent analysis refers to "underlying aspects of the phenomenon" (Boyatis, pg. 16). Segment specific memos were recorded within the MAXQDA 10 software. Broad overarching thoughts about developing themes were recorded in a reflective journal. Memos from all five transcripts were reviewed collectively, along with field notes gathered immediately after each interview and notes recorded in the reflective journal. A list of potential codes along with code definitions were generated from this review. Codes were then applied to all five interviews. Next, coded segments were retrieved and reviewed for consistency of meaning. Through this process some segments were re-coded and other segments deleted. In some instances codes were deleted or combined with other codes, and occasionally new codes were created. Gradually themes began to emerge, and each code was reviewed again to determine placement within each potential theme. Themes were finalized when each code was carefully reviewed in

relation to developing themes. Detailed notes were maintained within MAXQDA and the reflective journal outlining the process of review, deleting and adding codes, and organizing codes into themes.

CHAPTER 3. FINDINGS AND DISCUSSION

Research Questions and Themes

How do mothers describe their initial interactions with home visitors?

Mistrust and Fear. Mothers entered into home visiting relationships with histories of difficult childhoods and multiple experiences where trust was breached. Mothers talked about parents with mental illness and disabilities, homes with lots of fighting between parents and step-parents, lack of parental involvement and, in some cases, child abuse and neglect reports. The mothers also talked about adult relationships where they did not trust someone; boyfriends, spouses, best friends, and extended family members. Almost all of the mothers had previous experiences with some type of in-home service, some as children, some as adults, and some as both children and adults. Experiences ranged from the Department of Human Service (DHS), in-home medical services, and other home visiting programs, and often times these experiences were negative. Holly stated, “I know from the experiences [with my child] that you’re not always going to have great workers.” Experience both in and outside the mothers’ families had laid a foundation of mistrust that influenced mothers’ perception of beginning a new relationship with a home visitor.

In addition to mistrust, mothers struggled with a host of fears related to both home visiting services and being a parent. When considering accepting service mothers worried about confidentiality, unreliable or inconsiderate staff, not meeting program expectations, and DHS involvement. When asked what kinds of things she worried about when considering home visiting, Tina replied, “Cause she’s [home visitor]... gonna come in and be like you’re not keeping your house clean, I’m going to take your baby.” Mothers also worried about being judged, criticized, and told what to do.

A lot of people like that kind of scare me 'cause I guess in a way they are my kids so let me do what I want to do with them. You can do whatever you want with your kid.
(Barb)

Mothers also worried about being good parents, and developed fears that included germs, illness, and injury to their children. They worried about their child's development and wondered if their child was getting enough interaction. When asked what fears she had as a new mom, Barb summed up the thoughts of most of the mothers when she replied, "Everything....Literally everything."

Each mother was asked pointedly if she trusted their home visitor during the first visit, and all but one mother replied, without hesitation, "No". Kathy stated, "You can't trust a person with your life secrets at first". Upon reflection the one mother who said she did trust her home visitor right away later stated she was hesitant about the services until after the first visit concluded. None of the mothers sought home visiting services on their own. Sometimes another agency with which the mother was already involved suggested the program, sometimes a family member shared information and sometimes the mothers learned about the program while in the hospital after delivery. When services were presented some mothers wonder "Don't you think I can take care of my baby"? All of the mothers said the program was explained to them but mothers still did not know exactly what to expect because they viewed the home visitors as strangers. Holly explained that "you're unsure and you don't know if you can trust these people and you're very leery".

What changes do mothers experience in their relationships with their home visitors?

Child-Centered Focus. Mothers were motivated to consider services in spite of their fears because of their desire to be good mothers. Relationships between mothers and home visitors grew out a child-centered focus and mothers' wanting to do what is best for their

child. Becoming a new mother was overwhelming, and as children grew mothers continued to have questions about how their child was developing.

I was trying to get my GED and having a new baby, and I didn't have a clue what I was doing. I mean, I was lost. (Tina)

I wanted to make sure that him, and now (younger child) are healthy and doing everything that they should be. (Barb)

I'm not a child care person like so I don't know what they should know by a certain age. (Marie)

Initially mothers wanted and expected home visitors to focus on the child. "I really didn't have that many expectations. I wanted to see how she was with [my child]". Mothers talked about the importance of the home visitor doing testing on the child's development, bringing information and activities, and the home visitor "doing well" with the child. Mothers wanted information that was relevant to what was going on with their child and when the information was not relevant mothers questioned the need for continued participation in service.

Alleviation of Fears. Alleviation of fears was what helped mothers continue with services. The more experience mothers had related to their fears not materializing, the more likely mothers were to allow a home visitor to continue with visits. Tina talked of her fear of DHS coming to her home after each home visit:

Researcher: So how did it go from not knowing what to expect to and being on the defense to where you trusted her [home visitor] and let her come every week? What happened in between there?

Tina: Well, with, after the first visit and, you know...nobody came to my house. I was like, we can try it again.

Researcher: Ok

Tina: You know. And I went ahead and, you know, did it again. And, really, nothing happened.

As Tina's fear of DHS lessened, she gradually relaxed and was more open to the home visitor continuing to make visits. Mothers shared similar stories related to confidentiality and

criticism. With each visit, when the mothers felt the things they were telling their home visitor were being kept in confidence and their parenting skills were not criticized, mothers were more agreeable to maintaining visits. One mother was worried her home visitor would be inconsistent and unreliable because that had been her previous experience with home visiting. Consistent contact with her new home visitor, and phone calls when plans changed, helped alleviate this mother's fear.

Home visitors helped dispel mothers' fears by being "patient," "understanding," "caring," "encouraging," and "kind." Each mother appreciated when the home visitor was reassuring about how her child was developing and when the home visitor validated the mother's efforts. Being knowledgeable about child development was a trait most mothers wanted in their home visitor. Mothers also wanted a home visitor who did her job for more than "just a pay check." Barb commented, "I know that she cares. I know that she's in it for the families and not just to be in it to be in it." Several mothers shared similar remarks. Kathy commented that her home visitor "doesn't look at her watch". Mothers want to feel like the home visitor is interested in their child, interested in the family, and interested in the things that are important to the mother. Tina felt that her home visitor "...comes on a professional basis but when she walks through the door it's like having a friend come through the door for me."

How does trust influence the home visitor/mother relationship?

Learning trust. Trusting a home visitor was described as a learning process that takes time. Some mothers talked about "gut" feelings related to trust, but when asked how long it took to trust her first home visitor all five mothers responded with a similar time frame: three to four visits. "Give me my time and I'll open up eventually" was a sentiment shared by

several mothers. The mothers had few social experiences to practice developing trust, and several discussed feeling uncomfortable around other people, especially large groups, and often defer to how their child reacts to a home visitor to set the stage for trust. After her first home visit Tina asked her infant for his thoughts. “It’s just, we sit here and I’d nurse him... ‘So what’d you think of that lady? I don’t know about this business, what are ya’ thinking’”. Marie and Holly talked about their children being shy around new people and their main concerns being how their children responded to the home visitor. Mothers felt more comfortable once they saw that their child and the home visitor interacted well together. Barb insightfully commented, “trusting them [home visitor] with my kids helped me learn to trust them”.

Once mothers’ fears were alleviated and mothers felt the home visitor and child were interacting well, mothers became more open with their home visitor. Mothers talked about writing questions down to ask during upcoming visits, looking forward to visits, and feeling comfortable talking with the home visitor about a wider range of topics such as work, marriage, and school. Mothers learned to seek out the home visitor’s advice and appreciated being able to approach their home visitors with thoughts and ideas. When trust had been established, mothers were disappointed when relationships ended due to staff turn-over, family mobility, or children aging out of services. Several mothers actively sought new services when a family change moved the mother out of the service delivery area of her current home visitor.

How do mothers describe trust with their home visitor?

Letting go. When asked what trust means, all five mothers hesitated and took long pauses. The answer did not come easy. After being allowed time to think, the mothers often

linked the definition of trust to what their initial fears had been when accepting home visiting. One mother defined trust as keeping your word. Another mother defined trust as showing up when you say you are going to show up. A mother whose primary concern was her infant's physical development defined trust as

being truthful and upfront with me, or, you know, whoever. Um, being... actually caring and wanting to do the job. Not just being there for like a paycheck. Like you're really into your job and you're here to actually help us, like here to help us learn, here to help us become better, like, job wise or with our kids or, that's like things that are trust, mean trust to me

For most mothers, trust meant the ability to let go of their fears and open up to their home visitor. "I have to be open to be able to [trust you]. Because basically I'm a big pad lock and you have to find the key." The key to helping mothers open up often lied in addressing their fears and helping them feel good about their ability to parent.

Discussion

Mothers in this study reported wanting their children to develop happy, safe, and healthy. Mothers' initial interactions with home visitors, however, were comprised primarily of mistrust and fear, causing mothers to be leery of accepting services, especially when mothers did not know what to expect from the service or the new person coming into their home. Once mothers saw that their children were engaged with the home visitor and mothers' fears began to be alleviated, mothers felt more comfortable opening up to their home visitor and a relationship of trust was able to begin developing.

Most of the research on the development of a relationship between a home visitor and a mother has been focused on the home visitors' perspective, and this research does reflect some of the themes reflected by the mothers in this study. Both McNaughton (2005) and Kardamanidis et al. (2009) found that home visitors viewed the disclosure of sensitive

information as a sign of developing trust. Mothers echoed this sentiment in their descriptions of opening up to their home visitor. Home visitors in the studies conducted by Heaman et al. (2006) and Harden et al. (2010) felt a non-judgmental approach with families was important. Mothers in the current study agreed, voicing their initial concerns that the home visitor would judge the mothers on their parenting style and ability. Jack et al.'s (2002) exploration of home visitors' views identified two important steps in building a relationship with families. First, physical entry involves explaining the program and the role of the home visitor. Mothers in the current study talked about the program being explained to them but this did little to ease the mothers' fears. The second step identified by Jack was emotional entry. Home visitors achieved emotional entry by keeping appointments, having an open mind, being family and mother centered and offering practical help. Some of the mothers' perspectives in this study are reflective of Jack's finding, particularly in regard to offering practical help. Mothers want the information home visitors share to be relevant to what is going on with the child and family. Missing, however, from the research from the home visitors' perspective is the intense level of mistrust and fear mothers felt, which was a predominant theme running through each of the mothers' experiences. Missing also from home visitor focused research is mothers' strong desire to be good parents.

Symbolic interaction suggests that mothers' perspectives would be different than the perspectives of the home visitors, and that was the case with the mothers in the current study. The few studies that have focused on the mothers' perspective also found that mothers' had a unique perspective different from home visitors that focused on fear as a significant factor in the development of the home visitor/mother relationship. "Overcoming fears" (pg. 185) was the first of three relationship building steps in Jack et al.'s (2005) research. Kirkpatrick et al.

(2007) found that mothers needed their “initial concerns” (pg. 34) addressed before moving forward in a relationship with a home visitor. “Initial concerns” included fear of the unexpected, fear of being judged and overcoming previous negative experiences with in-home services. Woolfolk and Unger (2009) also found that negative previous experiences with social service agencies impacted the start of a relationship with a new home visitor. Mothers consistently verbalize fears that are being overlooked by home visitor centered research.

One of the research questions in this study was how do mother define trust; a question that was very difficult for mothers to answer and always linked to the unique and individual fears of each mother. Theorists from the symbolic interaction perspective believe each person strives to create their own meaning from life experiences (White & Klein, 2008). The mothers in the current study defined trust in terms of their own life experiences, and this had implications for how the mother formed a relationship with the home visitor. Merriam-Webster dictionary broadly describes a black box as anything which functions mysteriously (*Merriam-Webster dictionary*, 2004). Researchers have used the idea of a black box to describe home visiting; a service delivery approach that the field of early intervention and prevention struggles to understand how it works when it does work (Hebbeler & Gerlach-Downie, 2002). The development of trust between a mother and a home visitor could be viewed as a contributor to this black box. Mothers’ do not know what to expect when they enter into a home visiting relationship for the first time, and home visits cannot predict what fears might be struggles for the mothers they serve.

Implications

Successful service delivery depends on accessing and engaging families, yet the comparison between home visitor centered and mother centered research suggests that home visitors are missing the key element of mistrust and fear in their initial efforts to develop relationships with mothers. Domian et al. (2010) summarized their research with a similar sentiment regarding engagement factors that are sometimes not understood by those involved in delivering home visiting services. More attention in home visitor training needs to be given to the potential fears mothers have at the start of relationships, and more research needs to be conducted on how to dispel these fears. Accessing families involved in home visiting is a difficult challenge, as was demonstrated by the recruitment efforts of the current study and implied by the lack of research from mothers' perspective in previous research. Even more difficult to access and study are families that decline services or terminate early. Perhaps these families have fears that are too great to be overcome with current recruitment efforts or once they begin services their fears are not alleviated. Despite mothers' experiences of mistrust and fear, home visitors often have anxiety and fears about relationships that can also hinder successful relationship development between a mother and a home visitor (Burrell et al., 2009). For successful service delivery, more attention needs to be given to the fears of both the home visitor and the mother. McFarlane and colleagues (2010) found that attachment anxiety and avoidance relationships styles are associated with the development of relationship for both the home visitor and mother. Exploring the link between fears and relationship styles could be a possible avenue of study. The focus of most home visiting research have been on outcomes, which makes it difficult to know what might be impacting home visitors and mothers during initial service engagement. More attention must be given to

this critical time if short and long term maternal and child outcomes are to be achieved through strong trusting relationships.

To further enhance outcomes, mothers should be included in multiple levels of program evaluation. Symbolic interaction suggests and research supports the notion that mothers have a unique perspective. This perspective could be valuable to program administrators when designing and implementing programs. Mothers and their children are at the heart of most home visiting programs, yet current practices do little to involve mothers at the program planning level.

Considerations

The current study is qualitative, meaning that any identified themes help us understand the mothers in the study, but may not be generalizable to other mothers who participate in home visiting programs. The researcher's aim was to explore mothers' perceptions and did not attempt to measure outcomes of home visiting services. Recruitment of mothers was dependent on the relationship between the home visitor and the mothers they invited to participate, which meant that a relationship of trust had already been established. Inclusion of only mothers who had developed a relationship with a home visitor may have skewed the analysis. The perception of mothers who do not develop trust with a home visitor could be quite different from mothers who accept home visiting services and exploring their perception would be a worthwhile topic of research (McNaughton, 2000). Home visiting programs often target adolescent mothers (Kulkarni, Kennedy, & Lois, 2010). Due to human subject considerations, however, only non-minors were invited to participate in the study. The unique developmental needs of adolescent mothers could significantly impact the development of trust with a home visitor. Single mothers are a focus of significant amounts

of research on home visiting effectiveness (Izzio et al., 2005; Korfmacher et al., 2008; Olds, 2006; Olds et al., 2002; Olds et al., 2003; Olds et al., 2007), however all of the mothers in this study were married or partnered. The establishment of a parenting partner may have impacted the mothers' development of trust with their home visitor.

CHAPTER 4. CONCLUSION

Home visiting can be an effective approach to helping at-risk families improve outcomes for mothers and children, but a relationship of trust is a necessary foundation for achieving these outcomes. Mistrust and fear, however, overwhelm mothers at the start of new home visiting relationships and it takes time for mothers to learn trust. Mothers need their fears alleviated in order to start opening up to a home visitor, and a child centered focus can facilitate this process. Home visiting research that focuses on the home visitor consistently misses the pervasive fears of mothers. Appreciating and understanding mothers' fears could help engage and retain the families programs are attempting to serve.

APPENDIX A. INSTITUTIONAL REVIEW BOARD APPROVAL

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Institutional Review Board
Office for Responsible Research
Vice President for Research
1138 Pearson Hall
Ames, Iowa 50011-2207
515 294-4566
FAX 515 294-4267

Date: 6/7/2010

To: Cynthia P Thompson
720 13th St NE
Independence, IA 50844

CC: Dr. Kere Hughes-Reiding
2362 Palmer

From: Office for Responsible Research

Title: Building Trust in the Home Visitation Process: A Parent Perspective

IRB Num: 10-202

Approval Date: 6/7/2010 **Continuing Review Date:** 5/28/2011

Submission Type: New **Review Type:** Expedited

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University. Please refer to the IRB ID number shown above in all correspondence regarding this study.

Your study has been approved according to the dates shown above. To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- **Use only the approved study materials** in your research, including the recruitment materials and informed consent documents that have the IRB approval stamp.
- **Obtain IRB approval prior to implementing any changes** to the study by submitting the "Continuing Review and/or Modification" form.
- **Immediately inform the IRB** of (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.
- **Stop all research activity if IRB approval lapses**, unless continuation is necessary to prevent harm to research participants. Research activity can resume once IRB approval is reestablished.
- **Complete a new continuing review form** at least three to four weeks prior to the date for continuing review as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.

Research investigators are expected to comply with the principles of the Belmont Report, and state and federal regulations regarding the involvement of humans in research. These documents are located on the Office for Responsible Research website <http://www.compliance.iastate.edu/irb/forms/> or available by calling (515) 294-4566.

Upon completion of the project, please submit a Project Closure Form to the Office for Responsible Research, 1138 Pearson Hall, to officially close the project.

APPENDIX B. RESEARCH AND INTERVIEW QUESTIONS

Research Question: How do mothers describe their initial interactions with home visitors?

Interview Questions:

- *Before we get started, tell me a little about yourself.*
 - *(Probe for things that might have lead to the mother’s decision to accept home visitation, such as job loss, divorce, unplanned pregnancy)*
- *Tell me how you learned about the home visitation program.*
- *How did your home visitor first make contact with you?*
 - *(Probe for things like phone calls, drop-in visit, etc.)*
- *Tell me about your first home visit.*
 - *(Probe for mother’s comfort with home visitor. Possible probe: “Did you trust your home visitor during that first visit? Why or why not?”)*
 - *What was most important you during that first visit?*
 - *What expectations did you have during that first visit?*

Research Question: What changes do mothers experience in their relationship with their home visitor over time?

Interview Questions:

- *Tell me about your most recent home visit.*
 - *(Possible probe: “Do you trust your home visitor now? Why or why not?”)*
 - *What was most important to you during this visit?*
 - *Expectations question...??*
- *What is different about your first home visit and your visits now?*
 - *(Probe for comfort level, trust, home visitor’s self disclosure. Probe for how change, if any occurred.)*

Research Question: How does trust influence the home visitor/mother relationship?

Interview Questions:

- *What steps do you think the home visitor took to build trust? How did these efforts effect how much you trusted your home visitors?*
 - *Was there anything that got in the way of you trusting her?*
- *Tell me what helps you trust other people.*

Research Question: How do mothers describe trust with their home visitor?

Interview Questions:

- *When you hear the word “trust”, what comes to mind?*
- *How did you know you could “trust” your home visitor?*
- *What are some red flags what would tell you not to trust someone?*

APPENDIX C. CODING SYSTEM

Research Question: How do mothers describe their initial interactions with home visitors?

Theme	Codes	Subcodes	Interview Sample
Mistrust and Fear	Initial trust		<i>You can't trust a person with your life secrets at first</i>
	Expectations		<i>I didn't really know what to expect after I said yes</i>
	Mother's 1 st contact with program		<i>When [child] was born and they said, "Oh, these people that will come in and help you do this and do that." I was like, "What do you mean?" And at first they were talking about some nurse lady that would come in. I'm like, help me raise my kid?</i>
	Mother's fears		<i>I worried that they were going to come in and "You need to do this", "You need to do this", "This is wrong, this is wrong, this is wrong.</i>
	Mother's experiences with trust	<ul style="list-style-type: none"> - Social Activities - Other Agencies - Red Flags 	<ul style="list-style-type: none"> - <i>I'm actually really one of those people who kind of stays to myself. when I was a kid people would call DHS on my mom</i> - <i>for you to come in and talk down to me you just look at me like I'm not as good as you or, so that would be another red flag for me</i>
	Mother's childhood		<i>we were not well off, by any means, we didn't have a lot of money. My dad wasn't around at all. It was just my mom and then she worked 2 or 3 jobs every day when we were growing up. We had babysitters a lot or at my grandparents. So... (deep sigh)...I don't know. I was on my own a lot I guess when we were little. It happens.</i>

Research Question: What changes do mothers experience in their relationships with their home visitors?

Themes	Codes	Subcodes	Interview Sample
Child Centered Focus	Home visitor's interaction with child		<i>She plays with the kids and talks with the kids</i>
	Mother's feelings about being a parent	- Shame/ - Apologetic	- <i>I wanted to make sure that him, and now [younger child] are healthy and doing everything that they should be.</i> - <i>I, broke down. I said, I said... [family member] came over and I said just kill me because I don't want to live any more. You know, I was at that point, I was so ashamed</i>
	Mother's feelings about services		<i>for me and my family to see if it was the right thing of what we wanted help with for [child]</i>
Alleviation of Fears	Home visitor	- Professionalism	- <i>she explained she can't say anything to anybody</i>
		- Home visitor traits	- <i>very sweet and very kind. Um, nice. She seemed caring. Um, she was very, very knowledgeable about her job</i>
		- Engagement in visit	- <i>she doesn't look at her watch either. She's not constantly looking at her watch.</i>
- Relevant information		- <i>she helps me learn new ideas of stuff to do with him and different activities we can try at home during the week</i>	
		- Advocate	- <i>helped me get the hawk-I insurance</i>
	Home visitor's interaction with mother		<i>she was there when I was worried, you know, everything was falling apart.</i>
	Confidentiality		<i>she would never indulge other family names she would just say this family I tried.</i>

Research Question: How does trust influence the home visitor/mother relationship?

Theme	Codes	Subcodes	Interview Sample
Learning Trust	Relationship development		<i>once she started coming out alone and everything and realizin' who she really was then everything was ok.</i>
	Mother's interaction with home visitor		<i>if they [suggestions] don't work I tell her</i>
	Home visitor's interaction with mother		<i>she looked at me and she said, "I can see the improvement."</i>
	Evidence of trust with home visitor		<i>I finally told her I thought you were going to take my kid.</i>
	Time		<i>I mean, it took time. I guess everybody's relationship take time</i>
	Gut Feelings		<i>Like, to me, that's harder to trust a person bc my gut it telling me something's here I just don't know what</i>

Research Question: How do mothers describe trust with their home visitor?

Theme	Codes	Subcodes	Interview Sample
Letting Go	Alleviation of fears		<i>I guess just a lot of fears were, her being judgmental and she basically showed me that she wasn't going to judge me on my parenting</i>
	Child's reaction to home visitor		<i>he really liked her a lot and that's good. He's always happy when she's coming</i>
	Home visitor's interest in mother		<i>She'll ask me questions and ask me how I'm doin', how I'm feelin'</i>
	Involvement of others		<i>she was communicating with me and [partner]</i>
	Trust meaning		<i>Being able to rely on that person</i>

REFERENCES

- Allen, S.F. (2007a). Parent's perspectives: An evaluation of case management interventions in home visiting programs for young children. *Children & Schools, 29*, 75-85.
- Allen, S.F. (2007b). Parents' perception of intervention practices in home visiting programs. *Infants & Young Children, 20*, 266-281.
- Aston, M. (2008). Public health nurses as social mediators navigating discourse with new mothers. *Nursing Inquiry, 15*, 280-288.
- Barlow, J., Stewart-Brown, S., Callaghan, H., Tucker, J., Brocklehurst, N., Davis, H., et al. (2003). Working in partnership: The development of a home visiting service for vulnerable families. *Child Abuse Review, 13*, 172-189.
- Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage Publications.
- Brookes, S.J., Summers, J.A., Thornburg, K.R., Ispa, J.M., & Lane, V.J. (2006). Building successful home visitor-mother relationships and reaching program goals in two Early Head Start programs: A qualitative look at contributing factors. *Early Childhood Research Quarterly, 21*, 25-45.
- Brotherson, M. J., Summers, J. A., Naig, L., Kyzar, K., Friend, A., Epley, P., et al. (2010). Partnership patterns: Addressing emotional needs in early intervention. *Topics in Early Childhood Special Education, 30*(1).
- Burrell, L., McFarlane, E., Tandon, D., Fuddy, L., & Duggan, A. (2009). Home visitor relationship security: Associations with perceptions of work, satisfaction, and turnover. *Journal of Human Behavior in the Social Environment, 19*, 592-610.
- Burton, L.M., Cherlin, A., Winn, D., Estacion, A., & Holder-Taylor, C. (2009). The role of

- trust in low-income mothers' intimate unions. *Journal of Marriage and Family*, 71, 1107-1124.
- Chalmers, K.I. & Luker, K.A. (1991). The development of the health visitor-client relationship. *Scandinavian Journal of Caring Sciences*, 5, 33-41.
- Cordes, S.M. (1989). The changing rural environment and the relationship between health services and rural development. *Health Services Research*, 23, 757-784.
- Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd Ed.). Thousand Oaks, CA: Sage Publications.
- Cullen, P.J., Ownbey, J.B., & Ownbey, M.A. (2010). The effects of the Healthy Families America home visitation program on parenting attitudes and practices and child social and emotional competencies. *Child & Adolescent Social Work Journal*, 27, 335-354.
- Damashek, A., Doughty, D., Ware, L., & Silovsky, J. (2011). Predictors of client engagement and attrition in home-based child maltreatment prevention services. *Child Maltreatment*, 16, 9-20.
- Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse & Neglect*, 27, 1101-1125.
- de La Cuesta, C. (1994). Relationships in health visiting: Enabling and mediating. *International Journal of Nursing Studies*, 31, 451-459.
- Domian, E.W., Baggett, K.M., Carta, J.J., Mitchell, S., & Larson, E. (2010). Factors influencing mothers' abilities to engage in a comprehensive parenting intervention program. *Public Health Nursing*, 27, 399-407.
- Gill, J. & Liamputtong, P. (2009). 'Walk a mile in my shoes': Researching the lived

- experiences of mothers of children with autism. *Journal of Family Studies*, 15, 309-319.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd Ed.). Boston, MA: Pearson Education, Inc.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8, 597-607.
- Gomby, D.S., Culross, P.L., & Behrman, R.E. (1999). Home visiting: Recent Program Evaluations. *The Future of Children*, 9, 4-26.
- Gomby, D.S. (2007). The promise and limitations of home visiting: Implementing effective programs. *Child Abuse & Neglect*, 31, 793, 799.
- Hammersley, M. (2000). The relevance of qualitative research. *Oxford Review of Education*, 26, 393-405.
- Harden, B.J., Denmark, N., & Saul, D. (2010). Understanding the needs of staff in Head Start programs: The characteristics, perceptions and experiences of home visitors. *Children and Youth Services Review*, 32, 371-379.
- Heaman, M., Chalmers, K., Woodgate, R., & Brown, J. (2006). Early childhood home visiting programme: Factors contributing to success. *Journal of Advanced Nursing*, 55, 291-300.
- Hebbeler, K.M., & Gelach-Downie, S.G. (2002). Inside the black box of home visiting: A qualitative analysis of why intended outcomes are not achieved. *Early Childhood Research Quarterly*, 17, 28-51.
- Izzo, C.V., Eckenrode, J., Smith, E.G., Henderson, C.R., Cole, R., Kitzman, H., et al. (2005).

- Reducing the impact of uncontrollable stressful life events through a program of nurse home visitation for new parents. *Prevention Science*, 6, 269-274.
- Jack, S., DiCenso, A., & Lohfeld, L. (2002). Opening doors: Factors influencing the establishment of a working relationship between paraprofessional home visitors and at-risk families. *Canadian Journal of Nursing Research*, 34, 59-69.
- Jack, S., DiCenso, A., & Lohfeld L. (2005). A theory of maternal engagement with public health nurses and family visitors. *Journal of Advanced Nursing*, 49, 182-190
- Kardamanidis, K., Kemp, L., & Schmied, V. (2009). Uncovering psychosocial needs: Perspectives of Australian child and family nurses in a sustained home visiting trial. *Contemporary Nurse*, 33, 50-58.
- Kirkpatrick, S., Barlow, J., Stewart-Brown, S., & Davis, H. (2007). Working in partnership: User perceptions of intensive home visiting. *Child Abuse Review*, 16, 32-46.
- Klass, C.S. (1996). *Home visiting: Promoting healthy parent and child development*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Korfmacher, J., Green, B., Spellman, M., & Thornburg, K.R. (2007). The helping relationship and program participation in early childhood home visiting. *Infant Mental Health Journal*, 28, 459-480.
- Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G., Roggman, L., et al. (2008). Parent involvement in early childhood home visiting. *Child Youth Care Forum*, 37, 171-196.
- Krathwohl, D.R. (2009). *Methods of Educational and Social Science Research* (3rd ed.). Long Grove, IL: Waveland Press, Inc.
- McFarlane, E., Burrell, L., Fuddy, L., Tandon, D., Derauf, D.C., Leaf, P. et al. (2010).

- Association of home visitors' and mothers' attachment style with family engagement. *Journal of Community Psychology*, 38, 541-556.
- McGuigan, W.M., Katzev, A.R., & Pratt, C.C. (2003). Multi-level determinants of retention in a home-visiting child abuse prevention program. *Child Abuse & Neglect*, 27, 363-380.
- McNaughton, D.B. (2000). A naturalistic test of Peplau's theory in home visiting. *Public Health Nursing*, 22, 429-438.
- The Merriam-Webster dictionary*. (2004). Springfield, MA: Merriam-Webster.
- Nievar, M.A., VanEgeren, L.A., Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health*, 31, 499-520.
- Olds, D.L. (2006). The nurse-family partnership: An evidenced-based preventive intervention. *Infant Mental Health Journal*, 27, 5-25.
- Olds, D.L. & Korfmacher, J. (1998). Maternal psychological characteristics as influences on home visitation contact. *Journal of Community Psychology*, 26, 23-36.
- Olds, D.L., Hill, P.L., & O'Brien, R. (2003). Taking intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice*, 10, 278-290.
- Olds, D.L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., et al. (2007). Effects of nurse home visiting on maternal and child functioning: Age-9 follow-up of a randomized trial. *Pediatrics*, 120, e832-e845.
- Rainkes, H., Green, B.L., Atwater, J., Kisker, E., Constantine, J., & Chazon-Cohen, R.

- (2006). Involvement in Early Head Start home visiting services: Demographic predictors and relations to child and parent outcomes. *Early Childhood Research Quarterly, 21*, 2-24.
- Reynolds, A.J., Mathieson, L.C., & Topitzes, J.W. (2009). Do early childhood interventions prevent child maltreatment? A review of research. *Child Maltreatment, 14*, 182-206.
- Riley, S., Brady, A.E., Goldberg, J., Jacobs, F., & Easterbrooks, M.A. (2008). Once the door closes: Understanding the parent-provider relationship. *Children and Youth Services Review, 30*, 597-612.
- Roggman, L.A., Boyce, L.K., & Cook, G.A. (2009). Keeping kids on track: Impacts of a parenting-focused Early Head Start program on attachment security and cognitive development. *Early Education and Development, 20*, 920-941.
- Sano, Y., Richards, L.N., & Zvonkovic, A.M. (2008). Are mothers really “gatekeepers” of children? Rural mothers’ perceptions of nonresident fathers’ involvement in low-income families. *Journal of Family Issues, 29*, 1701-1723.
- Sozialforschung GmbH. (1998-2010). VERBI Software. Berlin-Marburg-Amöneburg, Germany: author.
- Tandon, S.D., Parillo, K., Mercer, C., Keefer, M., & Duggan, A.K. (2008). Engagement in paraprofessional home visitation: Families’ reasons for enrollment and program response to identified reasons. *Women’s Health Issues, 18*, 118-119.
- U.S. Department of Health & Human Services. (2010). Extension of the 2009 poverty guidelines until at least May 31, 2010. <http://aspe.hhs.gov/poverty/09extension.shtml>
- Wang, C.C. & Pies, C.A. (2004). Family, maternal, and child health through photovoice. *Maternal and Child Health Journal, 8*, 95-102.

- Whipple, E.E. & Nathan, L.L. (2005). Evaluation of a rural healthy families America (HFA) program: The importance of context. *Families in Society: The Journal of Contemporary Social Service*, 86, 71-82.
- White, J.M., & Klein, D.M. (2008). *Family Theories* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Woolfolk, T.N. & Unger, D.G. (2009). Relationships between low-income African American mothers and their home visitors: A Parents as Teachers program. *Family Relations*, 58, 188-200.
- Zerwekh, J.V. (1992). Laying the groundwork for family self-help: Locating families, building trust, and building strength. *Public Health Nursing*, 9, 15-21.