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A GROUNDED THEORY STUDY OF MATERNAL ENGAGEMENT OF LOW INCOME, YOUNG RURAL MOTHERS IN HOME-BASED, EARLY INTERVENTION SERVICES

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A GROUNDED THEORY STUDY OF MATERNAL ENGAGEMENT
OF LOW INCOME, YOUNG RURAL MOTHERS
IN HOME-BASED, EARLY INTERVENTION SERVICES

DISSERTATION

A dissertation submitted in partial fulfillment of the
of the requirements for the degree of Doctor of Philosophy in the
College of Health Sciences
at the University of Kentucky

By
Elaine Kay Fehringer

Lexington, Kentucky

Co-Directors: Dr. Dana Howell, Professor of Rehabilitation Sciences
and Dr. Judith Page, Professor of Rehabilitation Sciences

Lexington, Kentucky

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ABSTRACT OF DISSERTATION

A GROUNDED THEORY STUDY OF MATERNAL ENGAGEMENT OF LOW INCOME, YOUNG RURAL MOTHERS IN HOME-BASED, EARLY INTERVENTION SERVICES

Home-based, early intervention programs as a preferred delivery model are widely endorsed, heavily funded and highly utilized as prevention and remediation initiatives for families with young children (Eckenrode, et al., 2010; Karoly, Killion, & Cannon, 2005). Of concern, is that while an estimated 40 billion dollars are spent annually between federally funded programs and private foundations, a significant number of families disengage from services before the end of a child's eligibility period (Stevens, Ammerman, Putnam, Gannon, & van Ginkel, 2005). Several meta-analyses indicate only modest effectiveness of home-based services (Tandon, et al., 2008). It is estimated that well over 500,000 families enroll in home-based services each year; however, retaining these enrollees in consistent and prolonged intervention is a definite challenge (Ammerman et al, 2006). While home-based services are widely recommended to families, the families' perspective about having program personnel come to their home several times per month has not been well represented in the literature on home-based services. The purpose of this qualitative, grounded theory study was to discover a central theory that explains the decisions young, low-income, rural mothers make about engagement in home-based, early intervention services. Nine women who were custodial parents of children enrolled in an early literacy, home-based program participated in in-depth interviews conducted over multiple sessions. A semi-structured interview and graphical interview elicitation method of drawing a timeline were used to collect data. Line by line coding using participants' words was utilized during open coding. Axial coding helped make apparent 69 categories. Using selective coding, five primary themes and a core category emerged. Verification of findings was accomplished by use of multiple sources of data, a clear audit trail and thick, rich description. The data revealed that young, low income mothers may not be prepared for the responsibilities that come with assuming the mothering role and are ambivalent about letting strangers into their homes. As the home visitors formed positive relationships with the child and the mother, the women in this study made the decision to continue with services because the child enjoyed the home visitor and the activities and because the home visitor also fulfilled the mothers' needs for social contact and a connection to

community resources. By interacting and partnering with home visitors, the mothers came to believe that being a mother helped them grow into a better person. Mothers expressed a desire for a better future for their children than they themselves were currently experiencing. Part of carving out that better future for the children necessitated that they allow home visitors help with the education of their children even though some mothers did not necessarily like making their home space more public. The results indicate for these mothers, part of becoming a mother entailed delaying their own dreams and goals until their children were older but that they also held onto hope for a future more focused on themselves.

KEYWORDS: Maternal Engagement, Early Intervention, Graphic Elicitation, Personal Timeline, Rural Mothers, Low Income

Elaine K. Fehringer

Student's Signature

September 21, 2017

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A GROUNDED THEORY STUDY OF MATERNAL ENGAGEMENT
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DEDICATION

This dissertation could never have come to fruition without the support and love given to me by several significant people in my life and is dedicated to the following:

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TABLE OF CONTENTS

ACKNOWLEDGMENTS	iii
LIST OF TABLES	viii
LIST OF FIGURES	ix
CHAPTER ONE	1
INTRODUCTION	1
Background and Need	8
Occupational Therapy's Role in Early Intervention, Home-based Services	10
Statement of the Problem	11
Purpose of the Study	11
Significance of the Study	12
Research Design	13
Life Course Perspective	14
Research Questions	15
Definitions	15
Delimitations	23
Limitations	24
Summary	25
CHAPTER TWO	27
REVIEW OF THE LITERATURE	27
Life Course Perspective	29
Interplay of Human Lives and Historical Time	31
Timing of Lives	32
Linked Lives	33
Human Agency	34
Geographic Placement in Appalachia	34
Appearance of Life Course Perspective in the Maternal Child Health Literature	36
Graphic Elicitation	37
Mothering	39
Young Mothers	41

Low Income Mothering	44
Home-based Visitation Programs	46
Occupational Therapy and Home-Based Visitation Services	49
Maternal Engagement in Home-based Visitation Services	50
Summary	53
CHAPTER THREE: RESEARCH PROCESSES	54
Grounded Theory Methodology and Data Analysis	54
Human Subjects Protection/IRB Approval	56
Data Collection Procedures.....	57
Introduction of the Participants.....	61
Participant 1: Carly	61
Participant 2: AnnaBeth.....	62
Participant 3: Ellie.....	64
Participant 4: Jamie.....	66
Participant 5: Molly	69
Participant 6: Heather	71
Participant 7: Maggie.....	75
Participant 8: Jackie	79
Participant 9: Camille	84
Data Analysis Procedures	87
Verification of Findings.....	89
Trustworthiness.....	89
Researcher Role, Bias, Bracketing and Reflexivity.....	91
Ethical Considerations	95
Summary	97
CHAPTER FOUR: DATA ANALYSIS AND RESULTS.....	98
Data Transcription, Open Coding and Constant Comparison	98
Open Coding	99
Grouping Concepts into Categories	105
Evolution of the Categories	106
Axial Coding.....	164

Analyzing Emergent Concepts	199
Reflective Coding Matrix	208
Selective Coding	214
Development of the Storyline	215
Becoming a Mom Made Me a Better Person.....	215
Growing as a Person to Meet Mothering Responsibilities.....	220
Wanting Better for My Children.....	228
Choosing to Partner with Home Visitors	237
Looking Forward to a Future Focusing on Myself	246
Summary of Results	249
CHAPTER FIVE: INTERPRETATION OF RESULTS	251
Theoretical Model Emerging from the Data	251
Visual Illustration of the Theoretical Model.....	256
Analysis of Theoretical Model and Link to the Literature	256
Becoming a Mother Made Me a Better Person.....	257
Growing as a Person to Meet Mothering Responsibilities.....	258
Wanting Better for My Children.....	258
Choosing to Partner with Home Visitors	259
Looking Forward to a Future Focusing on Myself	261
Trustworthiness.....	262
Credibility	262
Dependability	265
Confirmability	266
Transferability.....	266
Clinical Implications	267
Becoming a Mother Made me a Better Person	270
Growing as a Person to Meet Mothering Responsibilities.....	273
Wanting Better for My Children and Choosing to Partner with Home Visitors Helped Me and My Child	275
Looking Forward to a Future Focusing on Myself	278
Future Research	279

Summary	281
APPENDICES	283
Appendix A: Letter of Support	284
Appendix B: Demographic Survey of Study Participants	285
Appendix C: Semi-structured Interview Guide	286
Appendix D: Personal Timeline Instructions.....	291
REFERENCES	292
CURRICULUM VITAE.....	317

LIST OF TABLES

Table 4.1. Integration of 1091 Codes into 67 Initial Categories.....	111
Table 4.2. The 24 Major Categories in Alphabetic Order	114
Table 4.3. How the 24 Major Categories Emerged from the Participants.	115
Table 4.3 (continued). How the 24 Major Categories Emerged from the Participants.	116
Table 4.4. Conditional Relationship Guide.....	168
Table 4.4 (continued). Conditional Relationship Guide.	169
Table 4.5. Emergent Concepts Table.....	200
Table 4.6. Emergent Theoretical Concepts.....	204
Table 4.6 (continued). Emergent Theoretical Concepts.	205
Table 4.7. Reflective Coding Matrix.	215
Table 4.7 (continued). Reflective Coding Matrix.	216
Table 4.8. Major Categories Represented by Growing as a Person to Meet Mothering Responsibilities Theoretical Code	221

LIST OF FIGURES

Figure 4.1. Excerpt from Timeline by AnnaBeth.	100
Figure 4.2. Excerpt from Timeline by Molly.....	102
Figure 4.3. Search Text Source Sample.....	105
Figure 4.4. Exported Code Book Sample before Categories were Formed.....	107
Figure 4.5. Extraneous Category Sample.	107
Figure 4.6. Assign to Groups using Advocating for Daughter's Medical Care.....	110
Figure 4.7. Sample Parent/Child Categories Viewed During Integration of 67 Categories into 24 Categories.	112
Figure 4.8. Decision-making Process to Best Represent Codes.	113
Figure 4.9. Contexts Emerging during Reflective Coding Matrix.	211
Figure 5.1. Theoretical Model.	256

CHAPTER ONE

INTRODUCTION

I embarked on my first home-based, early intervention visits as an occupational therapist (OT) in the early 1980s in a remote, rural region of the Western United States. Armed with handwritten directions that included turn-by-turn directions based on land marks because wind or snow plows had likely knocked down any road signs, I soon learned I was in uncharted territory in more ways than just geography. On the passenger seat of my 1970 Plymouth, I had an appointment book, a binder with copies of any home programs I had written for parent follow-through from the previous week and in the backseat and trunk of my car, I carried evaluation kits, therapy balls, small benches and an array of toys. I called my car “The OTmobile” because each day I did home visits, I went past my office in the early morning and packed what I thought I might need that day. Covering an area nearly twice the square mileage of the state of Connecticut, I did not have the luxury of just swinging by the office to pick up something in between visits. In those days, cell phones were nonexistent so once I left the office, parents had no way to contact me. Because the territory I covered so was large, I could not use a family’s phone to call the next family on my schedule because it generally incurred long distance charges. I could drive an hour on snow covered roads to find that the family was not home or a child was too sick to be seen.

I often felt anxious and unprepared for the raw life experiences I would encounter in the living rooms of these families I met in those first years of providing home-based occupational therapy services. There was rarely a time when I pulled up in front of a home that I didn’t need to give myself a pep talk and did so while I selected the items

from the car I would take into the house with me. I once told a co-worker that my training never prepared me for the many roles I would take on when I stepped into a family's life story as it unfolded during the time I was their occupational therapist. I often felt I needed training as a social worker, counselor, nurse, physical therapist, speech language pathologist or special education teacher. When I provided clinic-based services, the setting acted as a barrier to the reality of the family's home life and I was more clearly the occupational therapist there and less likely to hear about the family stressors. In the home, the mother frequently confided in me about her struggles with nurturing a child with disabilities, the pressures that child put on her marriage and providing care for other children. One mother I visited twice weekly, slept on a pallet beside her child's crib so that she could suction the child's trachea repeatedly throughout the night. When the child had a respiratory illness, she would sometimes sleep only minutes at a time. She might still be in her robe, but she would say "Come on in—I'm sorry I look like this—but I didn't want to cancel you because I know he needs it." Over time, I learned which families would want me to come no matter what was going on in their lives and were comfortable being transparent, which mothers only felt comfortable having me come when their house was tidy and clean, and which families might decide to go shopping at the last minute and forget about their appointments. Sometimes I would tuck a ball under one arm, a small bench under the other and heft a large tote over my shoulder, trudge through knee high snow to the door and find that the mother might be home but would not open the door on that particular day. I learned to write all appointments in pencil because I would be adjusting my schedule again and again during the week. Cancellations and "getting stood up" were part and parcel of my days. At first,

I felt confused and sometimes hurt at how frequently the families cancelled or changed appointments. I wondered if I was doing something wrong; was I unconsciously offending or intimidating the families? As I opened up to the physical therapist who covered the same territory, she told me she encountered similar scheduling challenges. We compared notes and found that, for the most part, cancellations fell into distinct categories: the child, siblings or mother were ill, doctors' appointments conflicted with the home visit, the fathers' shift change meant he would be home for five to seven days straight and the mother did not want home-based services during that time, unplanned outings came up and the mother forgot to call to cancel, or maternal stressors at that time superseded the child's needs for services. I provided home-based occupational therapy services to families in that region for over a decade and grew more comfortable juggling the multiple hats I wore as a home visitor. I made peace with some of the common causes for which mothers cancelled or dropped out of the program but when I left that position, I still had many unanswered questions about how I could have more effectively addressed those reasons.

Twenty years later, I opened an email that had been forwarded to me by a colleague. I now lived in the rural area of a Midwestern state, taught occupational therapy at a university and no longer actively provided home-based occupational therapy services. An occupational therapist working for Save the Children's early literacy program wrote

“I am presently working as a Program Specialist for Early Steps to School Success, a program implemented by Save the Children, a non-profit organization. I am working on developing a project that involves

supporting psychosocial development among low income mothers who are pregnant or have children 0-3 years of age. My co-workers are all early childhood educators and I am feeling this underlying stress that we are missing a key component to helping these mothers who are depressed, disenfranchised within their communities and living in poverty. . I was wondering if you might know of someone who could help me? (D. W-S, personal communication, September, 2010)

During a phone conversation later that week, she further elaborated her concerns. From her point of view, she saw the mothers living in extremely stark, poverty-ridden circumstances. She described the mothers as having a very limited temporal horizon and reiterated her concern that many mothers experienced significant depression: post-partum, clinical and situational. She was asking me to help her find a way to give the mothers a voice, improve their mental health and move from isolation to being active participants in their homes, schools and communities.

Her email and our phone interchange echoed my concerns about cancellations and dropout rates from decades earlier; however, her initial assumption about the reason for the cancellations and poor follow through on home programs was linked to maternal mental health. She was on a quest to meet mothers' needs so that children could more fully benefit from the home-based, early intervention services being offered and that resonated with me but I felt certain that diminished maternal engagement in home-based, early intervention services was a complex, multi-faced issue that could not be fully explained by a single causative factor of maternal mental health.

We agreed to a schedule of phone calls while we explored if I might have information I could offer her. Initially, a research study was not on the table; her request was for additional programming ideas, possible occupational therapy student involvement as part of the students' Level I fieldwork experiences, and opinions on ways to involve community agencies to form partnerships to expand what Save the Children was trying to accomplish in these areas.

Early in this process, I joined her one day to ride along to two of the rural counties in the southeastern portion of the state, which involved a full nine-hour day with the driving and the scheduled meetings. As the Program Specialist, she met regularly with the staff delivering the home-based services to the enrolled mothers and children and we thought her supervision visits provided an appropriate time to introduce me to the area coordinators and home visit staff members. The staff typically had a single room in elementary schools spread throughout eight eastern and southeastern counties of this primarily rural state that functioned as their office. This one room housed their computer for writing notes following a home visit, entering assessment data into a national database for Save the Children, their resources for home visits and sometimes a small play area for mothers who might drop in with their children. I had the opportunity to meet staff and hear some of their stories of providing home-based services. Each staff member had a goal of recruiting and maintaining 20 families on caseload and were expected to meet with those families twice a month. Their stories of writing all appointments in pencil due to frequent cancellations and re-scheduling, of the challenges of driving long distances to find a family not at home or not answering the door were strikingly similar to my experiences of 20 plus years ago. Two of the staff had home visits scheduled that day

and had permission from the mother for me to come with them. Just prior to leaving for one home visit, the home visitor called the mother to remind her we were coming and the mother reported that it was not a good day to come out and asked to reschedule. As the second mother did not currently have a telephone, we headed out for that home visit hoping for the best. As we covered the miles of winding back roads, the home visitor reported to the Program Specialist that this mother had recently relocated to different housing and that the housing was substandard and potentially unsafe for the children. Apparently, the subflooring of the aged mobile home had rotted through in several places and was open to the ground below the trailer. The home visitor had only been in the very front part of the trailer when she had dropped by a few days before to schedule this home visit. The electricity was on in the trailer because she could hear a television from further in the back but the staff member was concerned that there might not be running water. Her hope was that she could get a better evaluation of the home on that day and, in addition to delivering the home-based curriculum, she could begin referring the family to some resources in the community to locate housing in better condition. As we made a final turn up the holler, the home visitor remarked that it appeared that the family's one running vehicle was not on the property. Before unloading her bags, she asked us to wait in the car while she knocked on the door to see if anyone was home. After several rounds of knocking, she returned to the car. This was a "no show" and would be entered into the database as a missed appointment that needed to be rescheduled and made up as soon as possible. I surveyed the property and saw the all too familiar signs of poverty and a family living in desperate circumstances. The mobile home was a single wide structure with two outside doors but only one door had a set of rickety wood steps. The siding was

dented and rusted in multiple spots. The trailer skirting which showed signs of frequent removal, was peeled away from the house in many areas and slapping the trailer as it moved with the wind gusts on this cold and gray day. I knew that even if the electricity was on, the house would be cold. Garbage bags lay piled up against the front part of the trailer; some bags had been torn open by scavenging dogs or other wildlife. Used diapers dotted the property. There was garbage removal service in the area but it was a luxury most families living below the poverty line could ill afford and they resorted to piling the bags on top of each other. In my ride-along that day, I had observed front porches of several homes completely covered with garbage bags and just a walking path into the house. It was cold on this day but I could imagine when the weather warmed and doors and windows opened, the rank smell of garbage would be pervasive inside those houses. Several old vehicles resided at the back of the property, most had been abandoned with the hoods up and at least one axle propped on cinder blocks. The current or previous residents probably had attempted repairs to the vehicles but when the price of parts was too high or the skills of the mechanic failed, there was no money to pay for the towing to send it to salvage.

After that ride-along and viewing the economic, social and housing complexities represented in this rural region, I came away feeling compelled to do something. I also realized I could not make recommendations for supplemental services or ask community agencies and services to partner to supply more resources until I more fully understood the problem. The problem, as I saw it, was that although Save the Children offered home-based, early literacy services two times monthly, at no cost to the families, the home visitors found that mothers frequently cancelled appointments (or were not at home

when the home visitor arrived), did not follow through on the program suggestions in the interval between visits, and some completely withdrew from the program. The interpretation by the agency staff of those actions was that the mothers were experiencing depression and felt disenfranchised from the community because of their poverty, housing situation and isolation due to lack of transportation. While I acknowledged that the mothers' circumstances I observed in that region were certainly grim in many instances, I also knew that I had experienced similar cancellations, "no shows", and disengagement from the mothers I served 20 years earlier when many of the families on my caseload had adequate income, secure housing and satisfactory means of transportation.

Background and Need

Early intervention services are beneficial for enhancing development among most young children (Karloly, et al., 2005). The Perry Preschool Project was the first to implement early childhood education in 1962 in Ypsilanti, Michigan (Schweinhart, et al., 2005). This program has followed participants from the 1962-1965 cohorts for over 40 years. The results of this longitudinal study are compelling in terms of benefits to the child, the family and society in general. In comparison to the no treatment group, participants graduated from high school at a higher rate, scored better on achievement tests in elementary school, had higher literacy rates in adolescence and young adulthood, and had more positive attitudes toward school. At age 40, participants were more likely to be employed and earned more; this group had higher rates of secure housing and lower rates of public assistance, arrest and incarceration. The economic benefit to society is

staggering: a \$244,812 per participant return on the initial investment of \$15,166 for the period the child was enrolled in early intervention services.

Historically, as early as kindergarten, there exists achievement gaps between middle class, white children and their low income and minority peers and it is for this group that early intervention services are essential. This latter group can score 50 percent lower on achievement tests in the first year in primary school. This chasm actually begins in early toddler and preschool years and continues to widen as the child ages (Haskins & Rouse, 2005; Haskins & Rouse, 2013). Haskins and Rouse (2013) do offer hope in the form of early intervention services and state that based on the results of Head Start studies, the disparities in health, education and family trauma and violence can be substantially reduced. The results of a nine year follow up study of Early Head Start families, enrolled starting in January 2000, found significant effects for reduction in child abuse and increase in parenting ability for families that received services for the recommended frequency and duration (Fergusson, Boden, & Horwood, 2013). Program frequency and intensity do matter. Nievar, Van Egeren, and Pollard (2010) found significant increases in the mother's sensitivity to the child's needs and in providing an enriched home environment when families received services two times monthly; when the programs were delivered at increased frequency of three times per month, the effect size doubled.

Given the substantial financial and human resource investments made in home-based, early intervention programs and as the mother is usually the gatekeeper to the home and child, it is imperative to understand her perspective. Many studies report who enrolls (Boller, Strong, & Daro, 2010), how long they stay enrolled (Fergusson, et al.,

2013), and how lack of sustained engagement negatively impacts the effects of intervention and the program outcomes (Sweet & Appelbaum, 2004) but few studies have focused on the maternal perspective of allowing virtual strangers to have access to her home and her child (Brookes, Summers, Thornburg, Ispa, & Lane, 2006; Jack, DiCenso, & Lohfeld, 2005). This study will add to the body of knowledge about why and under what circumstances the mother will grant a home visitor access to her home and child.

Home visitation programs have a long history in the United States. Starting in the 1800s, there were three primary models (education, public health and settlement houses); occupational therapy can now be found embedded as a service provider in each of these models through community, education and medical systems.

Occupational Therapy's Role in Early Intervention, Home-based Services

After the passage of Public Law 94-142 (Education for all Handicapped Children Act) in 1975 (U. S. Department of Education, 2010) and its subsequent amendments that mandated states provide services to infants and young children prior to school entrance, (PL 99-457, PL 101-476, PL 105-17, PL 108-446) occupational therapists began consistently providing home-based services to infants and young children in their homes. Now known as the Individuals with Disabilities Education Act (IDEA), Part C of the law addresses provision of services to families in the natural environment, i.e., the home. In 2011, 336,895 infants and toddlers at risk for developmental delays or with documented disabilities, received services through home visits under Part C (Kupper, 2012). Occupational therapists providing home-based services to children from birth up to the third birthday most often are there under Part C.

The purpose of occupational therapy with infants, toddlers and their families is “achieving health, well-being, and participation in life through engagement in occupation” (American Occupational Therapy Association, 2014) p. S-2. The occupational therapist completes an evaluation of the child and develops goals that are family-centered. Parents and siblings are integral to the plans that are implemented. For example, if the child cannot eat independently and this is a concern for the family, the goal might be written for the child to chew food that is handed to the child by parents or siblings while seated in a high chair during a family meal. The occupational therapist is a facilitator; the family is recognized as being the expert on the child. This study will inform occupational therapists and other early childhood providers about strategies to increase maternal engagement in the home-based services (American Occupational Therapy Association, 1989; Kingsley & Mailloux, 2013).

Statement of the Problem

The problem this study addressed is why low income, rural mothers choose not to participate, do not fully engage in or drop out of home-based, early intervention services. Home-based services are effective for improving a child’s physical, cognitive, social and emotional developmental milestones, helping parents increase competency in parenting skills and for reducing child neglect and abuse (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Azzi-Lessing, 2011; Cullen, Ownbey, & Ownbey, 2010; Fergusson, et al., 2013).

Purpose of the Study

The purpose of this grounded theory study was to discover a theory that explained the decisions low-income, rural mothers made that supported sustained engagement in home-based, early intervention services. The description of the findings will provide

rehabilitation therapists, such as occupational therapists, information about the experiences of the mothers in this study that influenced maternal engagement and improved retention of these families in home-based, early intervention services for the duration of the eligibility period.

Significance of the Study

Each year, the federal government spends over five billion dollars providing early childhood education for approximately 1.5 million children enrolled in federally funded programs such as Head Start and Early Start. Part C of the Individuals with Disabilities Education Act funds home-based services at \$438.5 million annually (Kupper, 2012). Add to this figure the additional millions of dollars that are invested in early childhood programs through nongovernmental agencies, state funded programs, third party payers and private foundations, and it amounts to upwards of 40 billion dollars spent recruiting, enrolling and attempting to provide home-based, early intervention services (Barnett & Hustedt, April 2011). The disturbing part of these monetary figures is that 31.8% of families enrolled in home visitation programs drop out of the programs after the initial assessment (Ammerman, et al., 2006), 51% disengage within the first 12 months after enrollment, and up to 65% of families disengage from services before the child's eligibility period ends (Rapoport & O'Brien-Strain, 2001). Given the amount of money spent, it is paramount to uncover the reasons that these mothers choose to continue or discontinue participation in the home-based services, which can positively impact the long-term outcomes for the child.

This study was significant because it developed a theory of the process of sustained maternal engagement in home-based, early intervention services of the low-

income, rural mothers enrolled in this study. The findings of this study provided insights into the decisions and actions of the mothers in this sample; rehabilitation therapists, such as occupational therapists, are invited to compare the findings of this study and make associations and application to the families to whom they provide early intervention services through home visits.

Research Design

This was a qualitative study, which required me to be an integral part of the research process. I interviewed eight mothers and one custodial grandmother who live in a rural area and are carving out a life for their child(ren) with limited financial resources. These participants consented to let me use *their* experiences and words to construct a storyline built out of the collective essence of their experiences. I am humbled by their trust and feel the weight of that trust as I now use *my* words to convey what I think those experiences mean. Qualitative research allowed me to “connect with...research participants and to see the world from their viewpoints” (Corbin & Strauss, 2015)p. 5.

I used grounded theory methodology to guide me through the inductive process of analyzing data to develop an explanatory theory of the processes operating in these mothers’ lives which led to decisions they made about sustaining engagement in a home-based, early intervention program. While the data do yield rich description of the events of participants’ lives and how they experience those situations (Corbin & Strauss, 2015), the purpose of grounded theory is to weave together the relationships between all the threads of those events to form a cohesive fabric that explains “why” something is happening--in this case, why do mothers engage or disengage from home visitation services? If followed rigorously, grounded theory methods provide a systematic way of

collecting, organizing and analyzing copious amounts of rich data to build an explanatory model or theory. An essential feature of grounded theory methodology is constant comparison. The data from one participant is compared initially to itself, then to data from other participants. The researcher works back and forth to find similarities and differences. I maintained constant comparison methods as I progressed through open, axial and selective coding (Walker & Myrick, 2006). The experiences described by the mothers are viewed through the lens of Life Course Perspective.

Life Course Perspective

The theory or perspective that guided the development of the in-depth, semi-structured interviews and the instructions for the graphic interview elicitation tool (timeline) was Life Course Perspective (Elder Jr., 1994b). This perspective is a means of constructing a person's life narrative as it considers the social community, the time period in history, current culture, social norms, social movements, trends, cycles, relationships and life transitions. It also considers the persons linkage with others' lives and how those linkages might be enfolded across multiple generations. It can include the family stories, family culture and events that occur before a person is born. This perspective takes note of significant events that occur throughout a person's life span but is not a developmental theory. In life course perspective, a person experiences an event. That event may be significant enough that it becomes a turning point in the life course. Turning points cause a shift in the life trajectory; that shift can be positive or negative. Life Course Perspective will be further explicated in Chapter Two.

Research Questions

The grand tour study question was: What is a theory that explains why young, low-income, rural mothers choose to enroll their children in home-based, early intervention services and engage with a home visitor for the period of time her child is eligible for services?

Additional sub-questions were developed to reflect the lens of life course perspective:

- What are the significant life events that shape the mothers' decisions about engagement in home-based early intervention services for their children?
- What transitions have occurred in the mother's lives that influence whether they engage in, and remain engaged in, home-based early intervention services for their children?
- How do mothers describe their current life trajectory?
- How does that vision of the trajectory influence the decision to remain engaged in home-based early intervention services?

Definitions

Axial coding: Using both inductive and deductive reasoning, categories generated by open coding are scrutinized to find linkages to other categories (Charmaz, 2006).

Constant comparison: The iterative and cyclical process of comparing previous data with current data, current data to previous codes and categories, to uncover relationships and interactions within the data. Investigating and reasoning in this back and forth

manner leads to conceptual interpretation and theory construction (Charmaz, 2006; Dillon, 2012; Holton, 2010)

Early intervention: Services provided to children from birth to age three or five, depending on state regulations. The services are can be multidisciplinary or a single provider and are delivered within the natural environment of the child's home or place of caregiving. Home-based occupational therapy early intervention services are generally provided under the U.S. Individuals with Disabilities Education Act, Part C.

(<http://medical-dictionary.thefreedictionary.com/early+intervention>)

Early Steps to School Success: Early Steps to School Success (ESSS) is a program funded by Save the Children whose focus is to provide early learning opportunities to young children of low-income families living in rural areas. ESSS started delivering services to rural areas of Kentucky, South Carolina, Tennessee, Louisiana and Mississippi in 2006. The mothers in this study receive early literacy services for their children from pregnancy through the child's third birthday. The services are provided through a home visitor who schedules in-home appointments twice monthly. The activities introduced by the home visitor promote early learning skills that are thought to promote brain development in young children and help these children transition more successfully to school and later life. The goals of ESSS are to address language and social/emotional development and support parents or caregivers by equipping them with knowledge, skills and materials to promote development in these areas. The home visitor brings books and manipulatives and suggests appropriate activities and ways to interact with the items. The home visitor also helps the mother monitor her child's development. In addition to literacy, home visitors provide material on building healthy routines and

sleep patterns, nutrition, basic health and child behavior information. Save the Children uses a blended professional/paraprofessional home visitor model. The professional is available for training, oversight and monitoring of the home visits by the paraprofessional (Brown, 2010)

Emic: The perspective of the person who is from the culture being studied (Merriam-Webster.com, 2017a)

Etic: The perspective of the person who is not from the culture being studied (Merriam-Webster.com, 2017a)

Gerund verb: a noun formed by adding -ing to a verb (Merriam-Webster.com, 2017a)

Graphic elicitation: Graphic elicitation is a method of data collection for material that may be difficult for a participant to express verbally (Crilly, Blackwell, & Clarkson, 2006).

Event: This is a substantial incident which causes an unexpected alteration in the life course (Hutchison, 2005).

Holler: As used in this study, a holler is slang for the word hollow. In the Appalachian region, it refers to a space between two mountains where land is flat enough to build a dwelling. Many hollers have a family name attached in front, such as “Smith Holler”. Since hollers are in mountainous regions, driving directions to a family home are often given as “turn left up Smith Holler”.

Home visits/home visitation: Home-based services, home visits or home visitation, for the purposes of this study, is defined as a method of providing social, educational or

healthcare services to families and children in the natural environment of their own place of residence. Home visit program models vary in the stated purpose of the visits but the overarching intent of these programs is deliver a service to the family in their own residence (Tandon, Parillo, Mercer, Keefer, & Duggan, 2008). From the literature, it appears that home visits are the preferred method of delivery when an agency believes that families would benefit from services that the agency wants to provide. Often the services are provided to low income families who are at-risk for domestic violence or child abuse, whose children do have or are at risk for developmental delays and/or who do not have the financial, intrapersonal or social resources to seek out services through a medical model or outpatient, clinic-based model.

(Maternal) Engagement: Engagement is the process by which the mother commits to participate in the services provided. Keeping the appointment, becoming involved in the activities with the child and home visitor, and implementing suggestions given by the home visitor are means by which the quality and depth of engagement can be gauged (Booth, Munsell, & Doyle, 2014).

Mothering: Sara Ruddick's seminal writings on maternal thinking leading to action (1980, 1989) appear to have earned acceptance as recognizable functions of mothering. According to Ruddick, the demands placed on mothers by children elicit actions of preservation, nurturance, and teaching social acceptability. For the purposes of this study, mothering occupations include acts to protect and preserve the child as he or she grows, to nurture the child physically and emotionally, and to teach the child society's expectations and values.

No show: A “no show” is a missed home visit that does not occur because the parent/caregiver was not at home or did not answer the door (Save the Children, 2014).

Occupational therapy:

“The therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings. Occupational therapy practitioners use their knowledge of the transactional relationship among the person, his or her engagement in valuable occupations, and the context to design occupation-based intervention plans that facilitate change or growth in client factors (body functions, body structures, values, beliefs, and spirituality) and skills, (motor, process, and social interaction) needed for successful participation” (American Occupational Therapy Association, 2014)p. S-1.

Open coding: This process involves reading transcripts and field notes line-by-line to break copious amounts of data into concepts that can be constantly compared. In this study, the participants actual words were used, whenever possible, to label the concept (Bryant & Charmaz, 2007).

Purposeful sampling: A purposeful sample is a sample that is selected based on characteristics of a population and the objective of the study. This method of sampling provides information-rich cases by selecting participants who are representative of the population being studied (Creswell & Plano Clark, 2011)

Rural: The U.S. Census Bureau uses exclusion wording to define rural. Anything that is not considered urban, which is defined as places with 2,500 or more people, is considered rural. All mothers in this study were residing in rural areas (Ratliffe, Burd, Holder, & Fields, 2016).

Save the Children: This is the agency that partnered with me in this study. A Program Specialist initially contacted me seeking information about improving maternal engagement. The participants in this study all had children enrolled in Save the Children's Early Steps to School Success home-based program.

Save the Children (STC) is an international, non-profit organization with a presence in 120 countries, including the United States. Founded in London, England in 1919 by sisters Eglantyne Jebb and Dorothy Buxton, this organization's primary purpose has always been to raise funds and provide relief services to children around the world. Initially focused on addressing starving children in sanctioned countries post-World War I, Jebb quickly became a proponent of addressing the medical, educational and nutritional welfare of children as a larger social issue.

We cannot leave defenseless children anywhere exposed to ruin – moral or physical. We cannot run the risk that they should weep, starve, despair and die, with never a hand stretched out to help them. It is essential that we should put the world in order. We must develop a powerful international organization for child saving which would extend its ramifications to the remotest corners of the globe (Save the Children, 2007, p. 2).

Before her death in 1928, Jebb wrote a document that influenced the current position of the United Nations on the rights of children.

In the United States, Save the Children (STC) has its historical roots in Harlan County, Kentucky, an area in eastern Kentucky located geographically close to the Kentucky counties where Save the Children currently concentrates delivery of early intervention literacy home-based services. The organization began providing food, clothes and supplies for school children in that county in 1932 during the Harlan County War, which ran for most of a decade between 1931 and 1939. Between the Great Depression and the unemployment of coal miners, this area of Appalachia was severely economically impacted (Bubka, 1970) and continues to be impoverished at the time of this research study. At the time of the unrest between the coal miners and the mine operators, Kentucky ranked 47th in illiteracy. In the year 2000, 40% of Kentucky's working population still ranked in the two lowest levels of literacy, meaning these adults cannot read at all or read at minimal to moderate abilities (Kentucky Legislative Research Commission, 2000). In 1933, Save the Children expanded its efforts for children to four other impoverished states: Missouri, Mississippi, Tennessee, and North Carolina. Their vision statement, "a world in which every child attains the right to survival, protection, development and participation" (Save the Children), reflects that they are a champion of children's rights, basic health needs and education.

In 2004, Save the Children initiated literacy and nutrition programs in states with high rates of rural children living in poverty. STC provides literacy services to very young and school-aged children. The very young children and their mothers in this study

are enrolled in the Early Steps to School Success provided by Save the Children through a home visitation and book bag exchange program.

Selective coding: Process of selecting the central category from the foundational categories generated in open and axial coding. That single category becomes the core category to which all other categories can be related (Borgatti, n.d.).

Settlement houses: This is a social reform movement that took hold in several large cities in the United States in the late 1800s. Settlement houses established a sense of community and health and education services to populations of immigrants. Activities of the women's movement can be identified among the settlement houses as young, well-educated women resided and viewed this as an opportunity to lead productive, meaningful lives through providing early childhood education, after-school programs, job training, and health promotion and wellness through public health initiatives. Eleanor Clarke Slagle, recognized as one of the founders of occupational therapy in the United States lived for a brief period at Hull House in Chicago (Stuart, Herrick, Sage, & Sage Publications, 2005; United Neighborhood Houses, 2017).

Temporal horizon: This concept is about future thinking. Decisions made today impact the future; how far into the future the mother can imagine and understand the consequences of her decisions influence sustained maternal engagement in home visitation programs (Bickel, Kowal, & Gatchalian, 2006). The concept of temporal horizon was introduced by Paul Fraisse in 1963 who defined it as "the way in which we behave in relation to three aspects of time: the past, the present and the future" (Walinski, 2014, p. 153).

Theoretical sampling: A method of using the data to find concepts that need further exploration. The concepts guide further selection of participants (Corbin & Strauss, 2015).

Trajectory: A trajectory encompasses multiple life events and transitions. It can be conceptualized as a line that moves forward in time and has an upward or downward slope representing generally positive or negative events. A person's life trajectory is rarely a straight line. Events and turning points push the slope of the trajectory (Hutchison, 2005).

Trustworthiness: Trustworthiness uses four criteria to establish and assure rigor within a research study: confirmability, credibility, transferability, and dependability (Shenton, 2004).

Turning point: A turning point occurs when a life event, such as an unexpected pregnancy, causes a permanent shift in the life course and can alter the direction of the life trajectory (Hutchison, 2005).

Young mothers: For the purposes of this study, I defined *young mother* as having been 25 years or younger when the mother's first child was born. All mothers in this study, including the custodial grandmother, were less than 25 at the age of first birth.

Delimitations

This was a study of maternal engagement in early intervention services. All nine participants had experienced home-based services delivered by Save the Children through the Early Steps for School Success program. Participants of other early intervention programs were not recruited although three mothers reported that one of their children

was currently or had in the past received home-based services through Kentucky's Individuals with Disabilities Education Act, Part C.

This study focused on the perceptions and experiences of the mothers of the children. In two instances, fathers were present in the home but they were not interviewed nor were any other family members. One participant was a custodial grandmother who was interviewed because approximately 33% of the children enrolled in Early Steps to School Success programs are being raised by grandparents.

Participants lived in eastern rural Kentucky and were from four counties where Save the Children are providing services. Mothers outside of these four counties were not recruited .

All mothers self-reported as being Caucasian. No specific ethnicity or race was recruited for this study. All mothers needed to be English speaking as no translation services were available to me.

Limitations

This study focused on only one model of home-based, early intervention services. The geographical locations of the participants were all rural; additionally, all participants live in the Appalachian region which is recognized as having a different culture than other regions of the United States. All participants qualified for services through Save the Children because they were of low income.

In grounded theory, participant recruitment and selection should be guided by theoretical sampling when analysis of the data indicates that new information should be sought (Walker & Myrick, 2006). In this study, participant selection of the first five mothers was a sample of convenience selected by Save the Children personnel due to the

constraints of IRB requirement that I could not directly contact any mothers. All referrals came through the Program Specialist. Theoretical sampling was used to guide the Program Specialists in selecting the final four participants. I asked the Program Specialists to try to recruit mothers who had enrolled multiple children in the Early Steps to School Success programs and to locate a mother who had disengaged from home visits before the end of her child's eligibility period.

A limitation of this study is that eight out of nine mothers were currently enrolled in home-based services or had completed the program through child's eligibility period. One mother enrolled in this study had dropped out of the program prior to the end of the child's eligibility period because she relocated to another region of the United States for several years. She had recently moved back to this region and agreed to be interviewed. A limitation is that the perspective of mothers who disengaged for reasons other than relocation is not represented in this study.

Summary

Consistent and sustained engagement in a home visit program has emerged as a primary factor in successful program outcomes. Many programs enroll mothers during pregnancy which would extend the eligibility period up to approximately 45 months. Yet, up to 51% of families discontinue services within 12 months of enrollment, citing reasons such as work or school schedules, disruptions to family routines or relocation outside of the service region (Duggan, et al., 2000; Nicholson, Brenner, & Fox, 1999) or the imposition of having a visitor come to their home.

Considerable financial resources are invested annually by federal and state governments, nongovernmental agencies and private foundations. Home visitation

services have a long tradition in the United States, Canada and Europe. Many studies have been conducted that explain who enrolls and how long they stay engaged. This study focuses on seeking the maternal perspective on home visits with the aim to inform rehabilitation therapists, such as occupational therapists, what experiences mothers identify and expect in order to increase engagement in home visitation programs.

CHAPTER TWO

REVIEW OF THE LITERATURE

Throughout my coursework leading to this dissertation, I explored literature related to mothering in various contexts: young and low-income mothering, mothering while homeless, mothering while recovering from substance addiction and mothering children with disabilities. I engaged in research apprenticeships which required me to read chapters, books and articles on many of the topics related to this study. In addition to my breadth of understanding of mothering, I came to this study with knowledge about literature in the areas of Life Course Perspective, and an extensive background in the literature and direct experiences with early intervention and home-based services.

As recommended by Corbin and Strauss (2015) and Creswell (Creswell, 2007), I reviewed literature to provide background information, establish a need for the study and provide a rationale for the problem statement. For this study, electronic searches were completed using University of Kentucky libraries and Eastern Kentucky University libraries and included (but were not limited to) the following databases: Academic Search Premier, CINAHL Complete, Dissertations and Theses Global (ProQuest), EBSCOhost Electronic Journals Service, JSTOR, OVID, ProQuest Education Database, ProQuest Social Science Database, PsychInfo, PsychArticles, and SAGE Complete, Science Direct. Key words searched (with multiple combinations and variations) included (but not limited to): adolescence, bracketing, Appalachia, early childhood, early literacy, early intervention, family-centered care, graphical elicitation, Individuals with Disabilities Education Act, grounded theory, home visit, home visitation, life course perspective, maternal depression, maternal engagement, mothering, occupational therapy,

postpartum depression, poverty, qualitative research, reflexivity, Save the Children, and young mothers.

The literature included in this chapter will first cover the areas of Life Course Perspective and graphical elicitation, as these informed the construction of the questions in the semi-structured interviews and the instructions for drawing a personal timeline. Next, the construct of mothering and fulfilling mothering responsibilities as a young, low income mother will be presented, followed by a brief review of the history of home-based services to families of infants and toddlers in the United States and occupational therapy's history and role in home-based services. Lastly, I'll summarize the literature on maternal engagement in home-based services and the reasons cited in the literature for disengagement.

In grounded theory research, it is not until near the end of analysis that the concepts and theoretical codes emerge (Corbin & Strauss, 2015), so it is common for the literature to be reviewed again at the end of data analysis. Therefore, the linkages between the extant literature and my study findings will be offered in Chapter Five where I will present the theoretical model that emerged during data analysis and a graphical illustration of the emergent theory. In Chapter Five, I will link the theoretical model to existing literature relevant to the five theoretical codes that emerged through selective coding: becoming a mom made me a better person, growing as a person to meet mothering responsibilities, wanting better for my children, choosing to partner with home visitors, and looking forward to a future focusing on myself. In that chapter, I will present where my findings are supported by the literature and where my findings differ. I will also address how the emergent theory adds to the current body of literature.

Life Course Perspective

Life Course Perspective debuted in the literature on human development during the 1960s and evolved from longitudinal studies that followed three cohorts of children, born from 1920 to 1929, into adulthood. In the early 1960s, when Glen Elder, Jr. pursued graduate studies in sociology at the University of North Carolina, it was apparent that the developmental theories at that time were inadequate to explain the behavior of those subjects who were now well into middle adulthood (Elder Jr., 2005). The research cohorts had grown up in the United States and encountered tremendous hardships and changes throughout their lifespan: a relatively affluent post-World War I America that plunged into a deep economic depression in October 1929 and lasted 10 years. Social policies, aimed at providing financial relief for millions of people, were set in place that affected these children and still resonate within the welfare system in the United States (Cohen, 2014; Rosen, 2005). (These policies, and reformation to those policies, will be further reviewed in the section on low income mothering.) Known as the Great Depression, this economically grim decade left a lasting mark on a generation of people who demonstrated behaviors and ways of thinking that needed new theories to explain how external forces had shaped their lives (Elder Jr., 1998). Elder (1994b), through his studies on the effects of the Great Depression on children as they transitioned to various stages in adulthood, contributed heavily to and shaped the thinking about life course perspective. A paradigm emerged that compellingly presented that an individual's life course was "a sequence of socially defined events and roles that the individual enacts over time" (Giele & Elder, 1998, p. 22). Elder presented four principles underpinning the Life Course Perspective as: "interplay of human lives and historical times, the timing of

lives, linked or interdependent lives, and human agency (Elder Jr., 1994a, p. 5).” In framing this perspective, Elder next considered the contexts in which the four principles interact.

An individual’s life course plays out in the dynamic and fluid contexts of cultural, social, historical, and temporal (Elder Jr., 1998). The American Occupational Therapy Association later (Cohn & Lew, 2010) included the virtual context as part of the milieu in which humans participate. Additionally, Elder included geographical placement of the person as that location impacts the opportunities presented to individuals. From childhood through adulthood, the person’s life is linked with other people and forces that shape their personal story. Through interactions and relationships with those people and contexts, changes occur within the person. Elder stated, “changing lives alter developmental trajectories” (Elder Jr., 1998, p. 1). Therefore, the Life Course Perspective was useful as a lens for research that needs to consider complexities of intertwining contexts of the person’s place in history, the timing of personal events, family influences, social structures, geographical location simultaneously.

The following major themes are integral to the Life Course Perspective and each will be reviewed in upcoming sections: interplay of human lives and historical time, timing of lives, linked lives, and human agency. The important concepts of events, transitions, turning points, life trajectory, contexts are all included in the Definitions section in Chapter One. Geographical placement within the Appalachian region of the United States and a brief summary of the Appalachian culture as relevant to this study will be given addressed at the end of the sections on the four major principles of Life Course Perspective.

Interplay of Human Lives and Historical Time

A study published by Conger and Elder in 1994 compared the effects on the children of the Great Depression to the effects of financial stress and emotional distress on children of Iowa families after land prices plummeted in the 1980s. Many families had accumulated extraordinary debt trying to expand the family farm during a time when land prices were high. Many small farm families were forced off land that belonged to generations of their family and into unfamiliar social and geographic settings where they relocated for work. This study found that, in these unstable times, parental depression and marital discord deteriorated a parent's ability to shield their children from the social pressures. Under these stressful circumstances, previously stable children began exhibiting declining academic performance and behavior disturbances (Conger & Elder Jr., 1994). A study the following year of inner city children living in poverty found that families who had greater emotional resources during times of high stress were able to function as a protective mechanism. The study determined that greater differences existed between families within neighbors than between separate neighborhoods. Family resiliency was determined to be a more important factor than neighborhood influences (F. F. Furstenberg, Cook, Eccles, & Elder Jr., 1998).

Although each person has an individual life course, people born within specific periods of history may experience cohort effects (Hutchison, 2011). Within a birth cohort, there is a range of birth years; depending on age of the individual within the cohort when historical events occur, the personal life course trajectory will be affected in separate ways. The Great Depression, Baby Boomers, Generation X, Generation Y and Millennials are examples of cohorts that have been given a title in United States culture.

Timing of Lives

This principle addresses the dimension of age in the life course. Age is a function of biology but is also heavily imbued with social meaning. Aging brings about transitions: leaving preschool years to enter public school and later transitioning to middle and high school, leaving the parental home and getting married. Age demarcates many significant events and social privileges—driving, voting, and legal alcohol consumption. In each society, some standardization in the timing of age-related events occurs such as the examples just given. Other events are bounded by social expectations which shift based on the contexts in which the individual lives. For example, the age at which one marries in the United States has gradually been rising. Moving out of the parental home has also taken an upward shift. The average age of first birth for women was 26 years in 2013 compared to 22 years in 1980 (Martin, Hamilton, Osterman, Curtin, & Mathews, 2015). Gender, ethnicity, race and social class all influence the age norms for the timing of events (Hutchison, 2011).

For women, the decade between 18 and 28 are dense in terms of timing and transitions. A study that used a data set from Waves I and IV (data collected from the same participants at different age points) of the National Longitudinal Study of Adolescent Health found that the more transitions a female experienced in that decade, the poorer the reported outcomes in overall health and in reported behaviors of smoking and alcohol usage. If participants of both genders reported smoking at an earlier age, there was a higher probability of alcohol usage in young adulthood (Barban, 2013).

Linked Lives

Human lives are linked reciprocally at various levels and intensities throughout the life course. All the contexts in which people interact provide linkages to other persons. Families are the earliest and primary linkage to other people (Elder Jr., 1994a). The interconnectedness is bi-directional; children's life trajectories are influenced by parent's actions and reactions to stress and conversely, parents are seldom disconnected from events that shape a child's trajectory (Beaujot & Ravanera, 2008; Hutchison, 2011). A study examining a data set from National Longitudinal Survey of Youth found a linkage between delinquency in juvenile males and rejection by the father or father figure and the sense of rejection was felt more intensely when the father was absent from the home (Comanor & Phillips, 2002). Marriage is a linkage that appears to be a protective factor in reducing risky behaviors in women such as smoking, alcohol and other substance use while cohabiting with an unmarried partner had no effect or increased the behavior (Duncan, Bessie, & Paula, 2006).

Linkages to social systems outside the family appear to strengthen mothers and have a positive impact on the family. Home visitation programs are one such linkage. In the Nurse Family Partnership program, mothers and babies visited by professional nurses continued to exhibit positive outcomes two years after engagement (David L. Olds, et al., 2004). A 2014 study by Nurse Family Partnership to severely disadvantaged mothers and babies found a reduction in all forms of mother and infant mortality rates (D. L. Olds, et al.).

Human Agency

The concept of human agency represents the ability to have personal power to make choices and express thoughts and actions (Hutchison, 2011). Social cognitive theory proposes that humans interact with others in context but through their own beliefs and choices they create personal motivation for action. Self-efficacy is essential in human agency. Bandura wrote that “a major function of thought is to enable people to predict the occurrence of events and to create the means for exercising control over those that affect their daily lives” (Bandura, 1989, p. 1176). The more that people believe in a purpose or a goal, the stronger their motivation. Self-efficacy is not a fixed trait; it is a process that emerges as tasks and demands change. Performing the mothering role and all the occupations demanded by that role requires a high level of motivation (Logsdon, Wisner, & Pinto-Foltz, 2006). Factors that can diminish or erode maternal motivation are family stress and maternal depression. In a study of 62 mothers and 62 fathers of toddlers, mothers’ self-efficacy was positive correlated with marital satisfaction and negatively correlated to stresses of parenting and depression (Porter & Hsu, 2003). A child’s difficult temperament, sex of the child, and family income were not statistically significant predictor of maternal motivation or perception of self-efficacy. For first-time mothers in the study, it appeared that the transition to motherhood lowered the sense of general self-efficacy (Sevigny & Loutzenhiser, 2010).

Geographic Placement in Appalachia

The Appalachian Region consists of 25 million people in 420 counties in 13 states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia and all of West Virginia. It is a

205,000-square-mile region that runs from southern New York along the Appalachian Mountains into norther Mississippi. The Appalachian region is primarily rural; 42% of the population lives in towns or counties with less than 2500 people. Outside the Appalachian region, 20% of the national population is rural (Appalachian Regional Commission, n.d.).

The Appalachian Regional Commission monitors three different indices to determine whether a region of Appalachia is considered distressed: three-year average unemployment rate, per capita market income and the poverty rate (Appalachian Regional Commission, n.d.). The Commission acknowledges that there are areas within the Appalachian region that are not listed as distressed but are still well below median income for other parts of the United States. Mental, physical and dental health disparities abound throughout most of Appalachia (Florence & Behringer, 2011). The counties in which this research study was conducted were all classified as distressed.

The population of Appalachia are descendants of people who immigrated from Ireland, England, Scotland, and Wales in the 18th and 19th centuries. Loyal Jones (1994), a well-known author, humorist and sociologist from Kentucky, outlined 10 Appalachian values underlying the beliefs and social context of this region: independence, self-reliance, and pride; neighborliness; sense of family; personalism; religion; humility and modesty; love of place; patriotism; sense of beauty; and sense of humor that resonated throughout the data that were collected for this study. The literature focusing specifically on women in Appalachia is sparse. Appalachia predominantly is a patriarchal society; women, for the most part, fulfill traditionally gendered roles of mothering and housework. In a phenomenological study of 10 women, the authors found that

Appalachian women display resiliency when faced with adverse circumstances throughout their lives (Helton & Keller, 2010). The values identified by Jones, such as a good sense of humor and finding beauty in the surrounding nature, fostered the development of resiliency. Based on this study, Helton had recommendations for practitioners delivering healthcare services in the Appalachian culture. The value of personalism (go along and get along) may become evident when mothers agree to enroll in services in order to avoid offending the professional offering the service but may not be committed to following through. In this case, a professional who develops a strong personal relationship with the mother may override the mother's hesitancy to remain engaged. A strong sense of family and kinship means that family obligations come first and the professional needs to be flexible in rescheduling missed appointments.

Appearance of Life Course Perspective in the Maternal Child Health Literature

In 2010, the U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau published a concept paper titled "Rethinking MCH: The Life Course Model as an Organizing Framework" (MCH is the abbreviation for Maternal and Child Health) (Fine & Kotelchuck, 2010). This paper applied the four concepts from Elder's Life Course Perspective to a proposed health model. In building the model, the authors used slightly different wording for the four original principles in Elder's model. I represent the wording changes by using quotation marks and original wording from Elder's model is italicized. "Timeline" was the term used to represent health *events* and exposures that influence future health. The "timing" of the events is crucial as there appears to be particularly sensitive time periods when those events can positively or negative impact the health *trajectory*. Biologic,

social and physical *contexts* (“environments”) influence the capacity for health or disease. The fourth principle underwent the most significant wording change although *human agency* in the form of “choice” was present. The fourth principle states “the foundation of health inequality is more than genetics and personal choice; social and environmental conditions impact equity” (Anderson, et al., 2014, p. 444). After the concept paper was presented and accepted by the Health Resources and Services Administration, a flood of research papers investigating maternal and child health from the slightly revised and reworded Life Course Perspective surfaced (Bethell, et al., 2014; Brady & Johnson, 2014; Cheng & Solomon, 2014). While it is exciting to see the principles and concepts of Elder’s Life Course Perspective applied to current trends in public health, for the purposes of this study, I adhered to classic Life Course Perspective as presented by Elder (1994a, 1998).

Graphic Elicitation

Graphic elicitation is a method of data collection for material that may be difficult for a participant to express verbally. Multiple forms of elicitation are available to a researcher such as word or phrase cards or picture cards which only require nodding or pointing. Photo elicitation presents photographs to evoke responses that might reside deeper in memories. Participatory graphic elicitation asks a participant to produce a drawing or diagram, such as a personal timeline, to elicit events that may have been forgotten or are difficult to discuss (Crilly, et al., 2006; Thygesen, Pedersen, Kragstrup, Wagner, & Mogensen, 2011). Graphic elicitation also serves as member validation when used with narrative interviewing. By first interviewing a participant then following up

with diagrammatic drawing, both the researcher and the interviewee increase confidence in the information shared (Crilly, et al., 2006)

If the events occurred in distant past, or are part of complex relationships or abstract ideas, drawing can provide a participant a method to recall those events (Copeland & Agosto, 2012). Dr. John Watkins, in a personal communication (February 24, 2010) discussed memories, public and private narratives in the following way:

Memories get edited over time and different stories are told to different audiences. Usually what participants talk about in the initial oral interviews is the “public story” or that which has been edited and rehearsed for public consumption. The unrehearsed, or private story, often comes at a time when the person goes ‘off on a tangent’ and frequently says, ‘I hadn’t thought about that in a long time.’

Graphic elicitation can be a vehicle for giving a participant permission to “go off on a tangent” and record memories long forgotten. Additionally, drawing events allows a participant to record events succinctly or to capture thoughts that are difficult to put into words. In a study of women undergoing treatment for gynecological cancer, participants were interviewed and asked to participate in completing a diagram. The drawings added new information to what had been disclosed during an interview, events in between events revealed in the interviews emerged, that had not been disclosed in the interviews were added and emotions that had not been expressed by the participant in the interview came to the surface when the diagram was discussed with the researcher (Thygesen, et al., 2011).

Constructing a personal timeline by placing events on a line that extends from the time of birth until the present is one method of eliciting a participant's event history. Because personal events occur in context, the timeline also becomes a way of visually representing interlocking trajectories. As the events unfold across the life course, the participant and researcher are able to visualize interrelationships and interactions in contexts such as the family or school. The timeline can reveal events, transitions, turning points and a change in the life trajectory (Hutchison, 2005). Comi, Bischof and Eppler (2014) concluded that by using an integrated data collection method of interviews and graphic elicitation, the research and participant built rapport and the participant offered deeper responses. Drawing the timeline helped participants focus their attention and sustain interaction with the questions. They reported that drawing the timeline was a useful method of co-constructing knowledge. An additional advantage of graphic material is that the memories are preserved in a visible form that can be explored in depth at a later time (Copeland & Agosto, 2012).

Mothering

For the purposes of this study, mothering is defined to include actions to protect and preserve the child as he or she grows, to nurture the child physically and emotionally, and to teach the child society's expectations and values (Glenn, 1994). Mothering occurs as part of the life course and, as such is embedded within the same contexts as previously discussed: family, historical, cultural, societal, geographical and political. While mothering actions, as presented by Ruddick (Ruddick, 1980) are preservation (protection of the child), nurturance of growth and development, and teaching social acceptability are not necessarily limited to the female gender, mothering, in dominant Western culture, is

work that has primarily been assigned to women (Arendell, 2000) (Chodorow & Contratto, 1982). Mothering is an occupation that a majority of women in the United States engage in at some point in their lives (Francis-Connolly, 2000). Rogers and White (1998) reported mothering ranked at the top of the list of important roles for most women, outranking marriage and work as a source of identity.

Mothering activities and tasks are referred to by occupational therapists as occupations which are “central to a client’s (person’s, group’s, or population’s) identity and sense of competence and have particular meaning and value to that client” (American Occupational Therapy Association, 2014, p. S5). People find meaning and purpose by engaging in occupations. While not every occupation may be enjoyed every time it occurs, these activities are tasks that people want to do and, in some cases, are expected to do (World Federation of Occupational Therapists, 2012).

In a qualitative study of 40 mothers, the researchers found that mothering actions change focus over the life course of the mother and the child. In the infant and preschool years, nurturing actions were enfolded with the physical caregiving tasks of feeding, diapering, monitoring safety and organizing the child’s day into wake and sleep patterns. In adolescence and young adulthood, the child takes on more responsibility for self-care and the mother provides guidance and emotional support. If healthy relationships are maintained, mothering and being mothered endure across the life course (Francis-Connolly, 2000). A qualitative study of six first time mothers reported the activities and tasks of mothering children during were the first five years and productivity oriented and centered on fulfilling obligations and expectations (Horne, Corr, & Earle, 2005).

In the past 20 years, grandmothers assumed mothering roles for 5.5% of the childhood population (Thomas, 2011). While the topic of custodial grandmothering is beyond the purview of this research study, I did give some consideration to this literature because one of the nine participants was a custodial grandmother. Marken, Pierce and Baltisberger (2010) expanded understanding of the experiences of custodial grandmothers providing mothering for a second generation of children in the article “Grandmother's Use of Routines to Manage Custodial Care of Young Children.” They interviewed three custodial great-grandmothers, one custodial grandmother and four mothers of typical age to explore their use of routines to manage the caregiving of young children. Their findings indicated the grandmothers felt challenged by the physical demands of providing care, that daily routines needed to be reorganized, their home space once again needed to be restructured to make the home baby-proof, and energy conservation strategies were employed to manage caregiver fatigue.

Young Mothers

Adolescence is the in-between phase of transitioning from childhood to adulthood. The transition affects many developmental systems: biological, social/emotional, cognitive, and motor. Adolescents mature in each of those systems at different rates so that the onset of puberty may arrive as early as 10 but physical growth is not complete until 18. Cognitive development and the ability to deal with abstractions continues to mature well into the mid-20s. The World Health Organization (2017) situates adolescence as occurring between ages 10-19. The current thinking in the fields of psychology and sociology place adolescence as concluding somewhere around age 24 (F. Furstenberg, Rumbaut, & Settersten, 2005; Zarrett & Eccles, 2006). For inclusion in

this study, young mothers were defined as having given birth to their first child before the age of 25.

Young, low-income women have been identified as being at high-risk for difficulty transitioning to motherhood (Koniak-Griffin, et al., 2002). In a qualitative study of young mothers who participated in focus groups, the transition was described as more problematic than anticipated. The mothers described feeling at-risk for mental health problems, experiencing daily stress, lonely and isolated (Keating-Lefler, Hudson, Campbell-Grossman, Fleck, & Westfall, 2004).

Rezek (2010) interviewed eight unmarried, young mothers from Appalachia who reported they found a new purpose in life that had not been present prior to pregnancy indicating that pregnancy can be an event that becomes a turning point. They voiced that they did not consider abortion or adoption; they looked forward to impending motherhood and began making different choices which in some cases included breaking off the relationship with the father of the baby. However, as these young women became mothers, they found their joyful expectations of the experience of motherhood somewhat dimmed because the reality was more demanding than they had anticipated.

Feeling successful as a mother and growing into that role required support (Sidel, 2006). Often their own mother stepped in and shared the burden. Bergum (Bergum, 1997) wrote about young mothers were taking on mothering at the same time they still needed mothering. A qualitative study of the views of teenage mothers' need for support found that societal support is crucial for this group of mothers and their vulnerable children. Recommendations included a minimum standard of housing and income, and childcare or preschool to provide respite for young mothers. The cautioned professional

to be attuned to mental health distress, which can be difficult to distinguish in the young mother (de Jonge, 2001).

Other forms of support, sometimes in the form of community or home-based services, can modulate the pressures of the transition to motherhood and provide emotional and educational resources needed to shift the experience in a positive direction. In a study of the effects of a community-based parenting program, 143 mothers of infants and preschoolers participated in a program designed to help them stop and pause before reacting to a child's difficult behaviors. Mothers engaged in group sessions informed them about realistic expectations for children's behavior. The results of the this program were significant reduction in harsh verbal corrections and corporal punishment to control the child's behavior (Nicholson, et al., 1999).

Healthy Families America is a national home-based visitation program which delivered a curriculum to pregnant and first-time parenting families at more than 400 locations. Based on attachment theory, the aims of this program were to improve child development, encourage positive parenting methods and decrease violence and trauma exposure to children. If parents completed the entire curriculum, they were engaged with a home visitor for up to five years. A study to evaluate the outcomes of this program found 116 families met the inclusion criteria. All participants enrolled perinatally and completed the program. The results demonstrated that home-based visitation services can strengthen parenting skills and improve attitudes toward parenting. Children whose parents completed the program experienced fewer social, emotional and behavioral challenges (Cullen, et al., 2010).

Low Income Mothering

As of 2015, more than 16.9 million women in the United States lived in poverty or extreme poverty. That figure represents one in every eight women. When the head of household is female, 36% live in poverty. In Kentucky, women as head of household are 47% of the Commonwealth's population (Ratliffe, et al., 2016). According to the U. S. Census Bureau, one in five children who are six years old and under live in poverty (United States Census Bureau, 2017). The problem of children living in poverty has been increasing at alarming rates since data in this area began to be collected in the 1960's but only began to appear in the literature at a significant level in the 1990's.(McIntyre, Officer, & Robinson, 2003).

Restructuring of the welfare system under the Clinton administration resulted in the erosion of a safety net for mothers on public assistance. When the welfare program was implemented in 1939, the grant program known as Aid to Families with Dependent Children (AFDC) lifted many children out of poverty. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) changed government assistance for mothers in very substantial ways (Seccombe, 2000). Under this act, AFDC was abolished and replaced by Temporary Aid to Needy Families (TANF). The restrictions placed on cash assistance are currently so tight that few can receive benefits under TANF. The guidelines are generally set so that the qualifying income level must be less than 50% of the poverty level for a mother and two children. In Kentucky, TANF is known as Kentucky Transitional Assistance Program (K-TAP). If mothers in Kentucky work, they may continue to receive reduced cash assistance for the first nine months but this policy discourages many from working very much or for very long. Mothers not

receiving cash assistance can still receive other assistance in the way of food stamps, child care assistance, and healthcare benefits for their children (Kentucky Cabinet for Health and Family Services, 2015).

A study evaluating challenges to effective parenting found that young mothers on public assistance scored lower on emotional responsivity and verbal interactions with their children as compared to older mothers with higher levels of education and higher incomes (Cook, Roggman, & D'zatko, 2012). Young, low income mothers often do not understand the social system well enough to access help with parenting skills, pursuing further education or interpreting ways to navigate in the welfare system. Green and Rodgers (2001) found that mothers who possessed sense of self-efficacy and some control over their circumstances tend to perceive that help is available through outside resources. An important finding in the Green and Rodgers study relates to home-based services. This study found that a sense of belonging predicted later ability to give and accept advice and seek instrumental types of support.

A descriptive, qualitative study of 65 low-income mothers reported that the mothers in the study wanted to learn how to become a good mother and set a goal of providing a better life than they had experienced to date (Webb, Morris, Thomas, & Combs-Orme, 2015). The study stated five themes which included:

- Focus on baby's development: Because I'm the mother, I'm the first teacher;
- Focus on baby's safety/security: The baby could be hurt;
- Focus on conveying love: She just wants the baby to feel her love;

- Focus on learning the rules of good childcare: It's important to know the do's and don'ts;
- Focus on doing it differently (better) than parents did: When you know better, you do better (p. 116)

Home-based Visitation Programs

Home-based visitation programs have a long history in the United States. Starting in the 1800s, there were three primary models and roots of some variation of these three models can be found in most programs implemented today. The education model was based on the kindergarten movement that began in Germany. A school-based program in the morning was followed by a teacher visiting the home in the afternoon to demonstrate to parents how to teach their children using toys. These programs also attempted to build a sense of community among the families. The focus was primarily on immigrant families. A nursing model of home visits was based on public health nursing programs in England. This model focused on wellness, prevention and family education. The Settlement House model will be discussed below in the section on occupational therapy and home-based visitation services (Boller, et al., 2010; Kamerman & Satenio-Gabel, 2007; Sweet & Appelbaum, 2004).

Home-based visitation programs appear to be the preferred method of delivery when an agency believes that families would benefit from services that the agency wants to provide. Often the services are provided to low-income families who do not have the financial, intrapersonal or social resources to seek out services through a medical model or outpatient, clinic-based model. Generally, families are recruited by agencies rather than the family seeking out the service (D. Olds, et al., 1998; Sweet & Appelbaum, 2004)

A review of the literature revealed a plethora of current home-based service models. Some of the best known include: Nurse Family Partnership (Olds, Henderson Jr, Tatelbaum, & Chamberlin, 1988), In-Home Cognitive Behavior Therapy (Ammerman, et al., 2011), Early Head Start (Jones Harden, Chazan-Cohen, Raikes, & Vogel, 2012), and Healthy Families America (Ownbey, Ownbey, & Cullen, 2011). Save the Children's home-based program, Early Steps to School Success was discussed in Chapter One in the Definitions section. The goal of most of the models is to improve the cognitive, physical and social development of the children (Kingsley & Mailloux, 2013) (Károly, et al., 2005) (Majnemer, 1998), decrease childhood exposure to violence and trauma (Family Violence Prevention Fund, 2010), improve parenting skills (Dunst & Dempsey, 2007) and to improve life course outcomes of the mothers (Ammerman, et al., 2011) (Caldera, et al., 2007).

A meta-analysis (Sweet & Appelbaum, 2004) of 60 home visiting programs revealed that no one specific element of a program model yielded significant effect sizes in outcomes for the child, the mother, or the family although the children in the home visitation programs did appear to make statistically significant gains in some developmental domains than the control groups. The Nurse Family Partnership program is one of the oldest established home visit models. This program has collected data and conducted research on outcomes of home-based services to mothers for almost 30 years. In a randomized trial (David L. Olds, et al., 2004), 735 first time mothers participated with a Nurse Family Partnership program and either received home visits with nurses with a minimum of a baccalaureate degree or a paraprofessional with a minimum of a high school diploma but no formal training in healthcare or social work. Programs that

utilized professionally prepared nurse home visitors had larger effect sizes on measured outcomes than did those staffed by paraprofessionals for mothers who exhibited the lowest levels of psychological resources. These effects were measurable during the program and for two years following the end of the mother's engagement in the program. Paraprofessionals were found to be effective with mothers who had better financial, social and psychological resources. Olds, et al., (2004) speculated that these differences were partially attributable to paraprofessional home visitors altering the program in order to meet the needs of the mothers and thus diluting the fidelity of the program. Kitzman, et al., (1997) addressed the problem of program fidelity in a qualitative study designed to examine common problems nurses identified during implementation of their services. The most common challenges to fidelity was that the mother's immediate needs for safety and security overrode the aims of the program on many of the days the nurse visited. One nurse gave the example of putting together a crib so the baby would not co-sleep with the mother instead of covering material outlined for that visit.

In a nine-year follow-up study of Early Start home visitation services, 220 families randomly assigned to the treatment group demonstrated significant benefits in reduced hospital visits for accidental injuries, decreased harsh verbal and corporal punishment for negative child behavior and better child behavioral adjustment scores (Fergusson, et al., 2013).

In a review of the literature published on program outcomes by two of the largest and best known national programs, Nurse Family Partnership and Early Head Start, Azzi-Lessing (2011) analyzed the role context, intervention dosage, and maternal and family engagement. She concluded that programs that were successful in providing linkages to

community resources were more effective than programs based in communities where resources are scarce. Families living in rural communities are often resource deprived. Mothers frequently are partnered with more than one agency if their children have special needs; in this case reciprocity and service coordination are crucial to prevent mothers being overloaded with home visitors.

Occupational Therapy and Home-Based Visitation Services

Occupational therapy has roots in home visitation in the settlement house movement. Eleanor Clark Slagle, one of the founders of the National Society for the Promotion of Occupation Therapy, was involved with Hull House, a settlement house in Chicago (Loomis, 1992). The settlement house movement also focused on wellness, early child education plus an additional effort to improve the ecological context by advocating for decent parks for families to get outdoors and improved garbage removal and sewers (Reed & Sanderson, 1999) (Bekemeier, 2008) (Bhavnagri & Krolikowski, 2000).

In the early 1980s, home-based services to children under age three were in their infancy. The Education for All Handicapped Children Act (P. L. 94-142) enacted in 1975 did not address related services for children under age six and the American Occupational Therapy Association (AOTA) did not publish their text, *Family-Centered Care: An Early Intervention Resource* (American Occupational Therapy Association) until 1989. Prior to the first amendment to PL 94-142 (PL 99-457), home-based services to infants and toddlers by occupational therapists were rare and were primarily delivered from a child-centered, medical model. The language of PL 99-457, passed in 1986, mandated that services be family-centered and delivered in the natural environment

(Edwards, Millard, Praskac, & Wisniewski, 2003). This amendment opened the doors for occupational therapy's involvement in early intervention services and more specifically, home-based services. After the passage of PL 99-457, occupational therapists began consistently providing home-based services to infants and young children in their homes. According to the American Occupational Therapy Workforce Survey of 2010, approximately 4.3% of 137,000 occupational therapists work in the area of early intervention. This number is most likely under representative because home-based occupational therapy services to infants and toddlers could be provided by the 27% of occupational therapists the work for school systems and home health agencies (American Occupational Therapy Association, n.d.).

Realizing the void in education of occupational therapists to provide family-centered care, the American Occupational Therapy Association delivered intensive continuing education courses throughout the United States on this topic from 1989-1991 (American Occupational Therapy Association, 1989). For occupational therapists to provide relevant home-based services, the therapist must view the family as the unit of care rather than the child (DeGrace, 2003) and have a thorough understanding of the occupations of mothering.

Maternal Engagement in Home-based Visitation Services

Engagement has been previously defined in this paper as the process by which the mother commits to participate in the services provided. Keeping the appointment, becoming involved in the activities with the child and home visitor, are implementing suggestions given by the home visitor are means by which the quality and depth of engagement can be gauged (Booth, et al., 2014).

Families living in poverty and with children at risk for developmental delay are the most difficult to engage and retain in home-based, early intervention services (Jack, et al., 2005). The benefits to the child, mother and society of engaging in early intervention services are well documented (Barlow, et al., 2013; Cullen, et al., 2010; David L. Olds, Henderson Jr, Tatelbaum, & Chamberlin, 1988; David L. Olds, et al., 2004; Ownbey, Ownbey, & Cullen, 2011; Palfrey, et al., 2005). Studies show that families who participate in both high frequency and long duration services have the best outcomes; however, most mothers enrolled in home-based services complete fewer visits than are recommended by the program. In one study, 89% of participants had an interval of one month or more between visits (Ammerman, et al., 2006). Research conducted from 1999 to present indicate that 20-67% of families discontinued engagement in home-based services before their eligibility period ended (Daro, McCurdy, Falconnier, & Stojanovic, 2003) and 51% of those families dropped out in the first 12 months after enrollment (Tandon, et al., 2008). For those mothers who did remain engaged in services, being comfortable with the home visitor and perceiving that person as nonjudgmental and empathetic was found to be significant (McCurdy, et al., 2006). Reasons for disengagement range from poor fit with work or school schedules, disruption to the family daily routine, poor match between the home visitor and the family, imposition of having a visitor come to their home, lack of social support from extended family members, fear of losing custody of the child, and concern about community perception of the family (Duggan, et al., 2000; Nicholson, et al., 1999).

The more dire a mother's immediate circumstances, the more likely she was to enroll in services offered (Ammerman, et al., 2006); however, often the specific services

being offered by the program did not target the mother's immediate needs. One of the reasons that families discontinue services is that their expectations for what they think they will receive from the program is different than the outlined program that is to be delivered. Daro, et al (2003) found that the degree to which a program could tailor services to address those urgent needs, the greater the likelihood the mother would remain engaged. Behavioral health problems may be present within the family but the curriculum offered probably did not assess or directly address those problems.

After the initial assessment visit, 31.8% of the mothers discontinued participation in the program (Ammerman, et al., 2006). Families' limited personal and financial resources, mental health challenges, and substance abuse coupled with a provider's lack of experience, education and skill resulted in the home visitor feeling ineffective and mothers uncertain that the investment of time and energy on her part was likely to result in bettering her current circumstances (LeCroy & Whitaker, 2005).

Duggan (2000) found mothers may actively refuse services if they believe that they have adequate support and resources to meet their own and their child's needs without the home visits. These mothers tended to have achieved higher levels of education and financial resources and have healthier babies. Mothers who were passive non-participants, that is they did not actually refuse services by not enrolling but they never received one home visit were characterized as more socially isolated, had attained lower levels of education, were younger and poorer and had babies who had lower birth weight and at higher risk for developmental delays (Nicholson, et al., 1999). These authors also theorized that mothers who articulate their intentions and expectations of what they will receive through the services remain engaged.

Summary

The literature reviewed in this chapter was for the purposes of framing the study. An overview of the Life Course Perspective was presented as an organizing structure for the interviews. The interview was supplemented by the use of graphic elicitation in the form of a personal timeline which assisted the mothers in constructing an event history. Research studies on mothering, young mothers, home-based services, occupational therapy's history and role in home-based services and maternal engagement were presented.

CHAPTER THREE: RESEARCH PROCESSES

Grounded Theory Methodology and Data Analysis

This qualitative research study was undertaken to explore the breadth of actions, interactions and processes of the choices low income, rural mothers make about sustained engagement in a home-based, early intervention program. Using a qualitative research tradition was a way to allow the participants in my study to tell their story and express their viewpoint about interactions with home visitors and the program curriculum (Corbin & Strauss, 2015; Creswell, 2007). I read so much literature about the “types” of mothers who enroll for services: women in desperate circumstances who hope the program will provide needed resources (Ammerman, et al., 2006); mothers who are experiencing depression after childbirth and while providing care for their young children (Feinberg, Donahue, Bliss, & Silverstein, 2012); mothers whose child was low birth weight, had a disability or substantial medical needs (McCurdy, et al., 2006). Most of the studies were quantitative designs or meta-analyses—well designed and well written but did not represent the mothers’ situations or perspective. As I read the background literature summarized in Chapter Two, I was reminded of an article I read by Howard Becker (Becker, 1996) while taking my qualitative methods courses in which he stated:

If we don’t find out from people what meanings they are actually giving to things, we will still talk about those meanings. In that case, we will, of necessity, invent them, reasoning that the people we are writing about must have meant this or that, or they would not have done the things they did. But it is inevitably epistemologically dangerous to guess at what could be observed directly. The danger is that we will guess wrong, that

what looks reasonable to us will not be what looked reasonable to them.

This happens all the time, largely because we are not those people and do not live in their circumstances (The Actors Point of View, para. 3)

Since the phenomena of mothers not fully engaging in early intervention, home-based services during their child's eligibility period has been thoroughly studied and well described in numerous quantitative studies, grounded theory was an appropriate methodology for this study in order to seek a theory that explains sustained maternal engagement. Grounded theory methodology provides healthcare researchers a systematic and interpretive way to handle data that has the possibility to explain and interpret concepts and ultimately guide therapeutic practice (Charmaz, 2006; Corbin & Strauss, 2015). Grounded theory moves beyond description of a phenomenon to theory generation (Creswell, 2007). There currently does not exist a theory of why low income, rural mothers choose to commit long-term to home-based, early intervention services. I chose to employ the systematic, analytic tradition of grounded theory developed by Strauss and Corbin (1998) and further developed by Juliet Corbin after Anselm Strauss' death in 1996 (Corbin & Strauss, 2015).

Through a rigorous process of inductive reasoning, grounded theory methodology permits the researcher to connect with participants and represent their perspective on a particular issue. Through immersion in the data, a systematic process is first used to fracture the data into small pieces and attach a code to represent that bit of data (Corbin & Strauss, 2015). This phase of analysis is known as open coding and whenever possible, I used participants' exact words when assigning a code. Similar codes are grouped to become concepts. The second phase is axial coding where relationships

between concepts are identified and form categories. During the final phase, selective coding, a core category emerges that captures the essence of the data. At this point, the researcher revisits the data to develop a storyline. Once the storyline is fully developed, it is customary to formulate a visual representation of the theory that emerged from the data.

Human Subjects Protection/IRB Approval

University of Kentucky Office of Research Integrity oversaw the assurance of human subjects' protection for this study. Approval of the participant recruitment and informed consent process and data collection instruments was given by the Institutional Review Board (IRB). At the time of data collection, I was a full-time, tenured faculty member in the Department of Occupational Science and Occupational Therapy at Eastern Kentucky University (EKU). EKU signed an Institutional Review Board Authorization Agreement with the University of Kentucky in lieu of additionally reviewing the application through EKU's IRB.

Participants were recruited from families enrolled in Save the Children's Early Steps to School Success early literacy program. Save the Children reviewed the application materials and provided a letter of support for the study to the IRB (Appendix A). The Senior Early Childhood Specialist and two Program Specialists for Save the Children completed CITI training before they recruited participants and were included in the IRB application as study personnel.

Data Collection Procedures

The study employed single in-depth, narrative interviews with nine participants conducted over multiple sessions. Data were collected from November 2015 through August 2016. Eight mothers were interviewed in their homes and one mother requested that I meet her at a local restaurant. The nine mothers had children who currently were or had been enrolled in Save the Children's early literacy program. Participant Seven was a grandmother who had full custody of her grandchild for most of his life. The final participant was a mother who had dropped out of the program before the end of her child's eligibility period.

After informed consent had been obtained, the mother was asked to complete a demographic data tool (Appendix B). About half of the mothers took the sheet and completed it themselves while I prepared to record the narrative, semi-structured interview and visited with any children or pets in the room. The other mothers wanted me to verbally ask for and record their demographic data.

The narrative interview was guided by Life Course Perspective and semi-structured by topic:

1. Maternal physical/emotional developmental milestones
2. Maternal family history, family structure and family beliefs about education
3. Maternal and family of origin formal and informal education

4. Maternal and family work history and roles including volunteer and domestic
5. Maternal and family social roles, social networks, social conflict
6. Maternal and family housing history, perception of home, and spiritual beliefs/roles
7. Maternal and child daily routines
8. Maternal and family feelings and perceptions about the home visitor, interactions with the home visitor and the suggested activities.

The semi-structured interview guide is included in Appendix C.

To aid in the interview process, six of the nine mothers engaged with a graphic interview elicitation tool and drew their personal timeline from birth to present. The timeline instructions are included in Appendix D. At the time of the study proposal, I anticipated recruiting some mothers who were still adolescents. I wanted a tool other than spoken language for them to represent their actions, perceptions, and beliefs (Copeland & Agosto, 2012). I had employed this tool before with pregnant and parenting adolescents who were living in a residential therapeutic group home and found it to be very successful in eliciting conversations about life events. At that time, I had the young women draw a smiley or frowny face to represent their emotional response to the event on their timeline. Since then, emojis (small icons or symbols used primarily in telephone text messages or on social media to signify the emotional state of the writer without the need for words (Merriam-Webster.com, 2017b)) have become ubiquitous in our global

society and I purchased sticker packs of the emojis for the participants to apply to an event when drawing their timeline. Copeland (Copeland & Agosto, 2012) found that graphic elicitation was a useful tool to handle data at collection, analysis, and writing phases. In this study, graphic elicitation served as one of multiple data sources which supports dependability and credibility of the results (Creswell, 2007). Participants were given a set of written instructions, four ledger-sized sheets of paper with a black line in the middle of the sheet, which were stapled and folded in half, a box of 10 Crayola classic-color markers and a sticker pack of 196 emojis. I had a sample timeline drawn by a volunteer not enrolled in the study that I used to demonstrate how they might interact with the materials to draw their timeline. The instructions were given verbally by me. For the six mothers who engaged in graphic elicitation, they studied the sample and made remarks such as “*Mine is going to be really boring.*” or “*There will be bad stuff on mine.*” I reassured them that I had no expectations for their product, I pointed out events that the volunteer had noted (such as “first kiss” with a lips emoji and “broke up with C” with a broken heart emoji). I gave them ideas that they could include such as the day their child was born. I asked if they wanted me to leave them extra timeline paper in case they wanted to start over and extra sets of markers and stickers for their children. All accepted the additional supplies. As noted above, three mothers declined to draw a timeline. Participant Six said she stayed so busy she wouldn’t get it done, Participant Seven took the supplies but was hospitalized a few days after I did her narrative interview. I called back twice after she was released from the hospital and both times she said she just didn’t feel like doing it. Participant Nine also cited work and multiple medical appointments for her daughter as being prohibitive to completing the timeline.

Participants were selected from a six-county region in Eastern Kentucky where Save the Children has a home-based early literacy program offered to families of children from birth to three years of age. The mothers ranged in age from 17 to 25 at the time of the birth of their first child. Their ages at the time of interview ranged from 25-57 years of age.

Inclusion criteria:

- a. Met Save the Children's socioeconomic guidelines (which are to serve the youngest and neediest of children)
- b. Mothers were between ages 14-29 when their first child was born
- c. Grandmothers were younger than 60
- d. At least one child had participated in the home-visitation program
- e. Any marital status or education level, any ethnic group, and any living situation (i.e., independent living, doubling up, living with parents)
- f. Spoke English
- g. Any physical/mental health status

Exclusion criteria were:

- a. Mothers were younger than 13 or older than 29 when their first child was born
- b. Grandmothers were older than 60
- c. Mothers, or the legal guardians for mothers younger than 18 are non-English speaking

- d. The legal guardian(s) for mother younger than 18 years of age is not available to give consent for the mother to participate.

The IRB application included a rationale for the inclusion of minors and the study was approved for them to participate but no mothers currently between ages 14-18 were recruited.

Introduction of the Participants

Participant 1: Carly

Carly was a soft-spoken, 25-year-old mother of two girls. She had her front door open each time I met with her and cheerfully called for me to enter. Forthright and honest about her difficulties as an adolescent, she talked openly about experimentation with sex, alcohol and marijuana. She said she felt pressured by her peers into losing her virginity at age 14. In our first interview, she revealed that she wants to parent her children differently. She said her mother allowed her to smoke and drink at home, and took her to get birth control when her mother found out she was having sex. She said, “yeah my mom took me straight and got me on birth control which made me feel like it was okay to do it again so I just wasn't taught not to do it”. She said she was going to talk to her children about her expectations: “I’m going to put my foot down more--I'm going to explain to my kids why but I'm not going to let them do it. I'm going to talk to them about drugs and things, cuz my mom really didn't, you know kinda but not really like she should have...” Carly told me *“I want them to succeed more than I did in life and graduate and go to college and do all that before they start settling down and having a family. That way they ain't got struggles and they can say ‘I did it’... You hope so much*

for your kids, you don't want them to do the things you did growing up.” When I gave her the materials to draw her timeline, she confided that there would be “a lot of bad stuff on mine.” As we worked through her timeline together, there emerged the story of a teen who was “really...young and going down the wrong path and worrying about friends and partying instead of being what I needed to be.” As her timeline unfolded, she credited getting focused on being a mother to her home visitor who taught her about the importance of daily routines and how to play with her children. She said through the home visitation program, she finally figured out she wanted to be a mother. Her Save the Children home visitor began visits when her first child was a baby and has been involved with Carly for six years. Carly said, “I really don't feel like she's a visitor any more, I feel like she's family.” On our last visit, she told me “kids can change you for the better, if you let them...if it wasn't for my kids, I don't know where I would have ended up, honestly.”

Participant 2: AnnaBeth

AnnaBeth was 26 years old. She was painfully thin with nervous mannerisms and her appearance was that of late adolescence despite the heavy maternal load she carries. I met her on a cold, gray day in the heart of winter in Appalachia. A significant snow from weeks before was finally melting and the gentle rain falling that day was turning the left-over snow into piles of slush and mud. The children in this mountainous area had been out of school for a couple weeks but on this day, school was in session and she greeted me at the door with just a toddler on her hip. She was the mother of two children, both of whom have special needs. The older child had learning difficulties secondary to attention deficit disorder and AnnaBeth worries about getting the older child the help she needs

because she spends so much time focusing on the other child. The younger child had a genetic disorder and was born with a significant heart defect. Introverted by nature, she forces herself to participate in several different home visitation programs and although she regularly revisits the idea of dropping out of the programs she told me “I just think about it mostly, and then I'm like ‘no, I can't be like that, this ain't about me, it's about her’ ...I just get so tired and...just frustrated with people comin' in and out of my house but it don't last long because I know what's best for her”. She had been in a relationship with the father of her two children for 11 years but they have never married because he wants their life to be more stable financially before he commits to marriage. Although they had been together for an extended period, she said he is just now opening up to her and talking about his worries about the children and his thoughts about marriage. She lived in a house owned by her significant other's father tucked deep up in a holler where the roads can be treacherously icy with even a light dusting of snow or flooded when the spring rains come. She stated, “in the winter time I don't like gettin' out at all.” She experienced post-partum depression after the birth of her first daughter and every winter feels the effects of seasonal depression. She loved nature and hiking in the hills above her house; at our visits together, she mentioned several times that she could feel spring coming and knew she would feel better when she could get outdoors again. She and her partner had moved multiple times in the 11 years they had been together and while she was grateful for this rent-free house, she pointed out that because the toddler did not have a room, she slept in the bed with her and her partner and that the kitchen amenities prohibited her from cooking the food she really liked. She described herself as having a

deep faith in God and credited Him for giving her peace during the time that her youngest daughter was critically ill because of the heart condition.

Participant 3: Ellie

Ellie was a self-confident, articulate 27-year-old mother of a three-year-old boy. Although she grew up in an inner city in the northern Midwest, she has adjusted well to living in a remote, rural region. She proudly showed me around her home which still had the new paint smell. She and her husband purchased this house the month before I met her through an Appalachian housing program which offers safe and affordable housing for low-income families. As the eldest of three siblings and the only girl, she was thrust into adult responsibilities early in life when her mother died when she was 12. “Once my mom got sick, I was very much the adult and I was treated as such and I was given...a lot of responsibility...I was in charge of making sure my younger brothers were up and dressed and cleaned and ready for school and homework was packed and had breakfast...and they were on the bus and out the door. Then I went to school. And then when I got back from school, I was there for them, when they got home, I had to make sure they had snacks and were doing their homework and played well together.” From the time of her mother’s death until her marriage to her current husband, Ellie’s timeline experiences were recorded in the unhappy or negative area. She documented difficulties in school because of dyslexia. She attended public schools, a private Christian school, and a school in someone’s home who purported to provide specialized education for children with learning disabilities. After her father remarried, her stepmother home schooled Ellie and her two brothers and her stepbrothers. Ellie described her stepmother as having undiagnosed bipolar disorder and indicated that her home schooling was

disrupted and not challenging. She finished high school via an online school. She apologized for all the misspellings on her timeline. Ellie began dating her first husband at age 16. Their relationship was fraught with frequent break ups and the longest period of time they remained together was the nine months they were married. She desperately wanted to make the marriage work and said her timeline was disrupted by divorce: “I knew for a fact that I had life goals and getting a divorce at 22 was not part of those goals.” She was introduced to her current husband and father of her child at one of her stepmother’s family reunions. In her fifth month of pregnancy, she began having gall bladder attacks. She quickly had to decide a course of action because surgery after the beginning of the sixth month posed too great of a risk to the baby. Like AnnaBeth, she turned to the Internet to seek out information and support from other mothers who had gone through similar experiences. She opted to have surgery and then later questioned that decision when her son had delayed speech. She initially participated in a home visitation program that targets first time mothers and enrolls mothers during pregnancy. She found out about that program when she went for WIC eligibility visits at the county health department. She did not enjoy that program because

the woman who was coming out, she wasn't actually from this area, she was somebody from another organization who was coming in to help and lend a hand every once in a while, and I honestly didn't connect with her very well. I was actually thinking about dropping out of the program entirely because like I said there just wasn't a connection. I felt like I wasn't special, I guess, like she didn't remember things I told her. I had to

tell her things over again. She'd bring me the same papers over and over again. Very disorganized.

Just before she notified the program she was dropping out, she reported,

Around that same time they actually switched the lady who was coming out. One of the other women had some children who aged up so she was no longer going out to their houses so she came out to ours...I loved her to death. She loved X [her son]. She was so positive and excited and happy and it was just a completely different experience. So that definitely kept me in the program.”

As her son neared his third birthday, Ellie became worried about his emerging speech and language. She received a referral to the early intervention services program and he narrowly missed the cut-off to be eligible for therapy services. Since he was not eligible for speech therapy services, she enrolled in Save the Children’s Early Steps to School Success and participated in early literacy services. She still had some concerns about his articulation but does not plan to send him to preschool. She plans to begin home schooling soon. She does not plan to have more children because she worries that she and her husband cannot financially afford to raise more than one child and provide the experiences they want for this child.

Participant 4: Jamie

I first saw Jamie standing on the porch of her home waving me down as I drove slowly up the road in a narrow holler to her place. She was barefoot and pregnant, holding her 17-month-old son to one side of her 33-week pregnant belly. Red-haired,

freckled-faced and gregarious, she made me feel welcome from the first minute I arrived. At 26, she was expecting her fourth child. She reported that she “keeps to herself mostly” and only connected with friends through Facebook. As the interviews progressed, it became apparent that she was totally immersed in mothering and family activities and her “keeping to herself” was not so much a function of being introverted as it was one of time constraints. Every week, she carved out individual time with her two older children (aged 10 and 5 years). She told me she is definitely not a “girly-girl” but that her 10-year-old daughter is, so the week before they had splurged with mother-daughter manicures-pedicures. In between splurges, she allowed her daughter to play beauty shop at home and Jamie offered up her fingers to her daughter’s nail polishing efforts. Fishing was more to her taste and she often took her older son for their one-on-one time together.

Jamie dreamed of being a fire fighter. In high school, she was accepted to a fire science program in New York. Getting pregnant at 18 was an event that became a turning point in her life.

They said I could come after I had the baby and everything but then I thought it wasn't fair to her to go into burning buildings and not know if I'm coming out and I didn't care much for her daddy so I thought 'who would she have, she'd just be on her own' so I couldn't do it...every decision, everything I do, I think how it could affect them.

During the informed consent process, Jamie openly told me that she had been diagnosed with dyslexia and reading was laborious for her; she had me read the consent

form to her. She recounted her struggles with reading in elementary school and a teacher who took time to help her:

Mr. X wasn't dyslexic but he was the best teacher because the main thing is he took time. When he seen that I was having a problem, he took my desk away from everybody else and then he would sit down and explain to me a completely different way and it would help me understand. So he done really good...he just told me different ways to get around it. Like my numbers--I see numbers backwards, instead of reading 43, I see it as 34 so he started showing me how to just cover that up and read it that way and then he had a blue or green clear sheet and he could put that over the top of my paper and I could read better. Just changing the colors of the paper helped...I was in 3rd grade, no 4th grade, and I had him again in 6th grade. I swear if it wasn't for him, I'd of never graduated. Cuz then I went to high school and did not do perfect but I done enough to get through.

In third grade school, she met a high school girl who let her play with her saxophone and she learned to read music. Her eyes shone as she recalled mastering several wind instruments and participating in the marching band. One of her goals for her children was for them to learn to read music and play instruments. In high school, she failed language arts and had to attend several summer school sessions to earn enough credits to get a diploma. She said that her sister was still living at home at that time and helped her with her written work. At 18, when she was pregnant with her oldest child, she had a brief, tumultuous marriage to that child's father. She met her current husband,

and the father of three of her children, when she was seven years old. She told me they have been best friends since that time. He understood her dyslexia and supported her by reading recipes and helping her fill out forms. She reported that he often reads the books provided by Save the Children to the little ones.

She has been an active participant in both the home-based and community-based early literacy services.

We've stuck with the program for quite a while. I told her [the home visitor], I'm going to be lost to death when X [points to her pregnant belly] turns [5] because then we're not having any more so maybe we can adopt. Course it won't be long now before X [her oldest child] will be having kids--I'll just take my grandkids. I don't like crowds at all..[but] now with Parent Group meetings, I always have fun with that and you would be surprised how much you can learn from the other mothers. If you got a problem with one of your kids, you can talk to them, and more than likely one of them has been there. That's the biggest part about the parent groups I like.

Participant 5: Molly

Molly always liked school and excelled at academics. She participated in a gifted and talented program and her name usually appeared on the honor roll. In middle school, she was selected as a scholarship winner that included college preparation camps in the summer and paid all college expenses for a four-year degree. She enthusiastically described her experiences in writers' workshops, community volunteerism, and logging

hours in the library. Majoring in elementary education, she wanted to teach and make a difference through educating young children. She recounted

I moved to Lexington and I went to college at UK for four years. And well, like the third year into college I got pregnant...And I went to school for like another year, but I was working like two jobs and trying to go to school. And I just got overwhelmed and I kinda just quit...I never finished. And then well...when I was 24, I had X. And um there's not much to tell.

Once she was pregnant with her first child, she moved back to her home county and arranged her class schedule to fit into two days a week to minimize the number of four-hour round trip commutes and to accommodate a work schedule. She expressed a desire to return to finish her degree but her youngest baby is nine months old, her husband does not want to put the children in the care of strangers, and her family members all work. She recalled how difficult it was to attend college when she had just the one child, shook her head and said wistfully “*when they’re older, maybe.*”

She enrolled for home visitation services when her first child was a baby.

...whenever X was a baby...like he was my first, my first child. So, I was kinda, I didn't really know what to do with everything and I remember one time she brought me a guide of what you are supposed to feed a baby at certain ages. And milestones that he should reach at certain times. So, she brings us stuff like that and she'll bring like little blocks or little toys to see like see how far he has developed with his motor skills. I love that. I like to

know, that he's, you know, on schedule. It's nice to know that everything's going smoothly.

Participant 6: Heather

Heather is the biological mother of four children, stepmother of one, aunt, honorary mother, and good neighbor for several other children. She said,

I am chauffeur slash babysitter for lots of kids; I keep all the neighbor kids too, about half of em, they come down to my house, my place is where they gravitate to. I usually have 10 plus in my house, I walk through my living room and there will be three on the floor, one on the couch, one on the sofa thing, one in the recliner. Walk in the bedroom--2 there, one there, you can't even walk through the living room to get anywhere."

It took three re-scheduled appointments to connect with her in person for an interview. On that day, she squeezed me in between drop off and pick up for ball practice for her oldest child. We met at a local restaurant and she told me to look for a woman wearing a red ball jersey with her child's last name on it. She munched on French fries and drank sweet tea while frankly sharing the details of her life story. I asked her if she had always planned to have a large family.

Did not! I said I was never gonna have no kids. I was done planned on going to Sullivan University. Done had like everything ready to go to college, gonna go up there, me and some of my friends, rent one of those big houses, and yeah, it didn't work out. You can't take a newborn with you. I got pregnant in my senior year, graduated when X was 3 months--

he was 3 months when I graduated. And that was rough then but then no sooner than I had X and graduated, then I was like, 'well I need to get a job.' Lotta places wouldn't hire me where I was still 17. I went into taking care of people that was MR when I was 18. I loved doing that stuff but I quit when I was pregnant with my second, cuz I had the boys and stuff. I started into fast food cuz it was just an easy job...and they knew how it was with kids...If something goes wrong, I don't have another parent to parent or to go get 'em so I'm the parent, if something goes wrong, I have to leave here [work].

She talked about having wanted to have a career in healthcare and at one point after having children, she enrolled in a community college and earned a few credits. She quit mid-semester after a close relative's baby died from SIDS and hasn't attempted to return. She said her life is too complicated now with all the demands of growing children.

I'm only 31. I'll be 44 when my kids are grown...I feel that I still got plenty of time, I can still go back to school. I just got to get these boys through school and then I can worry about what I need to do. Which I know I should anyway, sooner, but I can't do college work and take care of after-school events. I've got too much volunteer stuff I'm doing now with them...you got to work in concession stands, you got to do all kinds of stuff, you got bake sales, and now I'm going to have three different schools, not just the two now with the little one starting preschool.

Heather hoped her children's lives will look different than hers is at this point. I asked her,

Me: "So what do you hope for your children? What are your goals, say for X [her oldest]?"

Heather: (Sighs heavily.) Oh, I hope they go to college, get a career and move away from here. And do something. Whatever they want to do that makes them happy. Whatever they enjoy.

Me: Do you tell them that? That you hope they go to college and move away from here?

Heather: I tell them, I love them, I don't want them to leave but they're not going to have no real type of life here. The hopes that they have--like X [her oldest] says he wants to play in the NFL, I tell him, 'go to college, get that scholarship, move away, go on baby.' He says, 'what about you?'. I say, 'There's trains, planes and cars. I can come and see you, baby, or you can come see me. I'm not wanting them to leave because I will desperately miss my children but I want them to have more, I want them to have more for themselves. I want em to, I want em to do it--not just settle. Do it! Not just say you want it. Do it! Prove it!

Heather enjoyed working with people with intellectual disabilities. Before she quit to have her second baby, she had moved into a supervisory position where she coordinated four group homes and wrote the monthly reports. She would still like to work "but it just got to where it was easier for me to stay home, not really easier, I could

not afford the gas, could not afford the baby sitters, could not, just basically I was working to just pay people to watch my kids.” Now she picks up a few shifts at a local factory but must carefully calculate the point at which her income will be too much and she will lose government assistance. “They tried to take my food stamps from me and everything just because I was working a little bit. I get to go, well the 20th of next month, do my food stamps, which are probably going to be destroyed over two days [of work].”

Heather’s four biological children have been enrolled in a variety of home visitation programs since the first one was a toddler. Each subsequent baby has been enrolled and she has been with the same Save the Children home visitor for 11 years. She was effusive in her praise for her home visitor saying

Miss X is great. Like she took so many pictures of my kids. I didn't even have to take no pictures of those babies because I had plenty. I got a whole folder. I still got my folders from Miss X. She would say, ‘here, now I fixed you one already but I'm gonna do it again’ because I couldn't find one of my folders. In it she had the clear things [plastic sheet protectors], and it had all the pictures of the baby that she had took, she had taken quite a few of the kids and me. This was from the time he was born all the way up til him making puppets with her on Halloween last year. The kids love her. The kids love her. The kids absolutely love Miss X. All kids I know love Miss X. She is very sweet.

When I asked her about what made her stay enrolled in home-based services for such a long time, she replied

One thing, she is not judgmental at all. She is not judgmental at all about anything. I don't know, she's just open about stuff... like she's really sweet but she'll tell you right from wrong. Yes, she's a straight shooter...she told me about smoking and stuff. She's always telling me I don't have to worry about my house. I didn't have flooring down, I had wood, but I didn't have linoleum. Like sometimes I just didn't get out of bed, and I'd be 'oh my god I'm so sorry, Miss X' and she'll be like, 'I don't care what you look like...I'm here to see you and the baby, I ain't worried about what you look like'. That's what I mean she ain't judgmental about stuff or look down on you or anything.

Heather declined to participate in drawing her timeline. She said, “Shew, honey, I stay so busy, I won’t get it done.”

Participant 7: Maggie

Maggie was referred to one of the Program Specialists by her home visitor as an appropriate participant. The Program Specialist contacted Maggie for permission for me to contact her and I made the appointment by phone. I did not ask for her age during the phone call. She gave me directions that I have come to expect from my years of doing home visits. I wrote them on paper knowing that most likely I would not have cell service most of the drive to her house. I got an early start because I have learned that I probably will need to back track to a known landmark and attempt to find someone who can clarify the directions. In the hills of Eastern Kentucky, I could usually find a small store or a rural postal delivery person to straighten me out. It was a beautiful, sunny day in July. All around me, the hills were lush green with trees and ground cover; orange

trumpet vine, Black-Eyed Susan and varieties of blooming day lilies popped out against the green background as if an artist's brush had merrily dotted in a medley of color. Small flat patches of ground were alive with ripening tomatoes, watermelons and cabbages as big as bowling balls. After 30 minutes of driving back roads, I wound my way back to the last place I was sure of my directions. I found an auto mechanic shop with the garage bay door open and I pulled off the road as far as I could. As I got out of my car I noticed two things: a sign that read "Trespassers will be shot. Survivors will be shot again" and a man approaching me wiping his hands on an oily rag. I always wore my ECU faculty name tag and my car had an ECU license plate. I explained I was in the area to visit a family, showed him my handwritten directions and read them to him at the same time. He thought for a few moments and then he told me that I had written the road names down incorrectly. When Maggie gave me directions over the phone in her Appalachian accent, I misunderstood several words. Because I could tell him that I needed to turn left by a cemetery, he was able get me on my way again. I pulled into Maggie's yard right on time. Greeted by two dogs that Maggie later referred to as "my babies" and "I call them my nasties because they have fleas", I knocked on the door, then a couple windows, then the door several more times. I had not had cell service for at least 30 minutes so could not call her from her porch. I drove back to where I got a cell signal and telephoned. Maggie finally answered and said she had not heard me knocking over the sound of a couple fans and a window air conditioning unit. She agreed to still see me that day.

Maggie represents a growing sector of women who are mothering the children of their adult children (Marken, et al., 2010; Moon, Sprang, Eslinger, & Choi, 2016).

Sometimes, as in the case of Maggie, they are mothering both generations. Maggie had four adult children. Maggie was enrolled in Save the Children's program because she had custody of her oldest daughter's now six-year-old son since he was two. This child additionally received home visits through other programs because of developmental delays.

Ms. X [with Save the Children] was the one that's come and started coming and seeing him. And then they all got him situated. They were coming...I had people coming to come visit him and to share things and to draw him out because he was really shy. And so Ms. X and two or three others would come maybe once a week there for a year. And so drew him out and he started going to school. And Ms. X always bring him a little something or other, which he always looked forward to that. But now he's out of there [of home visits.] He is taking Kindergarten again. He is really hyper.

Her youngest daughter was pregnant with her second baby and lived with Maggie along with her two-year-old son. Maggie told me

She's having a little hard time because the dad, when he find out, you know, she was expecting the child, he just ran off. She [her daughter] said 'I realize I can't make it on my own, even though as bad as I want to make a home for my children.' I said baby, I said, 'That's where it gets us women, and some men but...we need to sit back and do what we have to do right now. And let the baby do what she needs to do. I told her, I said,

'bake a little in your tummy.' So, she moved back. So, we're trying to just do what we need to do. Trying to help each other. Shew, it ain't been easy here, honey.

Maggie had reported early in the interview that her six-year-old grandson was “hyper.” She said that her grandson has difficulty transitioning to sleep at night and often stays up late into the night watching his iPad or playing video games. She said she tries to stay up with him to provide supervision and gets to sleep only after he falls asleep in the early morning. His sleep dysregulation has led to problems in kindergarten because he would fall asleep at school. Maggie talked to his teacher and even drew the Save the Children’s home visitor in to help explain to the teacher about her grandson’s background of drug exposure during his mother’s pregnancy, neonatal abstinence syndrome in infancy and developmental delays during his toddler and preschool years. The teacher filed a report for neglect-abuse with social services.

So, I had to take X to the doctor and everything and get him checked out because, you know, I knew what was wrong with him but I didn't want to think they might be something hidden so I had him to the doctor a couple times, went and talked to the pediatric doc, pediatrician, had a blood test, it came out very well. So that day I took him to the doctor the last time and he said I might just have to take it [the X Box] completely away for a while and I said all right. Then I went and took him directly into the social worker’s office and let her see and know who X was. And before we walked out of that office, she said ‘I understand’, because X was being X and he was so fidgety and hyper. She said, ‘God bless you’ and I said, ‘Thank you, I just wanted you to understand.’ I said I'm going to leave here and

I'm going to go to the teacher that shoulda already knowed because the first of the year she was calling me because she was really concerned about his hyperness. I know he needs Ritalin or other to slow him down but I don't want to completely shut him down.

Maggie's experience mirrored other mother's experiences with trying to know how to manage a child's difficult behaviors and fuels the fear of outsiders some mothers feel when allowing home visitors access. I asked Maggie why she liked having home visitors and why she might drop out of a program. She answered the latter question first: *"Honestly, trust issues, or just being pure afraid. We're afraid when a person walks in. See that's the outside world and you are letting them into your haven, your safety, your family."* Then she said, *"Any time that you can put security in somebody, you know, or just ease. That would give you room to come in and start talking."*

Maggie's perspective of mothering the second time around added valuable concepts that clarified maternal engagement and disengagement from home-based services.

Participant 8: Jackie

Jackie lived in a refurbished country church that sits atop a knoll on family property. She told me her husband and father-in-law had built the church and later turned it into the family's home when their former house got too small for their growing family. She was the mother of 12 children ranging in age from 20 years to 14 months—the last two were twins. The last nine children have participated in Save the Children's home visitation program; they have had the same home visitor for entire 12 years of enrollment.

Jackie learned about the home-based, early literacy program at the preschool that one of the older children attended. She reported that at first, she did not like having the home visitor come because she was uncertain about having someone come into her home.

Jackie: At first, it was, I don't know, I didn't really like it at first.

Then I got used to it.

Me: Why did you stay with it? If you didn't really like it at first?

Jackie: I figured I'd just give it a try and my kids enjoyed it when she comes and does the visits.

Me: So even though it was hard for you, you were willing to do it for your children?

Jackie: Yeah.

Now, she said what she likes most is the books she gets for her children. *"I like reading to them. X [one of the twins], when you read to her, she try to copy the words you saying."*

The days I visited Jackie's home, we sat in what must have been the sanctuary of the old church as it was one large room. It held a couch, two love seats, two large padded chairs, two cribs, and a couple large padded ottomans. There was a large screen TV at one end of the room, playing softly in the background. It was a summer day and the children were out of school on break. There were seven children at the first interview and up to nine children in the room at the second interview. A large dog visited at the second interview and created chaos in the room because he reeked of something he had rolled in

and barked furiously as two of the children extracted him twice that day. The only time I saw Jackie get flustered or raise her voice was when the dog appeared. On the first day, two of the older girls were huddled up on the love seat looking at a tablet and talking softly. I had brought a bagful of markers, stickers, colored pencils, adult and child coloring books and asked Jackie's permission to lay them out for the children to use while she and I talked. The primary, elementary and high school aged children stayed quietly engaged in activities and the babies and preschooler were in the cribs taking naps. The environment was peaceful.

Jackie grew up on the east coast. She was one of six children and felt emotionally closest to the brother who is next up the line. This brother introduced her to her husband when she was 16 years old. She has remained closest to this brother and named one of her sons after him.

She remembered school as "just okay". The summer before kindergarten, one of her older brothers told her when she went to school

I'm gonna have to stay there until I graduate high school and I couldn't never come home. When her father walked her to school the first day, I asked Dad, 'where you gonna be at?' He said, 'I'm going to be right here in the hallway', snack time come around and I run to the door and looked out and he wasn't there. That was the first time I realized my dad lied.

When she was in high school, her father got transferred to a big city with his company and she was one of the only white students enrolled. Going to high school became unpleasant because she was constantly fearful she was "going to get jumped" and

as soon as she turned 16, she dropped out of school. She said her father was very angry and she promised to get her GED. She completed the courses that year but did not want to ask her father for \$25 to pay for the test and certificate. When she was 23 or 24 and the mother of six children, she met her goal of earning her GED.

Jackie married at age 17 and had her first child when she was 18. Her husband had grown up in Kentucky and when they learned she was pregnant, they moved back here because neither of them wanted to raise children in the city. When they first returned to Kentucky, her husband drove trucks but as the family grew, he took coursework and received certification to work in the medical field. He worked 24 and 48 hour shifts now which allowed him several days home at a stretch. Jackie has never had a driver's license so she scheduled her errands and shopping times around her husband's days off. She requested that the gift card she received for participating in the study be for one of the local restaurants because *"We usually don't have date nights. He's usually working or home trying to rest and it seems like our only date is going food shopping...Isn't that sad? Get excited to go food shopping."*

When I returned for our second interview a week later, two of Jackie's daughters were again huddled up on the love seat and were giggling and putting the emoji stickers on Jackie's timeline. Jackie had drawn her timeline with a lot of written detail but she had not applied any of the stickers. They spent about 20 minutes reading through the timeline and selecting what they deemed as appropriate stickers. They asked their mother questions as they worked,

Daughter: "How did you remember the date you met dad?"

Mom: Because I remembered the day.

Daughter: Oh, it's so romantic! (applies a heart sticker)

Daughters: She got married--(other one)--They're kissing! (applies a kiss sticker)

I asked Jackie if she thought some of the information on the timeline was new for her girls and she said, “Yes.” As the girls worked their way through the timeline, there was some razzing of their mother who just laughed with them when one said that her mom’s happiest memory was the day she was born. Once or twice, the girls made a slightly derogatory comment about a sibling and Jackie quickly defended that child saying, “*he’s smart, he just don’t talk right now.*” Over the two visits, I heard Jackie comment on almost every child’s strengths. One was a good cook, one was a good artist, one was a good reader, one of the twins talked really well and the other one liked to look at books. I asked her what her happiest memory was and without hesitation she responded that it was the cruise she and her husband took the previous winter. That year, Jackie experienced complications from a late miscarriage and needed IV antibiotics for almost a month. On her timeline she wrote, “*after a bad year, we went to the Bahamas so we had something great.*”

As we talked through her timeline, I asked,

Me: So did you always plan to have a big family?

Jackie: Um, no, I never planned to have a big family, they just came along.

Seven-year-old son: You said D [the three-year-old daughter] was the last baby.

Jackie: Yeah, I did. I also said F [the oldest] was, so...

Participant 9: Camille

Camille was the last participant recruited. She had dropped out of the home-based program before the end of the child's eligibility period. Camille's daughter is now 9 years old and they dropped out of Save the Child's home-based program when X was two years old and Camille decided to move several states away after a difficult divorce from X's father. She stayed away from Kentucky for five years but she missed her family and she missed the hills of Kentucky she roamed as a child.

On what turned out to be my last trip into Eastern Kentucky for data collection, it was a beautiful August day. It promised to be hot later in the day with pop up thunderstorms but on the morning I pulled onto her property, the air was just pleasantly humid and smelled of green growth all around me. Several chickens were strutting around the yard and when I stepped out of the car, I realized I was at the top of the world, at least in this holler. Camille grew up on this ridge and, like so many of my participants, felt a keen connection to this place and the family who lived here. I commented on the beauty of her surroundings and she said the land had been in the family for many years

Daddy still lives right up the road, my sister lives here, she just lives right there (gesturing). We talk about everything, do everything together. She's got three girls, and my aunts live right here and my cousins live in the trailers. It's all family all up in through here. If it's not family, it's friends

that's like family. That's how we are all through here. This house [pointing to her home], last time I lived in this house [before she moved back] I was two. It's been remodeled. This house has been here forever. Mammaw and pappaw lived here; mommy and daddy lived here when I was little.

She reported she loved school, she always made good grades and looked forward to going to school every day to see her friends. In high school, she was involved in a variety of extracurricular activities: softball, cheerleading, dance team and Future Farmers of America (FFA). She traveled to FFA state conventions and recalled how much she enjoyed the farm machinery shows, the rodeos and the country music concerts associated with the conventions. As she filled out the demographic data sheet, she reported:

I done my CNA when I was in high school at the technical school, um I done some phlebotomy courses, I done a phlebotomy course and got my certificate and I started college but that was right when X was born. I couldn't do that and work full time and take care of her.

X was a typically developing toddler when Camille enrolled her in the home-based early literacy program. Camille's sister's children were participating and the home visitor saw X and her two cousins at the same day

Miss X [the home visitor] came to the house and they'd all three be out there--they exchanged the books every week--and she'd [her daughter] sit there and do activities and they loved seeing her [the home visitor] come.

It was X and my two nieces and they'd all three doing it at the same time. So, she [the home visitor] would do things a little bit different with the youngest one but they all three worked together...I went to church with Miss X and she got started doing that [working for Save the Children]...I told her to go ahead, I didn't care, anything to boost her [her daughter] and we'd do the Leap Frog books and stuff like that anyway to help her education. Anything I could do I done it.

As the interview progressed, I learned the only reason Camille stopped participating in home-based services was that she moved. When she sent E. back to Kentucky for vacations, E. participated again with her cousins in the community-based portion of the program. Camille's responses echoed the other participants' answers to my questions. As an adult, she stayed very busy with work and her child. She occasionally saw a friend from high school but she prefers to socialize with just her family. About home visitors coming to her house, on this, my last data collection session, I felt she summarized what so many mothers felt:

I went to church with her so I knew her before. That helped a lot. Because I'm eerie about people coming in my house that I don't know. I'm eerie about friends even coming in here. I don't really hang out with nobody no more, it's just us. She [Miss L] was real friendly. I mean, she loved the kids, she would interact with 'em all the time, she would joke with them, she'd read with them. She'd get down on the floor with them. But if you get up and walk around, I don't feel good with that either. I'm like my sister, she don't like people touching S. [her sister's child] either.

I don't know, it takes a lot for me to be comfortable with you. If you come in for a home visit and we sit here [patting the couch] this is where I want you to stay. Like if they're trying to look-see maybe, it makes me uncomfortable. I just don't like people, unless I really, really know you, I don't want you plundering through my house.

Data Analysis Procedures

In grounded theory research, the recommended procedure is to commence with data collection and data analysis simultaneously (Corbin & Strauss, 2015; Creswell, 2007). I was a full-time academician; pragmatically, juggling work and research meant that I engaged in data collection, transcription and analysis in spurts around my faculty duties. I did my first three interviews between November 2015 and February 2016. Over Spring Break in 2016, I transcribed these interviews and began open coding of those transcripts. I used HyperTranscribe, version 1.6.1 and HyperResearch, version 3.7.3, both products of Researchware, Inc. to transcribe and perform open coding. Later, I used HyperResearch, version 3.7.3 to complete axial coding and group concepts into categories.

I completed interviews with participants four through six from April through May 2016. There was a lull in interviews as the Save the Children Program Specialists went on vacations and were not available to recruit during June 2016 and used this time to transcribe and complete open coding of these interviewed. I completed the interviews with the final three participants in July and August 2016. I continued to transcribe and open code as my schedule permitted. Following best practice recommendations for

immersion in the data, I chose to personally transcribe all the recordings for the nine participants.

HyperResearch, version 3.7.3, proved to be an invaluable tool in keeping my data organized and easily accessible. The transcripts from HyperTranscribe, version 1.6.1, were saved as Word 2013 documents and were imported into HyperResearch. Once opened as a source document in HyperResearch, I attached codes as I completed line by line reading of the transcripts. As noted previously, whenever possible I assigned a code using a close approximation of the participants' words and tried to use the gerund verb form (-ing) to keep me focused on action, interaction and processes. At any point, I could search all nine transcripts for a code or category. Source transcripts could also be searched for words that I remembered a participant saying to locate the exact code attached to that phrase.

I ran two recording devices during interview sessions using a recording app on my iPhone and iPad. After the interviews, I uploaded the recordings to my personal DropBox account and from there I moved them to a password protected folder on my laptop. At that point, the recordings were deleted from the apps on my devices and from the DropBox folder. The participants' demographic data sheet information was transferred to a crosswalk table using Excel 2013 and the original demographic data sheet was shredded at that point. The spreadsheet was stored on my personal computer in a password protected folder. All participants timelines were coded with only their participant number and stored securely in my personal office at home. Following my dissertation defense, dissertation submission and dissemination of the results through

presentation or publication, the files will be held for the time specified by University of Kentucky Office of Research Integrity and then destroyed.

Verification of Findings

Readers of quantitative research are familiar with the concepts of validity and reliability that assure them that the methods, instruments and statistics have presented results that can be trusted. Qualitative research must also demonstrate that the interpretation of the data and the reported findings are the result of a rigorous process such that the results are deemed trustworthy (Creswell, 2007; Shenton, 2004).

Trustworthiness

Credibility. Lincoln and Guba (Lincoln & Guba, 1985) contend that credibility is essential in qualitative research. Readers must have confidence in the accuracy of the findings. For this study, I used grounded theory methodology as developed by Strauss and Corbin (Strauss & Corbin, 1998) and followed their operational procedures. I was guided in this process by my academic advisor, Dr. Dana Howell, who is well-versed in this research tradition. Shenton (Shenton, 2004) wrote that familiarity with the phenomena being investigated and prolonged engagement with the participants are necessary to establish credibility. I brought 17 years experience with home visitation to the study and had completed extensive reading on maternal engagement and home visitation during my dissertation proposal preparation. The data were collected over a nine month period. Interviews with six participants were collected during 13 home visits and three participants were single visits for a total of 16 separate contacts. This established my prolonged engagement with the participants. Triangulation of data sources was accomplished by narrative interviews using a semi-structured format based on Life

Course Perspective. Six mothers engaged in graphic interview elicitation by drawing their personal timeline. Demographic data were collected from all nine participants. I recorded fieldnotes after interviews which were analyzed during open coding. One form of triangulation is the use of a wide range of informants. I interviewed a grandmother raising her grandson and I interviewed a mother who had dropped out of the program. When their interviews were analyzed, their perspectives aligned with the other seven participants. Because all the participants were all engaging with Save the Child from the same geographical risk, there was a risk of the effect of a local phenomenon. To reduce this effect, participants were selected from the caseloads of six different home visit providers.

I participated in frequent, scheduled debriefing sessions with my academic mentor, Dr. Dana Howell. Peer scrutiny was accomplished when I presented the research design to my classmates enrolled in a professional research seminar. I received feedback to consider about the design. Throughout the design, data collection and data collection, I engaged in peer scrutiny with a colleague who had recently completed her dissertation using grounded theory methodology.

I have conscientiously written with rich, thick description to give the readers a depth of understanding of the participants, the geography, and the language of the region. I have frequently embedded participants' actual words to lend credibility to my findings.

Dependability. Dependability and credibility are closely tied (Lincoln & Guba, 1985; Shenton, 2004). In order for the findings to be dependable, I used overlapping methods when I completed a narrative interview based on a semi-structured outline and then had

the mothers follow that same outline to draw a personal timeline. The data found on the timeline was stable but deeper than what was elicited in the narrative interviews.

Confirmability. Triangulation of methods and multiple data sources in this study provide assurance of confirmability of the results, that is, that the claims made in the results and discussion section reflect the actual views of the participants, and not my personal biases. I have written in detail in Chapter 4 methodological detail and given evidence of a clear audit trail such that this study could be replicated.

Researcher Role, Bias, Bracketing and Reflexivity

I wrote the following account of my personal history as a home visitor in order to examine and make transparent to the reader areas of bias, evidence of reflection and bracket assumptions I bring from many years as an occupational therapist. As I have throughout this dissertation, I purposely wrote this section in a conversant, “up close and personal” style to draw the reader into the setting, characters and geography (Creswell, 2007). It was important to me that you come to know me as well as the participants so that you can trust my interpretation of the data. As you read, you will make your own assumptions and interpretations but it was my hope that by being transparent you will understand why I came to the conclusions I will present in later chapters. Throughout this study, as I reflected on what I heard from my participants, it was natural to compare their perspectives with my former clinical experiences and I continuously cautioned myself about forcing meaning onto the data that was premature or from my value set (Fischer, 2009). Journaling and recording my thoughts on my phone were my solitary modes of reflection; I telephoned a colleague during my drives home to debrief and hear myself think aloud. I met regularly with my advisor who is an experienced researcher and she

continuously reminded me that I would not know the full meaning of the data until I processed it all the way to the end. I found the following narrative necessary in order that readers may view this research landscape through my lenses and “perhaps find that it opens them to new understandings. These readers may also offer comments...In addition, readers could purposely take a different perspective and develop alternative readings of the data.” (Fischer, 2009, p. 584).

Thirty-seven years ago, with one year of experience as a school-based occupational therapist, I stepped into my 1970 Plymouth festooned with primer gray over peeling red paint and headed out for my first home visit with families of infants and toddlers. I actively provided home-based occupational therapy services for the next 17 years in Wyoming and Kentucky. Those years taught me two valuable lessons I fell back on during this study: never judge a family for their life choices or for parenting differently than I would and, I needed to regularly engage in some activity to deal with my prejudices, anger, compassion, stress and distress as I interacted with families as a professional guest in their homes. Over the years, I learned both great sorrow and immense joy resided behind the doors of their homes as sometimes did crushing poverty and mind-boggling wealth. There was a home where I rubbed Vick’s Vapor Rub in my nostrils before I went in to mask the odor of garbage, urine, and cat litter boxes and learned that a smelly house could be home to a loving family. I just needed to plug my nose and “get over it”. I learned to always ask where I could sit while the mother and I talked about the previous week. Sometimes, the mother’s needs were so great that the whole of my visit was spent managing her fears, depression, and the pragmatics of where she could find diapers for a few more days before her government check would come.

Eventually I learned to carry a large rag doll with me so that I handled the doll and the mother handled the baby whenever possible so that I transferred the role of being the baby expert to the mother (father or caregiver).

I learned that tragic circumstances can bring out the best and the worst in humans; that relationships can crumble or be made stronger through adversity. I always wanted to do more to help families than it was possible for me to do. In home after home, I learned the lesson that despite the condition of the house, ordinary people lived there who were now living in a story they never wanted to be theirs. I met families living out what many would consider a worst-case scenario: juggling 24-hour nursing care in a three-bedroom single wide trailer holding two parents and now four children to help manage a five-month-old baby on a feeding pump and trache; a father who checked in on his sleeping nine-month-old baby on his way to bed and found her not breathing—she was resuscitated but then they had a cadre of professionals providing home-based services and nothing seemed normal for them for a very long time. I did home visits in a motel room where a couple lived on the edge of homelessness while they attempted to regain custody of a 6-week-old baby with hemophilia that was discovered when the baby's mouth would not stop bleeding after the mother allegedly tried to stop the baby from crying by forcefully shoving a bottle in his mouth. Later, based on findings from the emergency room visit for the baby's mouth, the father was accused of sexually abusing the baby. My job was to explain safe ways to diaper, feed and play with the baby to not cause a bleeding injury either externally or into a joint capsule. The following day, I repeated the same occupational therapy session at the home of the baby's foster mother who was childless and hoped against hope that this little baby would soon be hers to adopt. Once,

after I had transitioned to teaching occupational therapy, a student asked me how I could possibly be in the room with a baby molester and try to provide family-centered care. I struggled but found the words to express what I had learned all those years before: In all encounters with families, my role was not that of a judge or jury of one; my role was to bring whatever knowledge and techniques I had to support a family to be the parents they wanted to be. Some families respond to the opportunity and some families don't or can't.

I crisscrossed the Red Desert of Wyoming for 12 years before coming to Kentucky as a faculty member at Eastern Kentucky University. Because infants, toddlers and their families were my area of expertise, I taught fieldwork in that content area. For five years, I took a group of occupational therapy students to Eastern Kentucky for a month and we were embedded in Head Start preschools and First Steps home visitation programs. It was during those five summers that I became familiar with the geography and culture of this region of Appalachia. Part of the month-long experience was to expose occupational therapy students to the history and values of Eastern Kentucky and about the challenges of delivering culturally-sensitive healthcare in this region. In those hills and hollers for five summers, I visited families in their homes and came to appreciate the similarities and differences to my experiences in Wyoming.

It was with this history that I packed up my research supplies and headed down I-75 in November 2015 for my first participant interview. This history quelled the anxiety I might have felt at doing interviews in a mother's home but it also lured me into "therapist mode" with my second participant. The mother had been sharing with me that she often felt frustrated and tired out by having so many visitors in her home and I heard myself say, "It's okay to take a break from services sometimes and attend to your own

needs.” As I heard that slide out of my mouth, I cringed. When she walked me to my car, I backtracked to that moment in the interview and told her I had been responding to her as I might have when I was the family’s occupational therapist; I encouraged her to talk to her home visitors from the various programs, share her feelings with them but that she should not take advice from me. I was there to hear her story not to provide guidance. I mentally chastised myself on the trip home, I wrote a journal entry to work out my disquietude and mentioned it to my advisor. Still, when I transcribed the interview, I winced. As a researcher, I recognized this was an intrusion into the life of my participant that was outside the boundaries of my role as a researcher. This event taught me to recognize an oncoming urge to help a mother solve a problem or set a goal. I learned to compartmentalize and wall off the therapist in me.

My journal heard all about the time the academic advisor in me slipped into the research setting when Participant 5 talked about her decision to drop out of college in her junior year. I recommended she consider online classes to see if she could finish her elementary education degree. I saw her body posture change and felt ashamed for implying she needed to be doing more than mothering at that time.

Journal entries, recorded memos after leaving a participant’s home and transcription helped me identify my biases, assumptions and the intrusion of my perspective as an occupational therapist and an academician.

Ethical Considerations

In qualitative healthcare research, the researcher generally comes to the study with a level of experience of the phenomena or processes being investigated (Sorsa,

Kiikkala, & Astedt-Kurki, 2015). In my case, I had many years of experience as a home visitor. I had developed many skills as an occupational therapist to develop rapport with a family in a fairly short period of time. I had learned ways to help mothers feel comfortable with me being in their space and to encourage them to open up to me. This being the case, it was incumbent upon me to keep that foremost in my mind to avoid manipulating participants into sharing parts of their life that they really needed to keep private. I needed to be vigilant to never exploit the trust they bestowed on me in opening their homes and lives to my questions. I read Brinkmann and Kvale's (2005) article, "Confronting the Ethics of Qualitative Research", where they postulate that interviews are a way of "reflecting and reinforcing social forms of domination in Western consumer societies (p. 158)." Going into the interviews, I tried to remember the ways they outlined in which I held power over the participants: 1) The Program Specialists identified me during the recruitment process as a professor and a researcher which implied I am an "expert"; 2) I developed the interview questions and there was an expectation that they would answer my questions; 3) I had an agenda (my dissertation study) and the participants were a tool to meet my goal; and 4) I would provide the interpretation of their answers.

Most of the participants in my study were currently enrolled in home-based services through Save the Children. Even though the informed consent form was explicit that nothing they told me would impact their services, there was the potential that mothers could be fearful of repercussions if they had negative comments about the program or the home visitor. I had learned from so many participants that the Save the Children home visitors were instrumental in connecting the mothers with additional

resources in the community, sometimes even locating what the mother needed and bringing it to the house. When asking questions about home visitors, if the mother was complimentary of the home visitor, I probed deeper to find what she specifically appreciated about her service provider. The questions that could elicit negative responses, I asked more generically, for example, “What would a home visitor have to do in order for you to ask for a different visitor or drop out of a program?”

The geographical areas where I interviewed participants were all in rural, close-knit communities. Many of the participants had been enrolled with Save the Children with several children for several years. Many shared the same home visitor. I was very vigilant in protecting the identity of the participants and I never referred to interviewing anyone else.

Summary

This chapter detailed human subjects’ protection and IRB approval, data collection instruments and the specifics of the semi-structured interview guide utilized with all participants and the use of graphic elicitation with six of the participants. The participants were introduced to the reader with rich detail so that later, in Chapter Four, the reader could visualize them as the data were analyzed. I addressed the ways in which I ensured trustworthiness of the data. Researcher reflexivity and the ethical considerations of this research were also covered in this chapter.

CHAPTER FOUR: DATA ANALYSIS AND RESULTS

Data Transcription, Open Coding and Constant Comparison

In total, I met with the nine participants over 16 separate sessions for interviews. To review, fifteen of the sessions were conducted in the mothers' homes; one interview was conducted at a local restaurant at the request of the mother. The interviews yielded 20 hours, 19 minutes of audio recording. Each hour of recording took me between four to six hours to transcribe, depending on the mother's accent and oral syntax. I transcribed and coded the interviews from the first three participants in March of 2016. When I had a lull in interviews in June 2016, I transcribed the interviews from Participant Four. As noted earlier, I did have a graduate assistant available to help me with transcription; and she transcribed the second half of the first session with Participant Five in October 2016 but when I reviewed the transcript, I did not feel as close to the participant or the data. I found that listening carefully to each recording was inextricably tied to open coding. Transcription of recordings from Participants Six through Nine was completed in February 2017. At the end of transcription, I felt that each mother's dialogue was in my head and heart.

In the description of classic grounded theory methodology, the phrase "grounded in the data" (Glaser & Strauss, 1967) is usually included because a theory emerges from the framework of the phases of coding: open, axial, and selective. My imagery for the analysis process was that of a building rising out of the ground. I have long been fascinated by the progression of a structure from moving the dirt to topping it off with the roof. By working directly with the data by means of the transcripts, I could dig into the

data and open it up for scrutiny. Open coding became the firm foundation upon which the theory could develop (Holton, 2010).

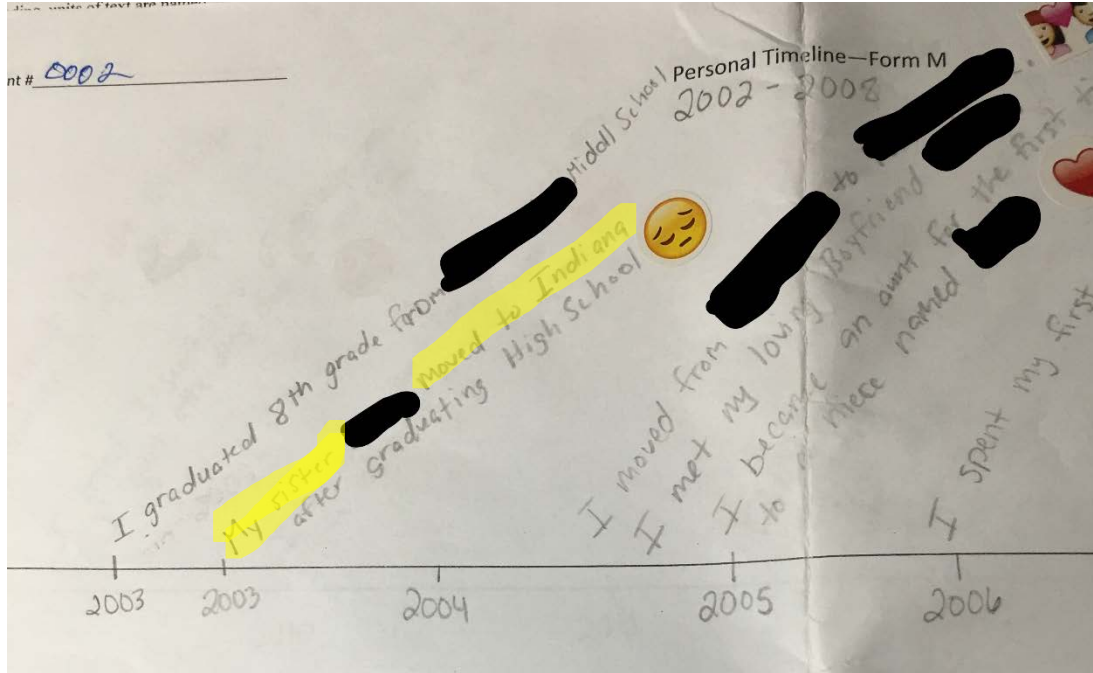
Open Coding

During open coding, I read the transcripts line by line, one paragraph at a time. Using HyperResearch, version 3.7.3, the data were scrutinized and labeled as probable concepts. During this phase, I used *in vivo* codes whenever possible (Given, 2008). *In vivo* codes labeled a section of text using either the participants' exact wording or near phraseology. An example of this was the chunk of text from AnnaBeth that I coded *bittersweet day*:

I liked that name whenever we first found we was pregnant and then it just stuck with me. That was the name I liked and on the way to our 20th week scan, the day I was supposed to find out if she was a girl or not, the whole way there I said if she's a girl, that's what I'm going to name her. It was kinda a bitter sweet day. That was the same day I found...out about her heart.

Another example of *in vivo* coding came circuitously after AnnaBeth drew her personal timeline and I returned to her home to review it with her. She had an event labeled “my sister moved to Indiana” and had a sad face sticker next to it.

Figure 4.1. Excerpt from Timeline by AnnaBeth.



I asked her to tell me about that and the concept *I had a change of this life from this one right here* emerged from that portion of our conversation:

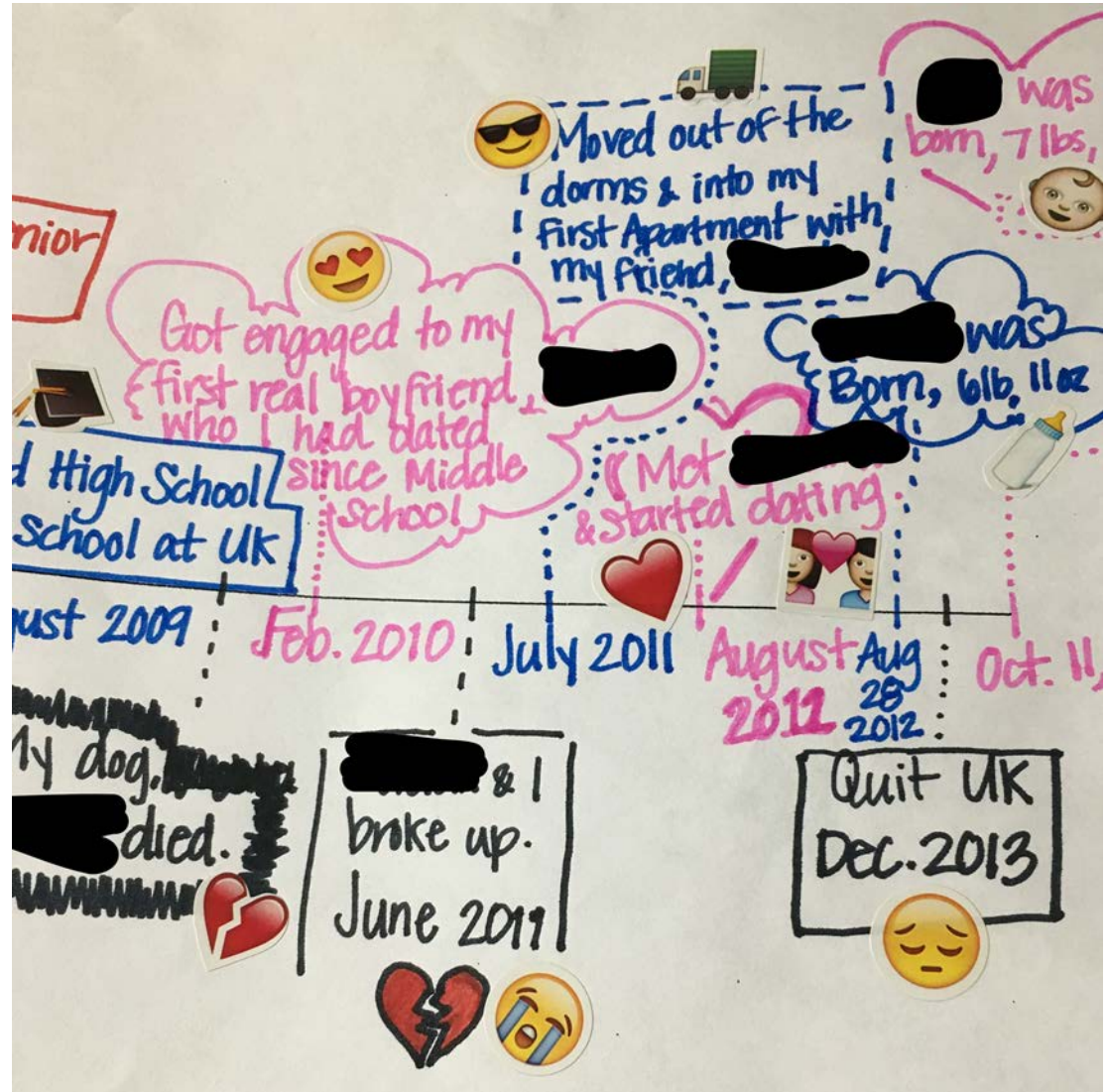
They was just nothin' here and she [oldest sister] was starting to hang out with the wrong crowd so my mom sent--she had family up there on her dad's side, her aunt--so my mom sent her up there. Then when my other sister turned around 18, my mom wanted her sent up there too because she wasn't doing that good and about ready to get into a bad crowd so that my mom sent her up there too. They were so glad that she did. I'm the only one--I've never been interested in it, in going, never really been interested in doing that. I love it here. I love the country, and I love being in the hills and all that. I love being here just by myself. Like if I'm ever feeling bad about anything, I just go hiking by myself. It's such a relief. So, some people think I'm weird but I just love all living things... I was like,

anything's that's alive, trees, plants, anything like that I love. And some people say 'you're kinda weird, aren't you?' I was like, well, I sorta had a change of life. I've not always been like that, loving things, but this one right here [points to child], I think, is what changed all that, cuz I've seen some amazing things happen from her. Where she was so sick in the hospital--that opened my eyes.

As I systematically moved through the transcripts, I constantly asked myself if I had heard something similar in an earlier transcript and if so, what were the words that mother used to describe this concept? How had I labeled that text? HyperResearch, Version 3.7.3 includes a “filter codes” and “filter cases” feature that allowed me to search source text and compare concepts. Many times, I did find parallels but chose to use an *in vivo* code knowing I would group both codes into a category later before moving into axial coding. During open coding, I wanted to keep as close to the participants’ words as possible to ensure I did not miss the mother’s perspective. An example of this was the code *going back to school once child is in school* from the excerpt “*Once she’s in school, I’m gonna spend time on myself and then once I get everything lined out with my health, then I’m going to try to go back [to school] because I love to learn.*” Here the mother did not know specifically what she wanted from returning to school but she wanted to go “*because I love to learn.*” The code “*wants to go back to college*” was attached to “*I want to go back...My major was Elementary Education. I don't work. I don't do anything. I would be excited to have something to do.*” In this instance, the mother had been in college and has the specific goal of returning to become a teacher. I separated “school” from “college” to remind me later that these were two different concepts

although that distinction later did not prove to be essential. Eventually, during axial coding, these two concepts became part of “*Mothers goals and dreams for herself*”.

Figure 4.2. Excerpt from Timeline by Molly.



The chunk of text that included “*I don't work. I don't do anything. I would be excited to have something to do.*” was also part of a broader conversation about dropping out of and returning to college surrounding that section of text and included the codes “*grades impacted by having children*” and “*husband does not want me to put children in*

daycare". This dialog was elicited by a single event on her timeline "Quit UK Dec. 2013" (Figure 4.2) and was coded with three different labels.

Several authors recommend using the gerund verb form (-ing) (Chametzky, 2016; Charmaz, 2006) when assigning a code and suggested inventing a word with -ing at the end to imply action and process. An example by Chametzky (p. 164) was "fearful-izing" if the participant reported being fearful. While I understood the purpose was to keep a researcher centered on concepts rather than descriptions, sometimes I just could not make that work for me. An example was "*If I hit the lottery*" given by Participant One as she replied to my question "What do you imagine for you and your children in the future?" In this case, the *in vivo* code reminded me that she wished she could build a youth center so adolescents would have an alternative to hanging out with friends in their cars doing drugs or having sex. Later that code was embedded in the categories "*Mother's goals and dreams for herself*" as well as "*Mother's dreams and goals for her children*".

I had heard of the term "constant comparison" but this phrase became absolutely tangible as I continuously searched both source text and the code book and pushed the "Select" button in HyperResearch. Constant comparison was accomplished by considering the data under review and juxtaposing it with data previously coded or categorized (Charmaz, 2006; Corbin & Strauss, 2015; Dillon, 2012; Glaser & Strauss, 1967; Holton, 2010). Over and over, sentence by sentence, code by code I moved backwards and forwards in the transcripts. There came a point in open coding when I searched for similar verbiage using the "Search Text Source" feature (see Figure 4.3), I could accurately predict which participant's transcript would appear. Below I give an

example of the word “boring” which appeared in transcripts from Participant One and Participant Nine. Next, by clicking on the link in the source, HyperResearch automatically opened the source text and highlighted the portion where “boring” occurred. This allowed me to compare the three sets of text and to decide whether these represented the same concept. At times, I found that in my initial coding, I had assigned a code to a chunk of text that did not seem to match the meanings of other text when I reviewed it. At that point, as well as grouping codes into categories, I either re-coded the text with an existing code or generated a new code. When I finished open coding, I had generated 1069 codes. After categorizing all codes, I had 1091 codes

Figure 4.3. Search Text Source Sample.

The screenshot shows the NVivo software interface. The main window displays a list of codes and their positions in the source text. The search window is open, showing the search results for the term 'boring'.

Code Name	Source	Type	Position
boring life	Participant 1-Transcript of 3 interviews.docx	Text	1328,1344
reading books	Participant 1-Transcript of 3 interviews.docx	Text	1479,1512
playing all day	Participant 1-Transcript of 3 interviews.docx	Text	1719,1751
sleeping disrupted	Participant 1-Transcript of 3 interviews.docx	Text	1834,1901
taking care of children	Participant 1-Transcript of 3 interviews.docx	Text	2419,2433
watching TV	Participant 1-Transcript of 3 interviews.docx	Text	2529,2713
Facebook	Participant 1-Transcript of 3 interviews.docx	Text	3302,3484
doubting memories for timeline	Participant 1-Transcript of 3 interviews.docx	Text	5111,5220
doubting memories for timeline	Participant 1-Transcript of 3 interviews.docx	Text	5237,5274
sharing supplies with children	Participant 1-Transcript of 3 interviews.docx	Text	5940,6060
collecting supplies for children	Participant 1-Transcript of 3 interviews.docx	Text	6480,6621
fn enjoying the home visitor	Participant 1-Transcript of 3 interviews.docx	Text	7729,7864
fn disengaging from a program	Participant 1-Transcript of 3 interviews.docx	Text	7868,8166
fn enrolling with STC	Participant 1-Transcript of 3 interviews.docx	Text	8169,8445
fn disengaging from a program	Participant 1-Transcript of 3 interviews.docx	Text	8447,8592
fn transmitting personal values	Participant 1-Transcript of 3 interviews.docx	Text	9228,9392
encouraging child to be draw-be active-learn	Participant 1-Transcript of 3 interviews.docx	Text	9592,9697
displaying child's drawings	Participant 1-Transcript of 3 interviews.docx	Text	9592,9630
implementing ideas given by home visitor	Participant 1-Transcript of 3 interviews.docx	Text	9700,10115
firing a home visitor	Participant 1-Transcript of 3 interviews.docx	Text	11178,11731
wanting privacy	Participant 1-Transcript of 3 interviews.docx	Text	11178,11731
defining home visitor's role	Participant 1-Transcript of 3 interviews.docx	Text	11433,11730
defining home visitor's role	Participant 1-Transcript of 3 interviews.docx	Text	11747,11898
describing home visitor's actions	Participant 1-Transcript of 3 interviews.docx	Text	11830,11899
describing family	Participant 1-Transcript of 3 interviews.docx	Text	11990,12219
changing children's clothing for visitors	Participant 1-Transcript of 3 interviews.docx	Text	12559,12753
age at first birth	Participant 1-Transcript of 3 interviews.docx	Text	12817,12899
learning to be a mother	Participant 1-Transcript of 3 interviews.docx	Text	12901,12964
going down the wrong path	Participant 1-Transcript of 3 interviews.docx	Text	12967,13097

The search window shows the search results for the term 'boring'.

Source	#	Context
16.08.10-0009-1.docx	1	tory--she thinks her life story will be boring. She was born in Richm
Participant 1-Transcript of 3 interview	1	ond sheet for that. (M)om: My life is boring. I: My life is boring.
Participant 1-Transcript of 3 interview	2	(M)om: My life is boring. I: My life is boring. Is your weekend any

Grouping Concepts into Categories

As I engaged in open coding and saw the number of codes growing, I reminded myself to trust the process and not become overwhelmed by the sheer volume of data and the number of codes being generated. I realized I was over generating codes by using *in vivo* coding but I chose to continue this practice to assure myself that I was not missing any participant's perspective. Because of the nature of the personal and historical nature semi-structured interview questions and the timeline, participants frequently veered off

into stories that probably did not relate to my research question; however, as I illustrated above with AnnaBeth's timeline, patience in allowing her to tell the story about her sisters moving to Indiana generated the important concept of "*I had a change of life from this one right here.*" I knew at some point, I would have to delimit the data and leave some concepts behind (Holton, 2010). As I proceeded through open coding, I began to see connections between codes and formed some possibilities of how the codes grouped together but did not formally develop categories of codes until all the transcripts had been studied.

Conceptual ordering is the term that is used to describe the next phase of my analysis. During this process, I asked myself what the code was explaining about the mother's perspective and divided codes into segments according to characteristics and scope.

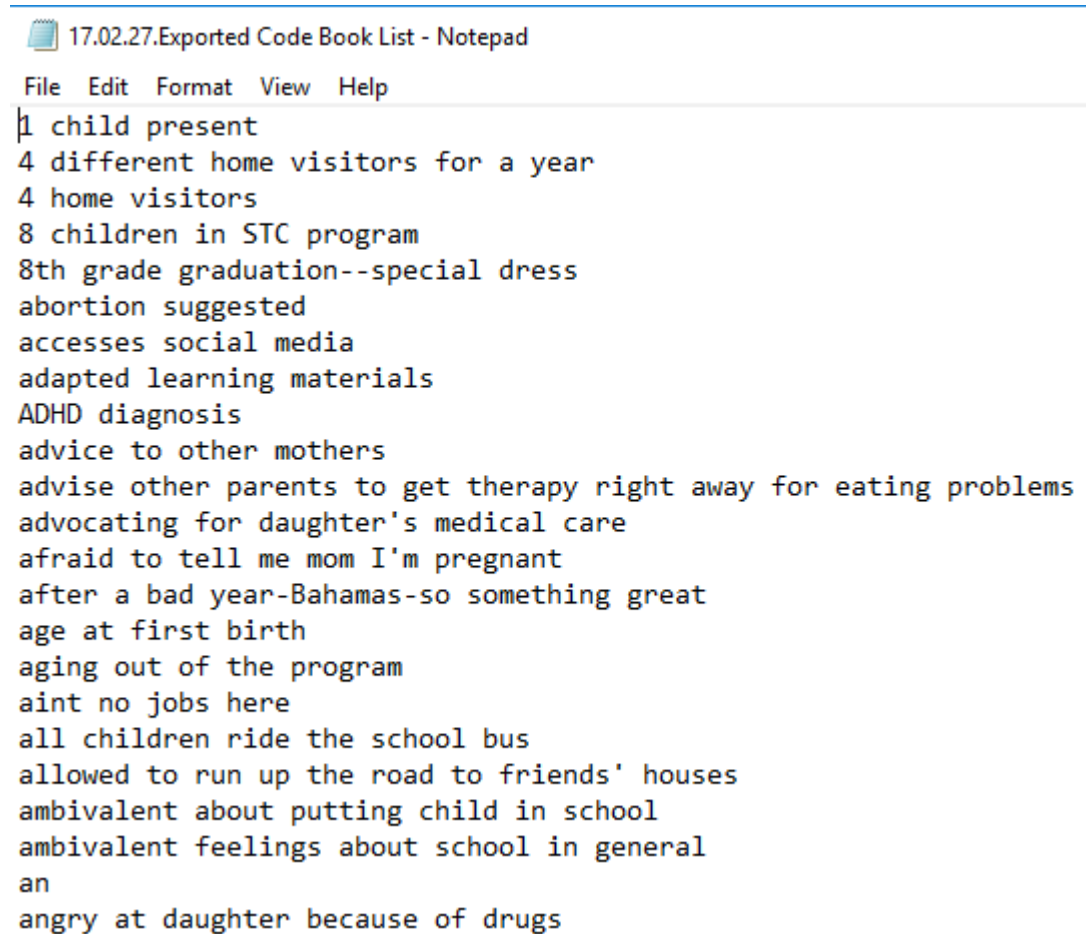
Evolution of the Categories

HyperResearch, Version 3.7.3, allowed me to export the code book to a simple text document in Microsoft Notepad. I printed it and pondered the codes and meanings. Figure 4.4 is a small sample of how the exported code book looked to me. It was 1020 lines in length.

The software allowed me to form category headings and move codes underneath those headings. After studying the printout of the code book, I marked with a pencil any code that I thought might not be pertinent to the study. I asked myself repeatedly "what are these data a study of?" (Glaser, 1998, p. 140) before I decided to place the code in a category labeled "Extraneous" (Figure 4.5). Before any code was placed in the

Extraneous category, I searched the source text to read the transcript to ascertain that it did not appear to be apropos to the constructs under study.

Figure 4.4. *Exported Code Book Sample before Categories were Formed*

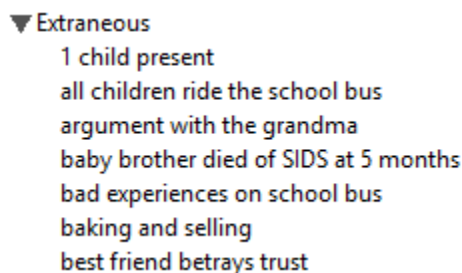


17.02.27.Exported Code Book List - Notepad

File Edit Format View Help

- 1 child present
- 4 different home visitors for a year
- 4 home visitors
- 8 children in STC program
- 8th grade graduation--special dress
- abortion suggested
- accesses social media
- adapted learning materials
- ADHD diagnosis
- advice to other mothers
- advise other parents to get therapy right away for eating problems
- advocating for daughter's medical care
- afraid to tell me mom I'm pregnant
- after a bad year-Bahamas-so something great
- age at first birth
- aging out of the program
- aint no jobs here
- all children ride the school bus
- allowed to run up the road to friends' houses
- ambivalent about putting child in school
- ambivalent feelings about school in general
- an
- angry at daughter because of drugs

Figure 4.5. *Extraneous Category Sample.*



▼ Extraneous

- 1 child present
- all children ride the school bus
- argument with the grandma
- baby brother died of SIDS at 5 months
- bad experiences on school bus
- baking and selling
- best friend betrays trust

Once I had eliminated codes that I viewed as Extraneous, such as my notation of one child being present when I interviewed or Jackie's story of her baby brother dying of

SIDS (see Figure 4.5), I developed some initial categories (referred to in HyperResearch, Version 3.7.3., as Groups). From open coding, I knew categories such as “characteristics of the mothers”, “child’s positive influence on the mother”, and “reasons for letting a home visitor come to my home” were broad terms that would encompass many codes. Other categories were created after considering a few codes, then later re-named. “Mothering responsibilities” is an example. This was a category that was initially named “This ain’t about me” which I thought represented how the mother focused on the child rather than herself. As I worked my way through the codes, I realized that all the codes I dropped into that category were describing how mothers moved into the mothering role and the actions she engaged in to protect, nurture and educate her children. This discovery was only possible because I fluidly worked between codes, re-coding and categorizing. Later, I will relate the importance of that realization as “Mothering Responsibilities” became a dimension of a process I labeled “Growing as a person to meet mothering responsibilities”.

Developing the categories was a tedious but essential process. For example, I selected the code “advocating for daughter’s medical care” and read the source text. Here AnnaBeth told me about the night she decided to have her daughter transferred to a different children’s hospital:

They was goin' to send her home and they found blood in her stool, the nurse did, it was just a little bit...[then] the heart doctor come in and he was tellin' me about they was wantin' to put a PIC line in but on Wednesday, that was a Friday and on the Wednesday before that he told me that it would be too dangerous. They was wantin' to do it, they was

thinkin' about doin' a PIC line but it would be too dangerous with her heart and her lungs the way they was. Then on Friday, he said, 'well Monday we are gonna put one in' and I was like 'no you're not' so I worked all that night. I was freakin' out, panicking, I was freaking out. I was like 'what do I do? what do I do?' so I had 'em transfer her out of there to Kosair's. And I'm so glad.

I asked her: “*How did you know to do that?*”

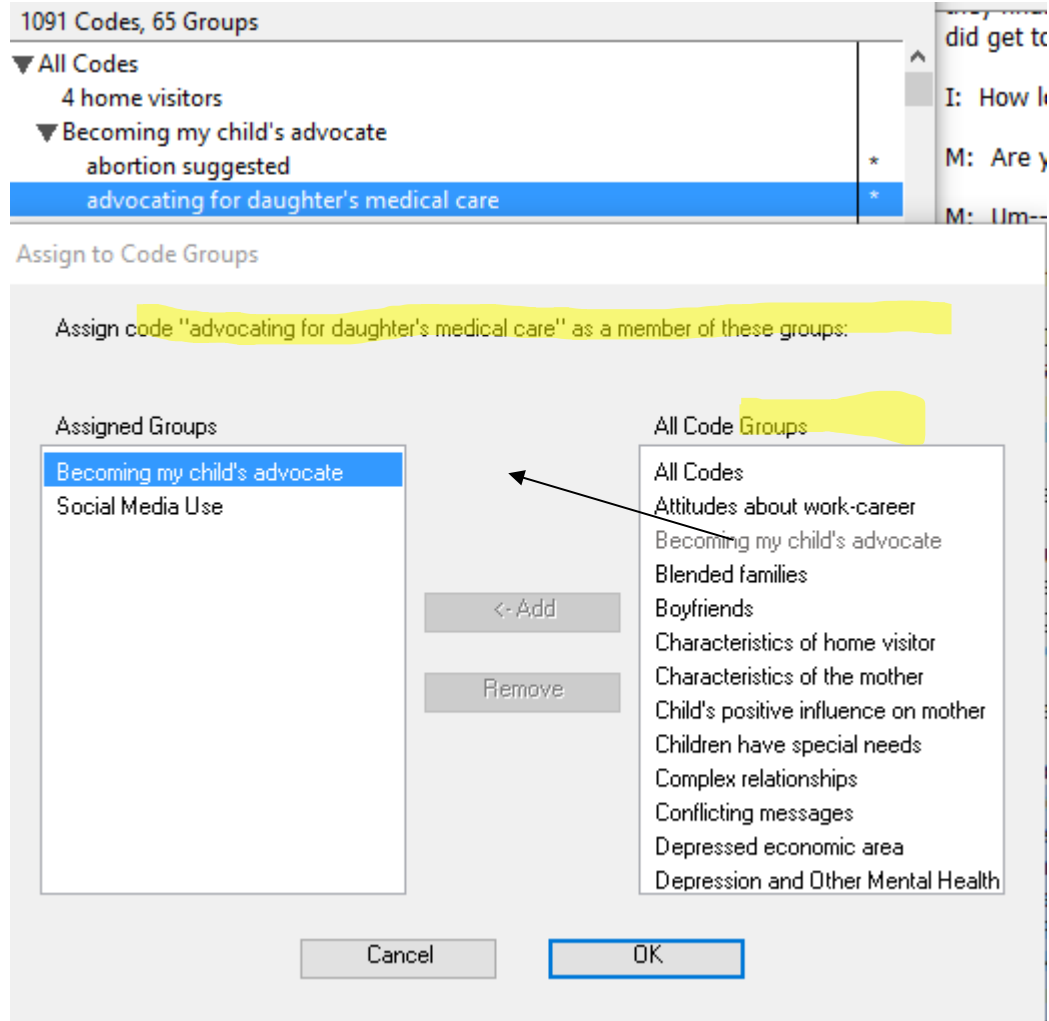
She told me about an online network she had established through social media right after she received the news through ultrasound that her baby would be born with a heart defect.

Everybody was goin' back and forth. Then I had another mom online that went through that and she was like 'have her transferred outta there--you can do that'. She said, 'Call in the chaplain and talk to him to help you' and I did that and then 9:00 the next morning they woke me they had everything ready to get her outta there.

I had labeled that chunk of text as “advocating for daughter’s medical care.”

When I selected the categories for that code, I chose “*becoming my child’s advocate*” and “*social media use*” because the text spanned both. Figure 4.6 illustrates how this was done using HyperResearch.

Figure 4.6. Assign to Groups using Advocating for Daughter's Medical Care.



I continued in this fashion until all codes were embedded in a category or categories. Many codes were represented in multiple categories. The first round of categorizing resulted in 67 initial categories holding 1091 codes (See Table 4.1.)

Table 4.1. *Integration of 1091 Codes into 67 Initial Categories.*

67 Initial Categories in Alphabetical Order		
Attitudes about work/career	High school graduation	Pregnancy and having children changes things
Becoming my child's advocate	Holds high value for child's life	Proud of child's accomplishments
Blended families	Home visitors as social contacts	Reasons for letting a home visitor come to my home
Boyfriends	Housing	Reasons to not have a home visitor
Characteristics of home visitor	I am a mom now	Referral sources to home programs
Characteristics of the mother	I do it for the kids	Relationship with home visitor
Child's positive influence on mother	I'll do anything to help my child	Relationships with family members
Children have special needs	Issues with the children who don't have special needs	Religious beliefs and experiences
Complex relationships	Like Family to Me	Resolving conflict
Conflicting messages	Living in a rural area	Sleep problems
Depressed economic area	Marriage	Social Media Use
Depression and Other Mental Health Related issues	Marriage stressors	Stresses of having a home visitor
Drugs impact on family and relationships	Memories from childhood	Stresses of motherhood
Extraneous	Mother defers her own needs for what she sees as good for the children	Strong sense of family
Family conflict	Mother's adolescence influences present circumstances	Strong ties to area
Family Routines	Mother's coping strategies	Suspicious of outsiders
Family stories & history	Mother's difficulties with school	Taking time out
Father work-education-impact on family	Mother's dreams and goals for her children	What I expect from the home visitor
Financial problems and support	Mother's education-skills for herself	What I would tell other parents
GED	Mother's goals and dreams for herself	What the timeline taught me
Grandparents do not follow through with STC ax	Mother's positive experiences in school	Why I would drop out of the program
Health and Medical Problems	Mothering responsibilities	Work experiences
	Moving	

Further integration was accomplished by putting the 67 categories into a spreadsheet to visualize the categories and assigned codes. I started calling categories either a parent category or a child category. I used a column neighboring a parent

category to analyze if all concepts in the child category were represented or could be added to a parent category. This worked out to be a good management and analysis strategy to handle the 67 categories. For example, *attitudes about work/career* was melded into *work experiences*. Here the reader can see that I had double assigned the nine codes to *attitudes about work/career* to *work experiences* in my initial pass.

Viewing the categories side-by-side allowed me to see this. See Figure 4.7.

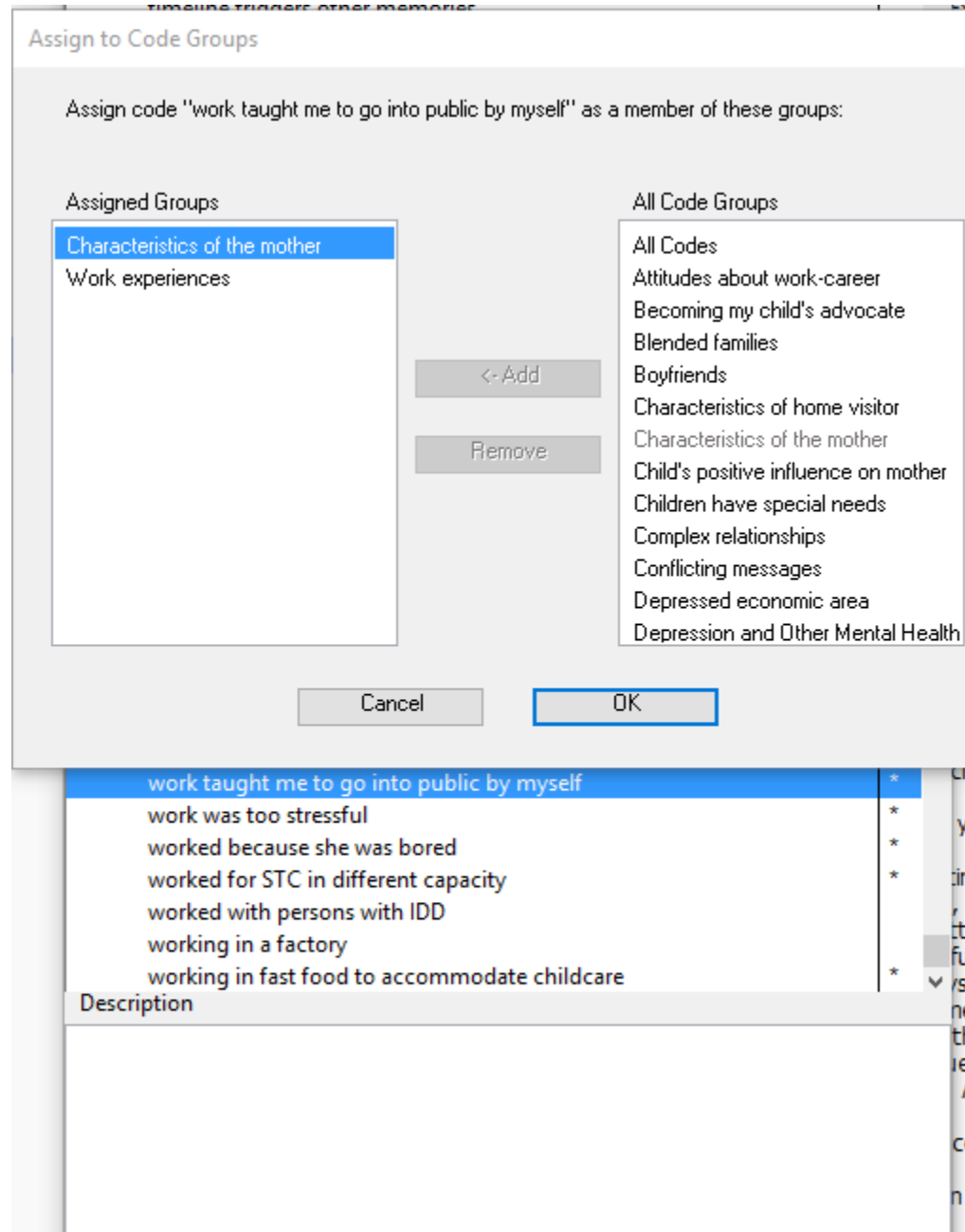
Figure 4.7. *Sample Parent/Child Categories Viewed During Integration of 67 Categories into 24 Categories.*

Work experiences		Attitudes about work/career	
didn't work		didn't work	
enjoyed working as trainer with STC		enjoyed working as trainer with STC	
enjoying work		enjoying work	
first job		learning to do adult stuff	
learning to do adult stuff		liking working	
liking working		testified in Washington DC	
opportunities with STC		work was too stressful	
paid work history		worked because she was bored	
starting work		worked for STC in different capacity	
teaching GED classes			
testified in Washington DC			
work history			
work taught me to go into public by myself			
work was too stressful			
worked because she was bored			
worked for STC in different capacity			
worked with persons with IDD			
working in a factory			
working in fast food to accommodate childcare			

Following this same methodical approach, I compared *work experiences* to other categories and found many codes in this category were better represented in another category. I'll use the code *work taught me to go into public by myself* in the category *work experiences* as an example. I found this code had also been assigned to the category *characteristics of the mother* and decided because of surrounding text in the source transcript, it fit best in *characteristics of the mother*. See Figure 4.8. I continued to

deconstruct some categories using this comparison method. At the end of this process, I had 57 categories.

Figure 4.8. *Decision-making Process to Best Represent Codes.*



In the next phase, I reviewed the categories, and began to delimit the data.

Certain categorized data did not represent all participants or was not explanatory of the

research question/sub questions. The categories *blended families*, *GED*, *grandparents do not follow through with STC ax* (Save the Children activities) were examples of not being representative or not addressing the research question and were eliminated from the final list of major categories. In Table 4.2, find the list of 24 major categories that were considered as I moved forward toward axial coding.

Table 4.2. *The 24 Major Categories in Alphabetic Order*

Becoming my child's advocate	Mother's difficulties with school
Characteristics of the mother	Mother's dreams and goals for her children
Children have special needs	Mother's goals and dreams for herself
Child's positive influence on the mother	Mothering responsibilities
Depression and other mental health-related issues	Stresses of motherhood
Financial problems and support	Pregnancy and having children changes things
Health and medical problems	Reasons for letting a home visitor come to my home
Home visitors as social contacts	Reasons to not have a home visitor/Why I would drop out
I am a mom now	Relationship with home visitor
I do it for the kids	Strong sense of family
Mother defers her own needs for what she sees as good for the children	Suspicious of outsiders
Mother's adolescence influences present circumstances	What I expect from the home visitor

Moving from open coding to major categories was the beginning of the shift from focusing on individual stories to a collective perspective. I developed Table 4.3 to demonstrate the concepts underlying each of the major categories, how many participants are represented, and provided quotes from the source text to support my reasoning.

Table 4.3. *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
Becoming my child's advocate	<ul style="list-style-type: none"> • abortion suggested • advocating for medical care • baby had RSV • child abuse • child has chronic health condition • doctor blaming mother for not having heart surgery sooner • finding out about baby's diagnoses • getting lots of advice about what to do about heart problem • I was alone-just me and her • making medical decisions • repeat trips to ER • teaching family w • whenever I get taught so they can do a good job • that's how I learn most of my stuff is online • told by doctors to stay off internet • wants others to understand about disabilities • was I supposed to give her away • watching daughter's medical crisis • we didn't think you would keep her 	AnnaBeth, Camille, Ellie, Heather, Jackie, Jamie, Maggie (7)	<p>"...a lot of people still say 'well, we just didn't think you would keep her' and I was like, 'well what was I supposed to do? Give her away?'"</p> <p>On the phone, yep, they called me [the doctor] and told me -two weeks after we done the Harmony test, they told me about the Down syndrome and he asked me on the phone if I wanted to abort her and I was like 'WHAT?' I was like 'No, there's not even a chance of that. That's not even an option.' I was like no matter what health issues she has, I still love her and she's still a person and I still want her to become, you know, become somebody. I was already like 22 weeks. So, I was like 'no'."</p> <p>(AnnaBeth)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
Characteristics of the mother	<ul style="list-style-type: none"> • introverted • I don't really have regrets anymore • I love babies • I've had a lot of life experiences • keeping neighbors and friends' kids • liked reading for herself • liked school--was really good at it • loves living things • loves raising animals • loving animals • made me who I am • might help someone else if I'm honest • mom making toys for the kids out of cardboard • mom raised me to be a strong woman • mom reads books on Kindle • mother knows each child's strengths • mother wants family pictures not possessions when her mother pass • need to enjoy things getting easier • not into learning but I try with my kids really hard to get them to want to learn 	All (9)	<p>"See that's bettering yourself to me. Anything you can do. Even little classes--parenting classes that they got. Any of that stuff is bettering yourself. There's nothing wrong with that--I've went in places, I've tried this and this--I'm open to suggestions." (Heather)</p> <p>"We've stuck with the program for quite a while. I told her (home visitor), I'm going to be lost to death when S turns (3) because then we're not having any more so maybe we can adopt. Course it won't be long now before C (the oldest) will be having kids--I'll just take my grandkids. Yeah, we have one parent that she is a grandparent and she's raising the grandkids and she brings them all down there, I always feel so sorry for her because she's so old and she has all these</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • not knowing she was pregnant • open to suggestions • paid for own prom dress • really liking to take care of small children • school-going to see friends • sharing supplies with children • sister not taking test really bothered her • taking on too much • teaching children to share resources with others • teaching family whenever I get taught so they can do a good job • treated as an adult • VIP meetings with STC • Volunteering • wants to help other parents • watching over neighborhood kids to keep them from risky behavior • work taught me to go into public by myself • worried when babies started to sleep 		<p>younger kids but she is so good with them. She never seems aggravated with them. I always make my oldest girl go and help her when she's getting them something to eat or drink, my oldest girl done help her out. Or she'll help her load them back up in the car or into the meetings. I tell her, 'she needs help, go help her out'. Now C is an awesome youngun anyway. If she thinks someone needs help, she's right there...I push her to help other people. Especially older people."</p> <p>(Jamie)</p>
Children have special needs	<ul style="list-style-type: none"> • ADHD diagnosis • appointments for multiple children 	AnnaBeth, Camille, Ellie,	"If I have to miss (work) for her, my manager is great. I

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • birth control • bitter sweet day • child did not like public schools • child has chronic health condition of JRA • child has complicated medical condition • child has dyslexia • child has learning problems • child has speech delays • child starting to talk • child's experiences at school • communication barrier is the hardest • concerned about older child's school problems • daughter has reading problems • doctor recommended taking x box away • doesn't want to medicate grandchild for being hyper • early intervention • enrolling children in preschool • everything's on her time • extended family disagrees with how to handle 	Jackie, Jamie, Maggie (6)	take her to UK to rheumatology. She was going to Cincinnati to an immunologist. When we lived in Florida, her doctor was an immunologist and a rheumatologist and when we moved up here we had to get two different doctors, there's one pediatric rheumatologist at UK that was hard to get into, so we had to go to Cincinnati for the immunologist but all her other doctors, like her GI doctor and nephrology...and her eye doctor and all her other doctors are in Lexington. The juvenile RA is an immune system problem. The only joints that hurt her right now is her knees and ankles which she's got fluid on her knees but it's starting in her wrist and she was on IVIG which is a type of chemo that helps with her antibodies...they

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • father not bonded to child with disabilities • feeling devastated • finding faith in God • finding out about baby's diagnoses • first pregnancy expectations • First Steps • getting a new home visitor • good friend provided support for sick child when living in Florida • grandchild stays up all night playing on iPad • heart problems • helping child with homework • hospital experiences • I feel weird when she's not with me • I know she does understand • it'd be selfish to have more children • it's gotten easier • keeping track of schedule and hours • lots of doctor visits • medical appointments for children • needs father to help with child more than working 		<p>draw her blood every two weeks up at UK, so I have to go to Lexington every two weeks and I try to get all her appointments at the same time. She's got a port now and her port's messed up...and her pediatrician thinks she needs to get it replaced because she's had it five years...She had a PIC line but I finally told them I wanted a port. I told them there's no sense in her having this PIC line and she couldn't go swimming, taking a bath was a hassle. Now with the port, it's just direct access you know...She goes, let's see, the 12th, she's got a dentist appointment and the pediatric surgical team and the 15th she goes and sees and adolescent medicine, then 17th she goes back for her infusion and eye appointment. She gets so many appointments on one day but I can't make</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • open with older child about sibling's problems • preschool schedule • recognizing sensory differences • repeat trips to ER • she'll be even cuter • she's always gonna need me • she's really rough-so I'm going to warn them-I hope that she don't hurt nobody • sign language with child so scared • transitioning to table food • transportation concerns • trying to living healthier • wants others to understand about disabilities • was I supposed to give her away • we didn't think you would keep her • we try to teach her 		<p>so many trips and this is just how it is and she just, she loves going.... A fever triggers a flare up. If she starts to feel warm at all, I'm at the emergency room and her doctor, her pediatrician is in [nearby town] and he said if you bring her here, he said, tell her to ship them straight to UK, do not touch her, she needs to be taken care of by her rheumatologist. Which her rheumatologist even give me a list of the lab work that needs to be taken care of--when she had this last flare--I took her to the ER because her fever was 102 and we kept breaking it with Tylenol but within two hours it'd be right back up...I worry all the time about her.” (Camille)</p>
Child's positive influence on the mother	<ul style="list-style-type: none"> • child has taught her a lot • didn't have my parents to guide me • doesn't call her kids mistakes 	AnnaBeth, Camille, Carly, Jamie, Molly (5)	“Kids can change people for the better if you let them--look at me, nothing but a troubled person to now I have my kids

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • finding faith in God • getting pregnant • going down the wrong path • having children opened my eyes • I call her my earth angel • I didn't care about nothing • I didn't have nothing to live for • I don't know where I would have ended up-without my kids • I had a change of life with this one right here • I've learned a lot • I love babies • kids can change people for the better if you let them • likes to display photos on the wall • made me who I am • mistakes happen for a reason • motivated by child • my family and his family was happy • no regrets now • once I got pregnant, that all changed • put me on the right track • something to look forward to 		<p>and my husband--if that's not a life, I don't what is. If it wasn't for my kids, I don't know where I would have ended up, honestly.” (Carly)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
Depression and Other Mental Health Related issues	<ul style="list-style-type: none"> • antidepressant medication • can't sleep • depression • depression secondary to birth control • depression symptoms • disrupted schooling • father can get out of the house • feeling anxious • home visitor while being depressed • home visits can get overwhelming • I feel weird when she's not with me • I just take it one day at a time • I wasn't sleeping • I would have to pull over and throw up • I'm trying to work on myself a lot • it'd be selfish to have more children • keeping positive • no depression • once I can move and exercise more I'll start to feel better • post-partum depression with first • seasonal depression • sleep-I have kids I got to take care of • some people's just not all there 	AnnaBeth, Ellie, Heather, Jackie (no depression) (4)	<p>“He was about one...it was from September, I think, no August, from August all the way until the end of June when I realized this isn't me but it was very gradual. Everything made me mad. The littlest things were irritating. I don't deal with stress well. I don't nag, I don't voice my opinions when I'm frustrated. I don't voice my opinions very well. I just kind of hold everything in and stay angry about it. That's always how I am but it doesn't normally bother me but by the beginning of June I was ready to leave, I was ready to pack up and leave and I didn't care where I went. I was trying to figure out 'how am I going to do this? How am I going to take care of X? Would it be best to leave him with my stepmother, my mother-in-law, until I can get on my feet, you know, that's how extreme I was.</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • they thought I was crazy • winter time kinda depresses me 		<p>It was during the week that I was planning that it honestly just hit me, 'what am I doing?' You know, this is not how I act. I don't think about leaving like this. And so I'm just like 'why am I doing this?' And why am I angry all the time? And why am I sad? You know I hated [my husband]...he made me so mad. I didn't even want to be near him. I didn't want to look at him. I didn't want him to touch me. And while that was going on I was gaining weight and I was having crazy cravings and having mood swings where it was just unpredictable. I had never in my life had to deal with that." (Ellie)</p>
Financial problems and support	<ul style="list-style-type: none"> • assistance with housing rehab through CAP • can't go to church because doesn't have a car • car problems • church or CAP fixed her ceiling 	AnnaBeth, Carly, Ellie, Heather, Maggie, Jackie, Jamie, Molly (8)	<p>"Have you heard of the Michelle P waiver program? Well, if it wasn't for that program, I don't think we'd be able to make it. See, I started that last July...so that's been</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • community resources • costs of going to work and school • couldn't make it without government assistance • daughter can't make it on her own—lives with her and grandson • didn't have \$25 to pay for GED at 16 • doesn't have Kleenex, uses paper towels • enrolling children in preschool—family income made them not eligible • extended family provided financial assistance • extending kindness to others—we don't have much but we share what we have • family discouraging working • father worked unpaid for church • financial worries--it's hard for me to get help • food stamps • gas costs to transport children to preschool • getting government assistance • grandfather is disabled 		<p>helpin' a lot. And I'm about to purchase my first vehicle on my own. And I really like, I don't like askin' help from anybody. His dad will help us...if we need money, he'll give it to us. But I don't ask. And I don't want to ask. And I'll tell him 'if you want me to have it you'll give it to me.' So, I don't really, like, if my kids need somethin' and I can't get the money from workin' then I will ask him for them but not for myself. I wish I didn't have to get it from anybody.” (AnnaBeth)</p> <p>“But it just got to where it was easier for me to stay home, not really easier, I could not afford the gas, could not afford the baby sitters, could not, just basically I was working to just pay people to watch my kids. I was out money, I was having to pay them like 300 and some dollars.</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • grandmother works full time • grandmother works to keep insurance for disabled husband • having only one vehicle • Head Start • household work—not cooking because of dishwasher • husband died—had a hard time getting benefits • I don't like askin' help from anybody • it has not been easy here • Kentucky Mountain Housing • light bulbs burnt out-no money to replace • living in public housing • living rent free • Michelle P waiver • moving several times • my mom was a single parent • needs father to help with child more than working • no insurance • not cooking as much because things broken in the kitchen • not enough rooms for all the children 		<p>It's ridiculous. Some of it is. Where everything with me--the way things work with me--everybody else can find a loophole except for me. I'm not a loophole kind of person. Miss W [STC home visitor] has been the only one, as far as any kind of anything offered to me, Miss W has been the only one that actually did not make everything so difficult or didn't try to get me out of the program. Everything else has tried to drop me, even up to my son getting a social security check where his dad died and where he was my husband. They tried to cut that off. They tried to take my food stamps from me and everything just because I was working a little bit.” (Heather)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • picking up pop cans as money for grandparents' income • public assistance • sharing kids with a stepmom who buys them things I can't • STC-food program • technology that doesn't work • trading services-bartering • went to church for the food • widowed • women trying to help each other 		
Health and Medical Problems	<ul style="list-style-type: none"> • back and neck problems-scoliosis • C-section with first baby • C-sections with last 3 children • car wreck at end of pregnancy • cervical cancer • complications after miscarriage • daughter has cancer scare • diabetes • doctors prepared her for the delivery • doesn't want to medicate grandchild for being hyper • ear infections-ear surgery 	AnnaBeth, Carly, Camille, Ellie, Heather, Jackie, Jamie, Maggie (8)	“Yeah, I started bleeding with it when I was 10 weeks, the baby was still moving but then [I] went to the doctor's and they told me go home, see them in a month and before my appointment with them, the baby had passed...after that they did the d & c to get the rest--the baby came out but they had to go get everything else out which I'm glad that the baby came out. I wasn't going to have them...we buried that baby and went to the doctor's after

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • father in the military—back problems • finding out she's pregnant • gall bladder problems • grandmother works to keep insurance for disabled husband • has been very ill and in hospital • health concerns • heart problems • her mom is sick • hospital experiences • husband has back problems • illness in the family • induced and difficult labor • it'd be selfish to have more children • keeping her home to protect her from illness • late miscarriage • lots of doctor visits • medical appointments for children • mom's mom had cancer • mom's mom in the hospital for last 5 months of life • mother had mental health problems • moving several times 		<p>we were done with that--I told them I buried it because I wasn't going to turn it over to you because it wasn't a piece of trash. When they did the d & c and tore my uterus, [it] caused blood to go behind my bladder which it infected up two days later, went to the hospital, they done a test and everything, gave me antibiotics. Now I'm going in and out of hospital through December and into the first week of January. They finally in January, the let me out and they sent me home with a PIC line in my arm and I had to do two or three different antibiotics every day and I had to do those for I think 3 weeks...everything is scarred up in there just from the infection.” (Jackie)</p> <p>“I just have a lot of neck and upper back pain. I think it's mostly tension...with the</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • moving to care for grandparents • moving to Illinois • muscle spasms-anxiety and depression • nephew is ATV accident • no insurance • pre-term labor at 34 weeks • repeat trips to ER • surgery while pregnant • told by doctors to stay off internet • told she wouldn't have more children • transitioning to table food • transportation concerns • traveling to get medicine for child • twins • went on a cruise after late miscarriage • when I go somewhere it's to the store or doctor 		<p>anxiety and the depression...and then with my antidepressants, which I've tried a few antidepressants...I'm currently on birth control and I'm not a big fan of [it]. I want a tubal but [that's] something that my mom does not want me to do and my doctor won't do it either because she says, 'a lot can change in 10 years and you are still gonna be young' but I kinda want to. Sometimes I think 'my kids need me' and it'd be selfish of me to want more because they need me so much and G's always gonna need me for the most part. She is gonna need me a lot."</p> <p>AnnaBeth</p>
Home visitors as social contacts	<ul style="list-style-type: none"> • attending the community STC program after 3 • doesn't bother me to have people in • doesn't have visitors except for home visitor • feeling lonely 	AnnaBeth, Camille, Carly, Ellie, Jamie, Maggie, Molly (7)	<p>"And I loved being able to have somebody come out because until then the only time I got to see anybody was when I went over to my mother-in-law's house." (Ellie)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • happy with home visitor • he loves having visitors • home visitor as company-social interaction • home visitor while being depressed • I'd say you're by yourself a lot • I'm a real open person • In the winter time, I don't like getting out • long-term with STC • mom getting as much from home visit as the child • not a social person • only people I talk to in person • sending child to school • went to church with the home visitor 		<p>“which I love havin' em come. They give me a lot; actually, they're really the only people I get to talk to in person. I talk their heads off...I don't really get to get out of the house much.” (AnnaBeth)</p>
I am a mom now	<ul style="list-style-type: none"> • advocating for daughter's medical care • as a mom, you are going to worry even if you don't have to • being involved in kids' lives • birth control • career path interrupted • childcare at church • children a positive influence on life 	All (9)	<p>“I joke and say I haven't decided what I want to do when I grow up cuz I'm a mom now.” (AnnaBeth)</p> <p>“Well when I found out I was pregnant with her which knocked me out of going to college in New York cuz I couldn't be pregnant...But they</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • children are excited about getting class schedules--school seems important to them • children doing chores • collecting supplies for children • college and kids and daycare • creating a family keepsake • dancing with child • date night is usually grocery shopping • deciding to become a stay at home mom • doesn't call her kids mistakes • doing the activities • establishing a daily routine • even when it gets hard on me-I still do it • family of 14 • father doesn't comprehend about safety concerns • figuring out I wanted to be a mom • friendships • goals and family plans • going down the wrong path • going to talk to my kids about bad stuff • happiest memory 		<p>said I could come after I had the baby and everything but then I thought it wasn't fair to her to go into burning buildings and not know if I'm coming out. I didn't care much for her daddy so I thought 'who would she have? She'd just be on her own.' so I couldn't do it." (Jamie)</p> <p>"I'm only 31. I'll be 44 when my kids are grown. My sister went back to school when she was 44. I still got plenty of time. I can still go back to school. I just got to get these boys through school and then I can worry about what I need to do." (Heather)</p> <p>"I was 18 when I out I pregnant. I was 19 when I had her. It's like between then and now, I've learned how to be a mother. Then I really was young and going down the wrong path and worrying about friends and partying</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • home visits can get overwhelming • husband didn't want her to work • husband does not want mom to put children in child care • I always wanted to be a mom • I didn't care about nothing • I didn't have nothing to live for • I feel weird when she's not with me • I just got to get these boys through school • I was alone-just me and her • I'm a mom now • I've learned a lot • I've learned the hard way • identifying older child's strengths • induced and difficult labor • it'd be selfish to have more children • it's really hard for me to ask for help • it's really just mostly about them • it's what's best for her • keeping her home to protect her from illness • keeping neighbors and friends' kids 		<p>instead of being what I needed to be. But then I guess I figured I tired of it and got it out of my system and wanted to be a mom.” (Carly)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • learning to be a mother • likes babies • likes being a mother • lots of family outings with children--doesn't not have girl friends • made me who I am • making every decision while thinking about children • mom comforts child after he fell by putting him in lap and rocking • mother concerned about safety • moved to rural area to raise children out of the city • no regrets now • no time to read what she likes • no-I can't be like that • photo albums-scrap book • repeat trips to ER • sharing supplies with children • she's always gonna need me • sleep-I have kids I got to take care of • spending time with each child separately • surprised I let home visitors come 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • taking care of children • tattoos • teaching children to help others • that's how I learn most of my stuff is online • this ain't about me- it's about her • trying to live healthier • volunteering • what am I gonna do with a child • what makes a house a home? • when I get free time • who helps the mother • wished she had a career before having children • you can't just think about yourself all the time 		
I do it for the kids	<ul style="list-style-type: none"> • anything that's gonna help her • anything to boost her up • anything to help the babies out • best for the child • birth control • did not like the visits at first • doing it for the kids • encouraging child to be draw-be active-learn 	AnnaBeth, Camille, Carly, Ellie, Heather, Jackie, Jamie, Molly (8)	<p>“I just get so tired, and get, just frustrated with people comin' in and out of my house but it don't last long because I know what's best for her.” (AnnaBeth)</p> <p>“At first, it was, I don't know, I didn't really like it at first. Then I got used to it. I figured I'd just give it a try and my kids</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • establishing a daily routine • even when it gets hard on me-I still do it • he loves having visitors • home visitor connects and is comfortable with other children in the home • home visits can get overwhelming • I just got to get these boys through school • I think about stopping the therapy • I try with my kids to get them to want to learn • I'll do anything to help my child • it's what's best for her • keeping her home to protect her from illness • kept doing the home visits for the children • kids love the home visitor • mom making toys for the kids out of cardboard • moved to rural area to raise children out of the city • no-I can't be like that 		<p>enjoyed it when she comes and does the visits.” (Jackie)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • spending time with each child separately • surprised I do let home visitors come • this ain't about me- it's about her 		
Mother defers her own needs for what she sees as good for the children	<ul style="list-style-type: none"> • birth control • career path interrupted • children are so busy with school and extracurricular • community college • deciding to become a stay at home mom • goals and family plans • husband didn't want her to work • husband does not want mom to put children in child care • I've learned a lot • it's frustrating at times-having people come in • it's what's best for her • no time to read what she likes • wants children to do chores • what it was like to be pregnant and go to college • when I go somewhere it's to the store or doctor 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> wished she had a career before having children working in fast food to accommodate childcare 		
Mother's adolescence influences present circumstances	<ul style="list-style-type: none"> bad stuff on mine body is changing a lot breaking up until we had kids breaking up with her children's father breastfeeding church is only place that talks about abstinence decisions I regret did not intend to have children didn't get along with mom's new boyfriend doing whatever we wanted dropped out of high school after a family move dropped out of high school at 16 getting it out of my system goals and family plans going on birth control made me feel it was okay to do it going to talk to my kids about bad stuff 	AnnaBeth, Carly, Ellie, Heather, Jackie, Jamie, Molly (7)	<p>“They [high school counselors] said I deserved my diploma so I did get it. I didn't go to my own graduation, I didn't even want to. I could have, I just didn't want to. I kinda regret it now but...At the time, I made a lot of bad ones [decisions], but I've grown up a lot since then so it's like I don't really have regrets anymore. I mean I used to but when I think about now, all the stuff that I went through is what's made me who I am and made me have the strength that I have.” (AnnaBeth)</p> <p>“I had started smoking weed, cuz I was running around with these friends, their parents let them do whatever so I would sneak and do all that. I was pretty much a</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • hanging out with the wrong kids • he was like 6 weeks old when it was prom • high school diploma • I didn't understand it then like i do now • I never tried to do anything right • I tried to do everything wrong • I was a troubled kid • I wasn't watched as much as I should have been • I've grown up a lot since then • I've learned a lot • I've learned the hard way • it embarrasses me now • it was just like hormonal stuff • leaving child's father • losing virginity • meeting her child's father • meeting her husband • middle school it went downhill • mom allowed smoking • mom didn't know how to discipline me • mom finding out I was having sex • mom let me try drinking and smoking 		<p>rebellious kid. I never tried to do anything right. I tried to do everything wrong. I never had a worry in the world. It kind of embarrasses me but I guess everybody's gotta learn. I guess I think you gotta get it out of your system while you are young but I just stayed around the wrong crowd of friends. I thought they was the greatest, but really they was the worst.” (Carly)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • mother dies • moving in together • never had a worry in the world • never planned to have 11 children • no guidelines • not a stable time of life • on a bad road once I hit puberty • once I hit puberty I was just angry all the time rebellious • running around with friends whose parents let them do whatever • scared when found out pregnant • my mom was a single mom--she had to work • skipping school • smoking in bathroom • smoking weed • the way that it is • then once I hit puberty it all went downhill • we was going down bad paths • what am I gonna do with a child • when I met her dad, I wanted to stay home with him all the time 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • wished she had a career before having children • wrong crowd of friends • you can catch diseases • you don't want your kids doing the things you did 		
Mother's difficulties with school	<ul style="list-style-type: none"> • adapted learning materials • ambivalent feelings about school in general • bad experience with school • bullied at school • deciding to graduate • didn't have \$25 to pay for GED at 16 • didn't have a schedule • didn't have friends at school • didn't like school • disliked middle school • disrupted schooling • dropped out of high school because of racial tension • dyslexia • education wasn't that important to me • feeling anxious • feeling smothered at school • getting bullied and teased 	AnnaBeth, Carly, Ellie, Jamie, Jackie, Heather (6)	<p>I think middle school was possibly the worst years of my life. I just absolutely hated it. Being around all those people when I was used to being around just a little classroom. Went out there, and I was just like 'Whoa, this is way too many people' for me. I hated it." (Jamie)</p> <p>"Like in the beginning my grades were perfect, and then as the more things that happened and the more children I had they just kinda like plummeted." (Molly)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • getting held back in first grade • getting in a fight at school • got me off schedule • grades impacted by having children • graduating from high school • hating school • having ADHD • he was like 6 weeks old when it was prom • high school better than middle school • home schooling • I can't really read • I didn't do none of my junior and senior year • I didn't get to go to prom or nothing • I didn't have any friends • I didn't understand it then like I do now • I didn't want to be there • I hated school • I just didn't want to go to school • I would have to pull over and throw up • I wouldn't never tell about the bullying • it was just like hormonal stuff • learning disability • left public school in 7th grade 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • middle school it went downhill • missed a lot of school due to anxiety • mom's mom in the hospital for last 5 months of life • moving to Illinois • negative experiences on school bus • no guidelines • nobody thought I'd graduate • not having friends • not into learning • not knowing she was pregnant • not socially adept • perceived teachers as rude • pregnancy disrupted the school experience • recognizing people change • scared to go to high school because of being white • school not a good experience • sent to alternative school • skipping school • slept through 3rd grade • spelling • started high school early at age 13 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • stepdad had high expectations for her in school • teacher important • transitioning to county schools from community school • wanting kids to learn • won a scholarship to college 		
Mother's dreams and goals for her children	<ul style="list-style-type: none"> • ambivalent about putting child in school • child has own goals for future • daughter plans to go to Berea college for art • do really good in school • dreams and goals for her children • dreams for something different • extending kindness to others • fn doing for others • fn transmitting personal values • goals for children • going to talk to my kids about bad stuff • home schooling • I would like to travel • If I hit the lottery • learn that they don't need everything they want • learning to play an instrument 	AnnaBeth, Camille, Carly, Ellie, Heather, Jackie, Jamie, Molly (8)	<p>“I would like for them to go to college. And learn, some kind of schooling to where they don't have to depend on no man to support them. I really would like for them to do really good in school and to have sumpin' they can use to work. Not have anybody payin' for stuff. To just where they don't have to depend on anybody.” (AnnaBeth)</p> <p>“Shew--I just hope they stick at home until they are ready to move out. That's my main thing. Now my little girl. I want her to be able to stand on her own feet. I don't want her to wait on a man and have to worry about 'if he leaves</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • mom let me try drinking and smoking • mother supports child's future goals • moved to rural area to raise children out of the city • not have anybody payin' for stuff • not having more children • planning to save up and take all the kids on a cruise • realizing we want our kids to have their parents • teaching children to help others • teaching my kids to not do crazy • travel plans • trying hard with kids • wanting children to stick at home until they are ready to move out • wanting daughter to be independent of men • wanting kids to learn • wants children to learn to read • wants kids to wait and graduate • where they don't have to depend on no man to support them 		<p>me there ain't no paycheck'." (Jamie)</p> <p>"I just hope they grow up happy and learn that they don't need everything that they want." (Jackie)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • you don't want your kids doing the things you did 		
Mother's goals and dreams for herself	<ul style="list-style-type: none"> • bettering yourself • career aspiration • community resources • doesn't call her kids mistakes • enjoys working • family discouraging working • goals and family plans • going back to school once child is in school • going to college • husband does not want mom to put children in child care • I love to learn • I want to go back to school • I'm trying to work on myself a lot • learning foreign languages • loving animals • mother's goals for herself • need to enjoy things getting easier • not having more children • planned to go to college • school online • selling products • teaching children to help others 	All (9)	<p>"I still got plenty of time. I can still go back to school. I just got to get these boys through school and then I can worry about what I need to do." (Heather)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • travel plans • wants to go back to college • when I get free time • wished she had a career before having children • won a scholarship to college 		
Mothering responsibilities	<ul style="list-style-type: none"> • appointments for multiple children • collecting supplies for children • college and kids and daycare • feeding tube • mom comforts child after he fell by putting him in lap and rocking • mom making toys for the kids out of cardboard • mother concerned about safety • mother knows each child's strengths • parent group meetings • paying children for chores • photos of children-other family on walls • saving children's stuff • sense of figuring out how to provide for family • separation anxiety of grandchild 	All (9)	<p>“Somebody has to be there because there are three to four teenagers in the bunch now. There still has to be a parent there. As you well know, children, regardless of how good, they are curious and today there's a lot of stuff out there that rubs off on your family. So you're going to have to install some kind of strong values in 'em, you know.” (Maggie)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • sharing children with exes • sharing supplies with children • she's always gonna need me • spanking child • spending time with each child separately • surgery while pregnant • taking care of children • teaching family whenever I get taught so they can do a good job • teenagers need a parent around to install values • that's how I learn most of my stuff is online • trying hard with kids • trying to living healthier • wanting kids to learn • watching over neighborhood kids to keep them from risky behavior • we try to teach her • worried when babies started to sleep • worry about child not learning 		
Stresses of motherhood	<ul style="list-style-type: none"> • can't sleep • child attends Christian school to minimize exposure to illness 	AnnaBeth, Camille, Carly, Ellie, Heather, Jackie, Maggie, Molly (8)	"I worry all the time about her." (Camille)

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • getting children to do chores • children getting piercings • days and nights mixed up • dealing with the laundry • doesn't have close friends • extended family disagrees with how to handle • father not bonded to child with disabilities • having kids in 3 different schools • husband cranky about niece staying with her a lot • husband died • husband does not want mom to put children in child care • I can't go to the store by myself • I just feel exhausted all the time • I just take it one day at a time • I know she does understand • I think about stopping the therapy • I was alone-just me and her • I wasn't sleeping • I worry all the time about her 		<p>“Then once she got to come home she was just in heart failure. So, I'd have to check her heart rate, check her breathin' like several times a day and then when it would get too bad, I would have to take her to the emergency room. No hospital around here would keep her. She'd have to be sent in an ambulance to UK every time. And for four months we did that.” (AnnaBeth)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • induced and difficult labor • it's frustrating at times-having people come in • keeping track of schedule and hours • married couple deals with child's disabilities differently • needs father to help with child more than working • no time to read what she likes • open with older child about sibling's problems • people say I don't take good care of her • pre-term labor at 34 weeks • quitting college • quitting school-job because pregnant • repeat trips to ER • running errands is so tiring • size of family • so scared • surgery while pregnant • traveling to get medicine for child • trying to get the child to sleep • twins • volunteering at child's school is expected 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> wants children to do chores when I go somewhere it's to the store or doctor widowed worried when babies started to sleep youngest daughter lives with her and grandson 		
Pregnancy and having children changes things	<ul style="list-style-type: none"> afraid to tell my mom I'm pregnant age at first birth breaking up until we had kids career path interrupted community college completing the family through marriage date night is usually grocery shopping daughter is pregnant again daughter can't make it on her own did not intend to have children didn't go to prom feeling supported by both families figuring out I wanted to be a mom first pregnancy expectations getting pregnant getting pregnant 4 months after moving in together 	All (9)	<p>"I didn't get to go to my prom. I think he was like 6 weeks old when it was prom." (Heather)</p> <p>Having children just flipped a switch. It pretty much opened my eyes and I had something to look forward to and something to worry about. Before I had them I didn't really care about anything, I didn't have nothing to live for, nothing. Didn't care about nobody but myself. I just didn't have nothing to live for. Then once I got pregnant, that all changed." (AnnaBeth)</p> <p>"I was scared. I didn't know what to do. Like I always wanted to be a mom</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • getting pregnant while on birth control • goals and family plans • grades impacted by having children • having children opened my eyes • he was like 6 weeks old when it was prom • husband didn't want her to work • husband does not want mom to put children in child care • I always wanted to be a mom • I didn't care about nothing • I didn't have nothing to live for • I'm a mom now • It has not been easy here • I've learned the hard way • loved going to school • meeting her husband • my family and his family was happy • never planned to have 11 children • planned to go to college • pregnancy disrupted college plans 		<p>but I thought 'well I'm still a senior in high school what am I gonna do with a child?'." (Carly)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • pregnancy disrupts the school experience • put me on the right track • quitting college • quitting school-job because pregnant • scared when found out pregnant • scholarship program • split up from baby daddy • starting work • stopping work for pregnancy • way too hard to do college and have kids • what am I gonna do with a child • what it was like to be pregnant and go to college • won a scholarship to college 		
Reasons for letting a home visitor come to my home	<ul style="list-style-type: none"> • advise parents to get therapy right away for feeding problems • attending the community STC program after 3—missed home visitor • best for the child • bettering yourself • she taught me about brain development • child moved away but continued STC when she came for visits 	All (9)	“Like he was my first, my first child. So, I didn't really know what to do. I remember one time she brought me a like a guide of what you are supposed to feed a baby at certain ages. And milestones that he should reach at certain times. So, she brings us stuff like that and she'll bring like little

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • child really liked STC program • did developmental testing • didn't feel threatened by having home visitor • easier to do home visits than have to get out to a center-based program • establishing a daily routine—she taught me how important to do • even if you think you know, they come in and teach you different things • did group home visits with cousins • happy with home visitor • home visitor brings books • home visitor comes in to teach me how to do things • home visitor connects and is comfortable with other children in the home • home visitor is accepting of how she finds things • home visitor shows she is attached to child • I get used to it -the home visits- because 		<p>blocks or little toys to see how far he has developed with his motor skills. I love that. I like to know, that he's, you know, on schedule.” (Molly)</p> <p>I just think that you know whenever these young mothers have these children and stuff they need to think about how important it is for them to have people come out to help. It ain't so much them telling them what to do. It's just them helping. At first it felt like, you know, that somebody was telling me how to be a mom but it wasn't that. It was more, just her to come in to teach me how to do things me and show me how important it is. Cuz, just like she taught me, if you start early with them, their brain develops a lot quicker and they learn so much more.” (Carly)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<p>I know what to expect</p> <ul style="list-style-type: none"> • I like people • I try with my kids to get them to want to learn • I wouldn't drop out of the program • I'd say you're by yourself a lot • I'll take my grandkids to the program • if I need anything she always tries to find it • implementing ideas given by home visitor • in the winter time, I don't like getting out • it's a joy • it's important to start early with the kids • knew about the home visitor from her mother • knowing the home visitor • knowing the home visitor before enrolling • knows teachers at grandchild's school • learning from home visitor • learns from other parents • likes reading the books to the children 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • liking the home visits • long-term with STC • making play dough with her • mom getting as much from home visit as the child • mom making toys for the kids out of cardboard • more than one child in STC • mother approving of home visitor • my first baby--I didn't know what to do • needing to focus on the kids • nice to know everything is going smoothly with development • only people I talk to in person • parent group meetings after home visits stop • puts you in communication with the right people to help your children • re-scheduling the home visitor • reading books • reading to them constantly now • she brought all these pamphlets and went 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<p>through them with me</p> <ul style="list-style-type: none"> • she has always been really good to me and both my kids • she loved the kids- gets down on the floor with them • she was positive- excited and happy • she was real friendly • she'll help you anyway she can • she's just a really good person • she's teaching the kids to learn • (taught) sign language (to use) with child • something different every day • STC home visitors provide items to keep like scrapbooks • talking-reassuring- putting security in somebody--that gives you room to come in and start talking • they give me papers with ax I can do with the babies—I love those • they just get you ready to have the baby • this ain't about me- it's about her 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • what the home visitor does • what the mom likes about STC • what the program taught me • why mom let the home visitor come to home • worry about child not learning • you are not by yourself • what the STC home visitor does • wishing other young parents would realize she helped me a lot • young mothers need people to come out to help 		
Reasons to not have a home visitor-Why I would drop out	<ul style="list-style-type: none"> • 4 different home visitors for a year • cancelling home visitor • did not like the visits at first • didn't feel a connection to home visitor • didn't feel special • didn't remember things I told her • disengaging from a program • doesn't like strangers in home or around children 	All (9)	<p>"I honestly didn't connect with her very well and I was actually thinking about dropping out of the program entirely. Like I said, there just wasn't a connection. I felt like I wasn't special, I guess, like she didn't remember things I told her. I had to tell her things over again. She'd bring me the same papers repeatedly. Very disorganized." (Ellie)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • doesn't want home visitor to come early in the day • don't go plundering through my house • feeling anxious • firing a home visitor • frustrated with people comin' in and out • get up and walk around-I don't feel good with that • home visitor gossips about other families • home visitor should not talk about other families • home visits can get overwhelming • I get so tired and frustrated • I just don't like people to come around me • I just feel exhausted all the time • I think about stopping the therapy • if they hurt my kids • I'm eerie about friends even coming in here • I'm not going to take you being rude to me in my own house • it's frustrating at times—having people come in • just being pure afraid 		<p>“It's a kinda a small community around where we live and to me, it's like, if she's going to come talk to me about other people, it's hard telling what she's going to tell 'me about me. And to me that's privacy. Don't just talk about somebody's home and stuff like that. That's not something you do, you're not here to talk about people, you're here to be with my child and show my child how to learn”</p> <p>(Carly)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • keeping track of schedules and hours • rude and not listen • she was disorganized • she wasn't actually from this area • straightening home for my visit • surprised I let home visitors come • teacher reported grandmother to social services • they don't got the connection --with the home visitor • trust issues • very disorganized • wanting privacy • wary of strangers coming to her house 		
Relationship with home visitor	<ul style="list-style-type: none"> • aging out of the program is sad • attending the community STC program after 3 • taught me about brain development • exchanging book for baby stuff • enjoying the home visitor • firing a home visitor • home visitor comes in to teach me how to do things • home visitor is accepting of how she finds things 	All (9)	<p>“And they just get you ready to have the baby. And if you have any concerns, the home visit lady will do research for you and help you figure it out so you don't have to worry about it. You are not by yourself. That was the main thing I liked.” (Jamie)</p> <p>“One thing, she is not judgmental at all. She is not judgmental at all about anything. I</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • how she felt about having a home visitor come • I wouldn't drop out of the program • I'll take my grandkids to the program • I'm a real open person—talking to the home visitor • if I need anything she always tries to find it • it's a joy (to have the home visitor come) • It's not them telling me how to be a mom • knew about the home visitor from her mother • knowing the home visitor before enrolling • knows teachers at grandchild's school • learning from home visitor • liking the home visits • long-term with STC • more than one child in STC • needing to focus on the kids • same home visitor for more than 12 years • scheduling the home visitor 		<p>don't know, she's just very open about stuff. She's really sweet but she'll tell you right from wrong (laughing).” (Heather)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • sending child to school • she doesn't look down on you • she is not judgmental at all • she tells it to you straight • she wants you to set goals for you and your kids • she wasn't actually from this area • she works with them kids • she'll help you anyway she can • she's all about the kids • she's just a really good person • she's very encouraging • STC home visitors provide items to keep like scrapbooks • talking-reassuring-putting security in somebody--that gives you room to come in and start talking • VIP meetings with STC • you are not by yourself 		
Strong sense of family	<ul style="list-style-type: none"> • childhood memories • daily contact with her mother • describing family 	All (9)	"I have 8 aunts and uncles and then I have a grandma. I had a grandpa that passed away like

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • does not like to have friends come to house now-mostly family only • doesn't have close friends • extended family coming from Indiana for a visit • family is family to us • family members passing away • family of 14 • feeling bonded • feels closest to her mother • going on vacation with extended family • good friend provided support for sick child when living in Florida • her mother doesn't judge her • home schooling • I don't do people • I don't hang out with nobody-it's just us • living close to family • living in family house • living on family property • living on the same property • living with extended family • living in county where she went to school 		<p>three years ago and that's all I know. My step dad--all his brothers and all their cousins and my mom's cousins so it's a big family. We're very blessed.” (Carly)</p> <p>“You passed this trailer on the hill? They're distant relatives, they're not real close but still, family is family to us. We're family people that's for sure.” (Jamie)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • longtime family connections to the community--like having a road named after the family • lots of family relatives live in the area • mother wants family pictures not possessions when her mother passes • moved back to Kentucky--couldn't stand being away • moving to care for grandparents • related to everybody in the holler • relationships with home visitors • remodeled family home to live in • sense of family • sense of place • siblings • taking care of grandparents • visiting extended family • we kept to ourselves mostly • we're a very close family • we're family people--that's for sure • worst memory was grandmother dying • youngest daughter lives with her and grandson 		

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
Suspicious of outsiders	<ul style="list-style-type: none"> • does not like to have friends come to house now-mostly family only • firing a home visitor • I don't do people • just being pure afraid • mother present during interview • she wasn't actually from this area • sticking to ourself and our family • that's the outside world you are letting into your haven • trust issues • wanting privacy • your home is your safety 	AnnaBeth, Camille, Carly, Ellie, Jamie, Maggie (6)	<p>“See that's the outside world and you are letting them into your haven, your safety, your family.” (Maggie)</p> <p>“I'm away from everybody. Ain't gotta worry about drama and we don't have friends. We just stick to ourself and our family and you know, it's better that way. We go without people stealing from us and you ain't got people knocking on your door everyday wanting borrow this or that or coming and making themselves at home.” (Carly)</p>
What I expect from the home visitor	<ul style="list-style-type: none"> • ask if you can go somewhere in my house • ask where to sit • asking where to sit • defining home visitor's role • didn't feel a connection to home visitor • didn't remember things I told her • don't go plundering through my house • firing a home visitor • group home visits with cousins 	AnnaBeth, Camille, Carly, Ellie, Jackie, Jamie, Molly (7)	<p>“See, that's what I like, you come in, you ask where you can sit. If you need to go somewhere, you ask first. As long as you ask first, I don't have a problem with it. The biggest thing is, if you're rude to me, I'm not going to sit here and take it. I don't have to take it. I can make you leave. This is my house.” (Camille)</p>

Table 4.3 (continued). *How the 24 Major Categories Emerged from the Participants.*

Major Category	Corresponding Codes	Participants who mentioned	Significant supporting quotations
	<ul style="list-style-type: none"> • home visitor connects and is comfortable with other children in the home • home visitor is accepting of how she finds things • home visitor needs high tolerance for family activity during visit • home visitor needs to be flexible about scheduling-reschedule • home visitor should not talk about other families • I get used to it -the home visits- because I know what to expect • she loved the kids- get down on the floor with them • she was real friendly • this is where I want you to stay • very disorganized • wanting privacy • you're here to be with my child and show my child how to learn 		<p>“Don't just talk about somebody's home and stuff like that. Like, that's not something you do. You're not here to talk about people, you're here to be with my child and show my child how to learn.” (Carly)</p>

Axial Coding

It was during the process of axial coding, which I will describe below, that I began to sense how the data were moving beyond description of the mothers' personal

stories, their place in their nuclear and extended families, their financial and medical needs and their hopes for the future. With the mothers' voices echoing so vividly in my head as I dealt with the codes and categories, description would have been an easy stopping off point. In order to move to theory development, I needed "a method for discovering those patterns that contextualize a central phenomenon and the relationships among the categories from which those patterns are constructed (Karen W. Scott, 2004, p. 115). I employed an analysis procedure recommended by Scott and Howell (Karen Wilson Scott & Howell, 2008), the Conditional Relationship Guide which operationalized the recommendations by Strauss and Corbin (Strauss & Corbin, 1998) p. 127 to ask "who, when, why, how, and with what consequences" the events were happening in the data. Scott likened this system of uncovering the answers to the questions as weaving a tapestry out of the threads provided by the participants. Scott writes, "Strauss and Corbin refer to that dynamic element as Process. Studying Process allows us to understand the involvement of the participants with their pursuits" (p. 115). The following questions by Scott and Howell (2008) guided my thinking as I answered the following questions about the categories:

What is [the category]? (Using a participant's words helps avoid bias)

When does [the category] occur? (Using "during . . ." helps form the answer)

Where does [the category] occur? (Using "in . . ." helps form the answer)

Why does [the category] occur? (Using "because . . ." helps form the answer)

How does [the category] occur? (Using "by . . ." helps form the answer)

With what consequence does [the category] occur or is [the category] understood? (Karen Wilson Scott & Howell, 2008, p. 6.)

When answering “What is the category”, I reviewed all the codes in the category and composed a definition that I thought best represented what the mothers were describing. The reader will note that all the definitions contain either the word “process” or “describing” which I chose to convey action on the part of the mother.

The first category I considered was *Becoming my child’s advocate* which was constructed from 19 codes during open coding and represented seven of the nine participants. The two participants who did not mention advocacy were Carly and Molly whose children were typically developing with no physical or behavioral health concerns. To answer the “what” question, I defined this category as the *Process of deciding she knows what is “right” for her and her child(ren)*. The following instances represent some of the times the mother had to decide she knew what was best for herself and her child and answer the question “when did she become an advocate for her child?”:

- Abortion offered because child had diagnosis of Down syndrome and severe heart defect
- Advocating for daughter’s medical care
- Child abused by spouse
- Researching options online although told by doctors to stay off the internet

“Where” did becoming an advocate occur in this category? One mother received a telephone call to confirm the diagnosis of Down Syndrome for her daughter. She was told she was approaching the end of the time that she could choose an abortion. For

another mother, becoming her child's advocate occurred when she returned from work one day to find bruises on her toddler. She left her husband and her home with only a diaper bag and the work clothes she was wearing.

“Why” did she become an advocate? The mother offered an abortion answered that question when she told me “no matter what health issues she will have I still love her and she's still a person and I still want her to become, you know, become somebody.” One mother said she felt it was her job as the mother to protect her toddler from potential future physical abuse even though her financial and housing security disappeared in the moment she packed the diaper bag and left.

“How” did she become an advocate? For one mother, whose daughter had continuing bouts of fever and pain so severe she would not touch her feet to the ground, becoming an advocate required her to seek out multiple doctors and incur medical expenses she could ill afford as a single mother to finally get a diagnosis of juvenile rheumatoid arthritis.

What are the “consequences” of becoming an advocate? In all seven cases, I came to see that because she was now a mother, she set aside her own needs, her own insecurities and indecisiveness and found her voice, determined a course of action and followed through in a way that made sense to her.

I followed this procedure as I worked my way through all 24 major categories. Below you will find the Conditional Relationship Guide I constructed. See Table 4.4.

Table 4.4. *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
Becoming my child's advocate (19 codes)	Process of deciding she knows what is "right" for her and her child(ren)	<ul style="list-style-type: none"> • Abortion offered because child Down syndrome - Child abused by spouse • Child has chronic health condition • Getting lots of conflicting advice about what to do about daughter's heart problem • Having to make medical decisions on the spot ("I was alone—just me and her") • Researching options online although told by doctors to stay off the internet 	<ul style="list-style-type: none"> • Finding out about baby's diagnoses when the doctor called • In the hospital • Returned home from work to find bruises on toddler and left husband with only diaper bag and work clothes • Taking child to multiple doctors to get diagnosis of JRA 	<ul style="list-style-type: none"> • Deciding to continue the pregnancy because "no matter what health issues she have I still love her and she's still and person and I still want her to become, you know, become somebody." • Deciding procedure recommended by doctor was too risky • Feeling it was her job as the mother to protect her child from future abuse 	<ul style="list-style-type: none"> • Arranging transfer to another children's hospital • Constant vigilance of health status; spending money out-of-pocket; Doing her own research • Moving in with her mother until she could get her own place again 	<ul style="list-style-type: none"> • Finding her voice as a mother and determining a course of action that makes sense to her • Putting the child's needs first • Despite mother's own learning/reading difficulties, doing research (usually online) to make a decision she can live with

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
Characteristics of the mother (33 codes)	Process of talking about her current life situation and reflecting on decisions she's made and the outcomes of those decisions	<ul style="list-style-type: none"> • Didn't like the home visits at first • Don't really have regrets anymore • Might help someone else if I'm honest • Now values education • Wants to help other parents 	<ul style="list-style-type: none"> • Reflecting on life during interview • Completing the timeline 	<ul style="list-style-type: none"> • introverted ("I don't do people") • "It's like I don't really have regrets anymore, I mean I used to but when I think about now...all the stuff what I went through is what's made me who I am and made me have the strength that I have." 	<p>Deciding to let them continue ("I figured I'd just give it a try and my kids enjoyed it when she comes and does the visits."</p> <p>Accepting current circumstances</p> <p>Deciding she wants to help other parents</p>	Making peace with how my life is right now.
Children have special needs (57 codes)	Describing what it is like to raise a child with special needs	<ul style="list-style-type: none"> • Getting a diagnosis for child's problems • Going to multiple appointments 	<ul style="list-style-type: none"> • At home • Family social events • MD's offices 	<ul style="list-style-type: none"> • Wanting others to understand about disabilities 	Moving from feeling devastated to acceptance	<ul style="list-style-type: none"> • Realizing life is different than how she planned when she first

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<ul style="list-style-type: none"> • Communication barrier is the hardest • Deciding which procedures/medicines for child • Dealing with family's reaction to child's problems • Realizing child is always going to need her • Financial implications of having a child with special needs 	<ul style="list-style-type: none"> • School 			learned she was pregnant
Child's positive influence on the mother (23 codes)	Process of mothers telling how the child(ren) improved her life	<ul style="list-style-type: none"> • During the interviews • Drawing the timeline 	<ul style="list-style-type: none"> • At home 	<ul style="list-style-type: none"> • Doesn't call her kids mistakes • Having children opened my eyes • I was going down the wrong path 	<ul style="list-style-type: none"> • Child has taught her a lot • I don't know where I would have ended up without my kids 	Acknowledging that her life has taken a positive turn because she has children

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				<ul style="list-style-type: none"> Kids can change people for the better if you let them 	<ul style="list-style-type: none"> They put me on the right track 	
Depression and Other Mental Health Related issues (25 codes)	Mothers describing mental health challenges during different points in her life	Attending post-secondary education program During home visits During the winter Feeling trapped at home Living with extended family Postpartum Thinking about cancelling home visits Using hormone-based birth control	At home During home visits Living in someone else's home Vomiting on the way to school every day	Family thought I was crazy Feeling anxious Feeling irritable Home visits can become overwhelming Not sleeping because I have kids I got to take care of School has always caused anxiety for me Thinking of leaving husband	Easier to allow home visitor to come than to call to cancel Feeling better when I can exercise Quitting school Stopping birth control Stopping breast feeding Taking it one day at a time Taking medication for depression	Finding ways to manage the symptoms of mental health challenges
Financial problems and support (49 codes)	Mothers describing what it is like to	Depending on friends for transportation	Asking father-in-law for money	Cost of daycare and transportation to	Allowing community program to fix	Finding ways of making do or doing without

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
	provide for child(ren) with limited resources	Depending on extended family for financial support “Doubling up”—more than one family living in the same house Finding it difficult to get government assistance if she works Living in substandard housing Needing child’s father at home to help with children so he does not work Not enrolling child in Head Start Sharing kids with the father/stepmom who can give them things the mother cannot	Living with others Learning ways around government rules about working	college prohibitive Couldn’t meet living expenses without government assistance Daughter and her children cannot make it on their own Does not have a working car Cost of gas to transport child to preschool	plumbing and flooring Applying for and receiving Michelle P waiver Living with daughter and her children; having custody of another grandchild Trying to work just enough to supplement income without losing government assistance	Delaying dreams and goals until times are better
Home visitors as	Mothers describing the social	Feeling lonely and “I’d say you’re by yourself a lot”	At the community school	Child(ren) loves having the	Community program	Finding that the home visitor eventually

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
social contacts (17 codes)	aspect of the home visitation program	<p>Will attend the community STC program after child turns 3 because she will miss seeing the home visitor</p> <p>Has been with STC for over 10 years</p> <p>Wouldn't go to a center-based program</p>	At home	<p>home visitor come</p> <p>Doesn't drive</p> <p>Doesn't have a car</p> <p>Doesn't like getting out in the winter</p> <p>Mother getting as much from home visit as the child</p> <p>Only people she talks to in person</p> <p>She doesn't have visitors except for home visitor</p>	occurs each month	becomes a friend and "like family to me"

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
I do it for the kids (26 codes)	Mothers describing how she made a decision to continue with home visitation even though it would not be her first choice	<p>Did not like the visits at first</p> <p>I think about stopping the therapy</p> <p>Kept doing the home visits for the children</p>	Home Home visits Community	<p>Home visits can get overwhelming</p> <p>He loves having visitors</p> <p>I'll do anything to help my child it's what's best for her</p> <p>"No, I can't be like that. This ain't about me, it's about her"</p> <p>"You can't just think about yourself all the time"</p>	<p>"Even when it gets hard on me, I still do it"</p> <p>Doing the activities the home visitor suggests</p> <p>Mom collecting cardboard making toys for the kids out of cardboard after she saw the home visitor do something similar</p>	Deciding to set aside her personal preferences and continue with home visitation
Mother defers her own needs	Mothers describing setting	Deciding to allow the home visitor to come	Home Home visits	Husband does not want mom	Forcing herself to choose what she knows is	Accepting that being a mother means she will

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
for what she sees as good for the children (17 codes)	aside her own needs to meet the needs of her child(ren)	Deciding to become a stay at home mom Dropping out of college Not having time alone anymore Not having time alone with spouse to have fun together Not pursuing own interests Not sleeping enough Not working Wishing she had a career before having children	Nighttime routines (“I have no time to read what I like anymore”) Not pursuing career Pregnancy Quitting school because of child Working in fast food to accommodate childcare	to put children in child care “I have kids I got to take care of” (about sleep) “I just got to get these boys through school” “It's what's best for her” “It's really just mostly about them” “It seems like our only date is going food shopping” Too hard to take care of child, work and go to school all at once	best for the child “Even when it gets hard on me, I still do it” “It's frustrating at times, having people come in” “You can't just think about yourself all the time”	make choices that make her uncomfortable or sad Accepting that her education and career path has been interrupted for now

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				“When I go somewhere it's to the store or doctor”		
Mother's adolescence influences present circumstance (64 codes)	Mothers describing the impact of decisions and behavior from her adolescent period on her current life status	<p>Did not intend to have children (when I was a teenager)</p> <p>Doing whatever we wanted</p> <p>Drawing the timeline (“Bad stuff on mine”)</p> <p>Family moved to a new community during mother's teenage years</p> <p>Getting it out of my system</p> <p>Getting my high school diploma</p>	<p>Family of origin home</p> <p>High school</p> <p>Middle school</p> <p>Smoking in the school bathroom</p> <p>Timeline</p>	<p>Afraid to go to high school because of racial tension</p> <p>Child's father continued to drink, use drugs and party</p> <p>Church is only place that talks about abstinence</p> <p>“Going on birth control made me me feel it was okay to do it”</p>	<p>Doing online and summer courses to get high school credits (“No one thought I would graduate”)</p> <p>“Going to talk to my kids about the bad stuff”</p> <p>Health department sent a letter saying she needed follow up treatment and her mother opened it</p>	Recognizing that her decisions during adolescence have resulted in turning points that impact her past, current and future life course trajectory

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Hanging out with the wrong kids</p> <p>Her mother died and her father remarried—home schooling started</p> <p>“I felt like I never had a worry in the world” (until she got pregnant, then)</p> <p>“What am I going to do with a child”</p> <p>Leaving child's father</p> <p>Losing my virginity because I felt peer pressure to do so</p> <p>Making decisions I now regret</p> <p>“Mom found out I was having sex”</p>		<p>“He was like 6 weeks old when it was prom”</p> <p>“I wasn't watched as much as I should have been”</p> <p>“I never tried to do anything right. I tried to do everything wrong.”</p> <p>“I was a troubled kid.”</p> <p>“I was young and stupid” (in reference to getting married and moving at age 17)</p> <p>“Middle school it went downhill”</p>	<p>“I didn't understand it then like I do now”</p> <p>“I had no guidelines—it was not a stable time of life”</p> <p>“I've grown up a lot since then”</p> <p>“I've learned a lot”</p> <p>“I've learned the hard way”</p> <p>“It embarrasses me now”</p> <p>Running around with friends whose parents let</p>	

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Mom let me try drinking and smoking</p> <p>Not going to prom</p> <p>“Once I hit puberty I was just angry all the time”</p> <p>Scared when found out pregnant *</p> <p>Skiping school to hang out with my boyfriend</p> <p>Wrong crowd of friends</p> <p>“You don't want your kids doing the things you did”</p>		<p>My mom was a single mom and she had to work all the time”</p> <p>“Mom didn't know how to discipline me”</p>	<p>them do whatever</p> <p>Smoking cigarettes</p> <p>Smoking weed</p>	
Mother's difficulties with school (68 codes)	Mothers describing ambivalent feelings about and	<p>Bullied at school</p> <p>College grades impacted by having children</p>	Family of origin's home Elementary school	“My mom was a single mom and had to work all the time”	Chose to go to an alternative high school program	Recognizing her own difficulties in school, the mother hopes for better for her

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
	difficulties experience while in school	<p>Decided to drop out of high school</p> <p>Diagnoses of ADHD, dyslexia, learning disability impacted learning/grades</p> <p>Didn't have friends at school</p> <p>Getting held back in first grade</p> <p>Getting in fights at school</p> <p>Home schooling was inadequate—didn't really have to learn</p> <p>I can't really read</p>	<p>Middle School</p> <p>High school</p> <p>College</p> <p>Moved to big city</p> <p>School bus</p> <p>Teachers expressed they didn't have time to help her learn in her unique way</p>	<p>Mom's father had to transfer to big city for work</p> <p>Mother's mom was in the hospital for five months and she went to live with grandparents in another state</p> <p>Not socially adept</p> <p>Perceived teachers as rude when they didn't help her as much as she needed</p> <p>Transitioning from community</p>	<p>She was one of few white girls at the school</p> <p>Slept in school and couldn't sleep at night "I slept through the 3rd grade"</p> <p>The teacher is so important to success in school</p>	children: "I really want my kids to learn"

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>So anxious about school I would have to pull over and throw up</p> <p>Needed adapted learning materials</p> <p>Poor sleep routines during elementary school</p>		<p>school to county schools</p> <p>left public school in 7th grade</p>		
Mother's dreams and goals for her children (37 codes)	Mothers describing what they want for their children in the future	<p>Wants child(ren) to have a different future than her current situation</p> <p>Wants child(ren) to do "really good" in school</p> <p>Wants child(ren) to learn to extend kindness to other</p>	In their future	<p>"We want our kids to have both their parents"</p> <p>"You don't want your kids doing the things you did"</p>	<p>"I'm going to talk to my kids about bad stuff and hope they won't do the same things I did"</p> <p>Teaching my kids to not do crazy</p> <p>"To where she don't have to</p>	Looking back at their own lives and verbalizing how they hope their child(ren) will experience their future

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Wants to home school child</p> <p>Wants to travel with child(ren)</p> <p>Wants children to learn that they don't need everything they want</p> <p>Wants them to learn to play an instrument</p> <p>Wants them to have enough money to not have anybody else "payin' for stuff"</p> <p>Wants to work to improve their marriage</p> <p>Wants daughter to be independent of men</p>			depend on no man to support them"	

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Wants children to learn to read</p> <p>Wants kids to graduate from high school and maybe college</p>				
Mother's goals and dreams for herself (28 codes)	Mothers describing what they think they will do "when I get free time"	<p>Enjoys working and wants to return to work when her child(ren) go to school</p> <p>Needs to just enjoy things getting easier</p> <p>Planned to go to college but doesn't call her kids mistakes</p> <p>Plans to go back to school once child is in school</p>	<p>At home</p> <p>During the interview</p> <p>Drawing the timeline</p>	<p>I love to learn I'm trying to work on myself a lot</p> <p>"It'd be selfish, really, to have more children"</p> <p>Wants to "better herself"</p> <p>Wished she had a career before having children</p> <p>Won a full-ride scholarship to</p>	<p>Not have any more children</p> <p>Plans to start back to college by taking classes online</p> <p>Starting a home business selling products</p>	Planning a future more focused on themselves

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		Trying to live healthier Wants a career Wants to learn foreign languages		college but had to quit because too hard to have a baby and go to school—wants to return to college		
Mothering responsibilities (33 codes)	Mothers describing the activities they perform, the decisions they make and the attitudes they've come to adopt in order to "be a good mom"	Becoming a medical expert about my child's condition Being involved in kids' lives Creating a family legacy through pictures Deciding to become a stay at home mom Deciding to not have any more children Establishing a daily routine	At home Child(ren)'s schools Home visits In the hospital In the community Parent group meetings Repeat trips to ER	"I always wanted to be a mom" "I love babies" "It'd be selfish, really, to have more children" She likes being a mother "She's always going to need me" (child has disability) "So I thought, 'who would she	"Date night is usually grocery shopping" Doing the activities the home visitor leaves Encouraging child to be active and learn I don't have girlfriends now I try with my kids to get them to want to learn	Choosing and managing the responsibilities that come with being a mother

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Figuring out I wanted to be a mom</p> <p>Figuring out how to provide housing, food and clothing for child(ren)</p> <p>Focusing on children's needs</p> <p>Going to talk to my kids about bad stuff</p> <p>Keeping the home environment safe for child(ren)</p> <p>Managing appointments for multiple children</p> <p>Realizing parenting is lifelong</p>		<p>have, she'd just be on her own' so I couldn't do it" (pursue a career as a fire fighter)</p> <p>"You got to work in concession stands...you got bake sale, and now I'm going to have three different schools"</p>	<p>Keeping her home to protect her from illness</p> <p>Making every decision while thinking about children</p> <p>Mother knows each child's strengths</p> <p>Moved to rural area away from her parents in order to raise children out of the city</p> <p>Spending time with each child separately</p> <p>Wants a tubal ligation</p>	

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Sharing children with exes</p> <p>Taking birth control</p> <p>Teaching children to help others</p> <p>Teaching child(ren) to transition to adulthood by requiring them to do chores</p> <p>Volunteering at child(ren)'s schools</p>				
Stresses of motherhood (45 codes)	Mothers describing aspects of the mothering role that cause them to feel anxious, stressed or underappreciated	<p>Dealing with the dishes, laundry, transportation of child(ren) to school/activities</p> <p>Getting children to do chores</p> <p>Doesn't have close friends</p>	At home Community Schools	<p>Can't sleep</p> <p>Child has days and nights mixed up</p> <p>Child(ren) has multiple appointments with home visitors and medical appointments</p>	<p>Child attends private school which has fewer children</p> <p>I just take it one day at a time</p> <p>People say I don't take good care of her</p>	Acknowledging the pressures and hardships of being a mother

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Extended family disagrees with how to handle medical concerns, education for child(ren) with disabilities</p> <p>Father not bonded to child with disabilities</p> <p>I just feel exhausted all the time</p> <p>Keeping track of schedule and hours</p> <p>Limited time to herself</p> <p>Needs father home to help with child more than working</p> <p>Stress on the couple's relationship</p>		<p>Did not intend to have children</p> <p>Each parent deals with child's disabilities differently</p> <p>Has children in several different schools</p> <p>"I can't go to the store by myself"</p> <p>"It's really hard for me to ask for help"</p> <p>Limited financial resources</p>		

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		<p>Worry about the child not learning</p> <p>Worrying about child's exposure to diseases</p> <p>Worries other siblings impacted by all the time and attention the child with a disability gets</p>		<p>Need to teach them adult responsibilities</p> <p>No time right now for friendships</p>		
Pregnancy and having children changes things (46 codes)	Mothers describing their reaction to finding out they are pregnant, the decisions they made because they had an unplanned pregnancy and the	<p>Breaking up until we had kids</p> <p>Getting married</p> <p>Getting pregnant Relationship with husband</p> <p>Figuring out I wanted to be a mom</p> <p>First pregnancy expectations</p>	Home Community School	<p>Afraid to tell my mom I'm pregnant</p> <p>Child's father continued to drink, do drugs and party Committed to staying together even though not married because</p> <p>"We want our kids to have</p>	<p>"Completing the family through marriage" (from the timeline)</p> <p>Grades impacted by having children</p> <p>Having child "put me on the right track"</p>	Recognizing and accepting the changes that come because "I'm a mom now"

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
	outcomes of pregnancy and their decisions	<p>Getting pregnant 4 months after moving in together</p> <p>Getting pregnant while on birth control</p> <p>Had to drop out of scholarship program</p> <p>Husband didn't want her to work</p> <p>Planned to go to college</p> <p>Quitting college; quitting work</p> <p>Scared when found out pregnant</p> <p>Split up from baby daddy</p>		<p>both their parents"</p> <p>Date night is usually grocery shopping</p> <p>Didn't go to prom</p> <p>Feeling supported by both families</p> <p>Having children opened my eyes</p> <p>Husband does not want mom to put children in child care</p> <p>"I didn't care about nothing; I didn't have nothing to live for" (before having child)</p>		

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				<p>“What am I gonna do with a child?”</p> <p>“Way too hard to do college and have kids”</p>		
Reasons for letting a home visitor come to my home (79 codes)	Mothers describing why they allow home visitor access to their children and their home	<p>Home visits</p> <p>Considering dropping out of the program</p> <p>Developmental testing</p> <p>Group home visits with cousins</p> <p>Implementing ideas given by home visitor</p> <p>Learning from home visitor</p>	<p>Home Community-based programs after child turns 3</p> <p>Parent group meetings</p>	<p>Best for the child</p> <p>Bettering yourself</p> <p>Easier to do home visits than to take child to center-based services</p> <p>Even if you think you know how to parent, they come in and help you learn different things</p> <p>Home visitor brings books</p>	<p>Advise other parents to get therapy right away for eating problems</p> <p>Establish a daily routine</p> <p>Home visitor shows she is attached to my child needing to focus on the kids</p>	After reviewing the pros and cons of home visitation, deciding to continue engagement in the program(s)

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
		Wishing other parents would realize how important the home visits are		Home visitor connects and is comfortable with other children in the home Home visitor is accepting of how she finds things I get used to the home visits because I know what to expect If I need anything she always tries to find it “I’m a real open person” It was my first baby, I didn’t know what to do Knew about the home visitor from her mother		

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				<p>Knowing the home visitor before enrolling</p> <p>Mom getting as much from home visit as the child</p> <p>Nice to know everything is going smoothly with development</p> <p>Only people I talk to in person</p> <p>She puts you in communication with the right people to help your children</p> <p>STC home visitors provide items to keep things for my kids--like scrapbooks</p> <p>Taught me the importance of</p>		

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				establishing daily routines They give me papers with ax that I can do with the babies You are not by yourself “Young mothers need people to come out to help them learn to be a mother”		
Reasons to not have a home visitor/Why I would drop out (37 codes)	Mothers describing their thinking process about giving a home visitor access to their child and their home;	Cancelling home visitor Dropping out of the program/firing a home visitor Suspicious of outsiders Teacher reported parent to social services Trust issues Wanting privacy	Home Telephone	Didn't feel a connection to home visitor Didn't feel special Didn't remember things I told her Doesn't like strangers in home or around children	Cancelling by telephoning, standing up, forgetting and asking home visitor to leave at the front door Dropping out of the program by calling the home visitor's	Weighing the negative aspects of home visitation services to make a decision about engagement in programs

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
	describing negative experiences with a home visitor			Doesn't want home visitor to come early in the day Feeling anxious Frustrated with people comin' in and out Home visits can get overwhelming Home visitor gossips about other families I just feel exhausted all the time Just being pure afraid Home visitor was disorganized Home visitor was rude and did not listen to me	supervisor and asking for another visitor or dropping out of the program entirely Confronting the teacher about reporting to social services	

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				<p>“I’m eerie about friends even coming in here”</p> <p>She had four different home visitors for a year</p> <p>Straightening my home for the visit</p> <p>“That’s the outside world you are letting into your haven”</p> <p>“We stick to ourself and our family”</p> <p>Your home is your safety</p>		
Relationship with home visitor (46 codes)	Mothers describing the characteristic of the home visitor and her	<p>Aging out of the program</p> <p>Attending the community STC program after 3</p> <p>Exchanging book for baby stuff</p> <p>grandchild’s school</p>	Home Community-based program	<p>Continues to attend the community meetings because mom missed seeing the home visitor</p>		Determining that the relationship with the home visitor is as important as the services offered

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
	relationship with the home visitor	Learning from home visitor with development She tells it to you straight She wants you to set goals for you and your kids		Didn't feel threatened by the home visitor Home visitor comes in to teach me how to do things Home visitor gave mother books that could be exchanged at another program for items (clothing, diapers) the mother needed Home visitor is accepting of how she finds things I'll take my grandkids to the program It's not them telling me how to be a mom		

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				<p>Same home visitor for more than 12 years</p> <p>She doesn't look down on you</p> <p>She has always been really good to me and both my kids</p> <p>She is not judgmental at all</p> <p>She's all about the kids</p> <p>She's just a really good person</p> <p>She's very encouraging</p>		
What I expect from the home visitor (21 codes)	Mothers describing what the home visitor can do to help them be	During the home visit	Home Community	<p>Brings novel activities each time</p> <p>"I'm not going to take you being rude to</p>	<p>Ask if you can go somewhere in my house</p> <p>Ask where to sit</p>	Finding reasons and ways to trust and welcome the home visitor

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
	comfortable giving access to their child(ren) and home			<p>me in my own house”</p> <p>Home visitor connects and is comfortable with other children in the home</p> <p>Home visitor is accepting of Home visitor needs high tolerance for family activity during visit how she finds things</p> <p>Home visitor needs to be flexible about scheduling/rescheduling</p> <p>I get used to the home visits because I know what to expect</p> <p>She was real friendly talking-</p>	<p>Be organized</p> <p>Be reassuring; help me feel secure--that gives you room to come in and start talking</p> <p>“Don’t get up and walk around-I don’t feel good with that”</p> <p>“Don’t go plundering through my house”</p> <p>Get down on the floor with them kids</p> <p>Help her find resources to fill specific needs</p> <p>Home visitor should not talk</p>	

Table 4.4 (continued). *Conditional Relationship Guide.*

Major Category	What (collective definition)	When (during)	Where (in) (during)	Why (because)	How (by)	Consequence (with what consequence)
				“You're here to be with my child and show my child how to learn	about other families Offer group home visits with other family member's children Take notes and remember what the mother has told you	

Analyzing Emergent Concepts

The Conditional Relationship Guide helped me to focus on the processes and actions of the mothers found within each major category. I could now visualize a story emerging in a two-dimensional, left to right movement pattern. I could say what “what” meant because of the definition attached to the category. Essentially “what” was the plot line for that category, for example, *becoming my child’s advocate*. It occurred to me that “When and where” told me about the context(s) of the story, and “why” gave me clues about the mothers’ motivation for the actions. I had to study the “how” category multiple times before I recognized that “how” designated primarily the conflict present in that row’s story that needed resolution; the resolution of the conflict in that row led to the “consequences”. Viewing each row of the Guide in this way basically gave me 24 separate stories but it did not encompass the interrelationships up and down the rows. I needed to further condense the concepts in the major categories to discover at a deeper level what the data were saying.

I constructed an Emergent Concepts table (see Table #) to compare the categories and consequences. I color coded the Emergent Concepts column to focus my comparisons (Figure 4.9). I asked, “How does *becoming my child’s advocate* relate, interact, or share common attributes with *characteristics of the mother*?” In this case, I wrote that by *putting the child’s needs ahead of her own* (which is what I perceived much of the action/plot to be when she advocated for the child) the mother began *growing as a person to meet mothering responsibilities*. Next, I reviewed the category *characteristics of the mother* and its definition and decided the outcome of the consequence was *doing*

what needs to be done for the kids which also led to growing as a person to meet mothering responsibilities.

Table 4.5. *Emergent Concepts Table.*

Category	Collective Definition	Consequence	Selective Coding
Becoming my child's advocate (19 codes)	Process of deciding she knows what is "right" for her and her child(ren)	Finding her voice as a mother Determining a course of action that makes sense to her Putting the child's needs first Despite mother's own learning/reading difficulties, doing research (usually online) to make a decision she can live with	Putting the child's needs ahead of her own <i>? growing as a person</i>
Characteristics of the mother (33 codes)	Process of talking about her current life situation and reflecting on decisions she's made and the outcomes of those decisions	Making peace with how my life is right now	Doing what needs to be done for the kids <i>Growing as a person</i>
Children have special needs (57 codes)	Describing what it is like to raise a child with special needs	Realizing life is different than how she planned when she first learned she was pregnant	Learning how to adapt to being a mom <i>growing as a person</i>
Child's positive influence on the mother (23 codes)	Process of mothers telling how the child(ren) improved her life	Acknowledging that her life has taken a positive turn because she has children	Being a mom has made me a better person
Depression and other mental health related issues (25 codes)	Mothers describing mental health challenges during different points in her life	Finding ways to manage the symptoms of mental health challenges	Finding ways to adapt in order to care for the child
Financial problems and support (49 codes)	Mothers describing what it is like to provide for child(ren) with limited resources	Finding ways of making do or doing without Delaying dreams and goals until times are better	Putting the child's needs first <i>growing as a person</i>
Home visitors as social contacts (17 codes)	Mothers describing the social aspect of the home visitation program	Finding that the home visitor eventually becomes a friend and "like family to me"	Choosing to partner with home visitors

I continued to compare categories and consequences and arrived at seven major categories that appeared to interact with each other and which I coded yellow. I contemplated the consequences column of these seven yellow coded categories and utilized the strategy of assigning a gerund form verb to a phrase to remind me that I was seeking a theoretical process. (The reader will note that in the above, Table 4.9, I identified the color-coded category as "selective coding". As I moved into the Reflective Coding Matrix phase, I realized these color-coded categories were emergent theoretical codes) In this case, the phrases that emerged were:

- *Putting the child's needs ahead of her own/Putting the child's needs first*
- *Doing what needs to be done for the kids*
- *Learning how to adapt to being a mom*
- *Finding ways to adapt in order to care for the child*

I then asked, “do all these phrases indicate the mother is growing into the mothering role?” and found the answer was “Yes.” I had been able to find interactions between categories and now saw the story evolving left to right and vertically as I assigned the concept *growing as a person to meet mothering responsibilities*. Relying on my memory of mathematics, I thought “I can account for the x and y axis”. The building I alluded to at the beginning of this chapter had just started to rise from the ground.

The concept *choosing to partner with home visitors* was built upon the following categories:

- *Home visitors as social contacts*
- *I do it for the kids*
- *Reasons for letting a home visitor come to my home*
- *Reasons to not have a home visitor/Why I would drop out of the program*
- *Relationship with the home visitor*
- *What I expect from the home visitor*

I next considered the following categories:

- *Child's positive influence on the mother*
- *Mother's adolescence influences present circumstances*
- *Pregnancy and having children changes things*

I returned to the transcripts as I made decisions about these three categories. I needed to read the participants' words again as I felt these concepts were central to a transformation that took place in the mother. I also reviewed the literature on Life Course Perspective because these three categories represented a turning point in the mothers' lives. Pregnancy was the event that became a turning point; that turning point had the potential to induce a shift in the life trajectory. The phrase *being a mom has made me a better person* sprang to mind and I needed to be confident that it represented all nine participants. I also found evidence in the transcripts that *accepting responsibility for past decisions* was interrelated with the mothers' viewpoint that becoming a mother was a positive event. After reviewing the transcripts, I was satisfied with wording of this emerging concept.

Wanting better for her children [than what she experienced] was born out of the 68 codes that made up the category *mother's difficulties with school* and her responses to the question "what are your hopes and dreams for your children?" which I categorized rather unimaginatively as *mother's dreams and goals for her children*. Eight out of nine participants responded that they wanted the child to perform better in school than she had, that she wanted the child to wait to have more adult experiences such as pregnancy and parenting, and most responded they wanted the child to have an opportunity to have a career that paid well. Jackie, the mother of 12, said what she wanted for her children was to learn that they didn't need everything they wanted. She did not project anything more tangible into their future.

The final emerging concept, *looking forward to a future focusing on herself* was gerund verb phrasing of a standalone category: *mother's goals and dreams for herself*.

Nine participants generated 28 codes in this category which included having time to herself, enjoying things getting easier, going back to college, traveling, developing a career, and learning something just for fun. This was evidence to me that all participants expressed some level of temporal horizon development (Bickel, et al., 2006). I will discuss this concept as a contextual element in the section on Reflective Coding Matrix and in the Discussion Chapter.

Table 4.5, Emergent Concepts illustrates how I color coded the identified concepts and further refined the categories. At the end of this process, I had confidence that I had uncovered five theoretical concepts relevant to the research question: What is a theory that explains why young, low-income, rural mothers choose to enroll their children in home-based, early intervention services and engage with a home visitor for the period of time her child is eligible for services?

Table 4.6. *Emergent Theoretical Concepts.*

Major Category	Collective Definition	Consequence	Emergent Theoretical Concepts
Becoming my child's advocate (19 codes)	Process of deciding she knows what is "right" for her and her child(ren)	Finding her voice as a mother; Determining a course of action that makes sense to her; Putting the child's needs first; Doing research (usually online) to make a decision she can live with	Growing as a person to meet mothering responsibilities (Putting the child's needs ahead of her own)
Characteristics of the mother (33 codes)	Process of talking about her current life situation and reflecting on decisions she's made and the outcomes of those decisions	Making peace with how my life is right now	Growing as a person to meet mothering responsibilities (Doing what needs to be done for the kids)
Children have special needs (57 codes)	Describing what it is like to raise a child with special needs	Realizing life is different than how she planned when she first learned she was pregnant	Growing as a person to meet mothering responsibilities (Learning how to adapt to being a mom)
Child's positive influence on the mother (23 codes)	Process of mothers telling how the child(ren) improved her life	Acknowledging that her life has taken a positive turn because she has children	Becoming a mom made me a better person
Depression and other mental health related issues (25 codes)	Mothers describing mental health challenges during different points in her life	Finding ways to manage the symptoms of mental health challenges	Growing as a person to meet mothering responsibilities (Finding ways to adapt in order to care for the child)
Financial problems and support (49 codes)	Mothers describing what it is like to provide for child(ren) with limited resources	Finding ways of making do or doing without Delaying dreams and goals until times are better	Growing as a person to meet mothering responsibilities (Putting the child's needs first)

Table 4.6 (continued). *Emergent Theoretical Concepts.*

Major Category	Collective Definition	Consequence	Emergent Theoretical Concepts
Home visitors as social contacts (17 codes)	Mothers describing the social aspect of the home visitation program	Finding that the home visitor eventually becomes a friend and “like family to me”	Choosing to partner with home visitors
I do it for the kids (26 codes)	Mothers describing how she made a decision to continue with home visitation even though it would not be her first choice	Deciding to set aside her personal preferences and continue with home visitation	Choosing to partner with home visitors
Mother defers her own needs for what she sees as good for the children (17 codes)	Mothers describing setting aside her own needs to meet the needs of her child(ren)	Accepting that being a mother means she will make choices that make her uncomfortable or sad Accepting that her education and career path has been interrupted for now	Growing as a person to meet mothering responsibilities (Doing what needs to be done for the kids)
Mother’s adolescence influences present circumstances (64 codes)	Mothers describing the impact of decisions and behavior from her adolescent period on her current life status	Recognizing that her decisions during adolescence have resulted in turning points that impact her past, current and future life course trajectory	Becoming a mom made me a better person (Accepting responsibility for past decisions)
Mother’s difficulties with school (68 codes)	Mothers describing ambivalent feelings about and difficulties experience while in school	Recognizing her own difficulties in school, the mother hopes for better for her children: “I really want my kids to learn”	Wanting better for my children

Table 4.6 (continued). *Emergent Theoretical Concepts.*

Major Category	Collective Definition	Consequence	Emergent Theoretical Concepts
Mother's dreams and goals for her children (37 codes)	Mothers describing what they want for their children in the future	Looking back at their own lives and verbalizing how they hope their child(ren)'s future will be different	Wanting better for my children
Mother's goals and dreams for herself (28 codes)	Mothers describing what they think they will do "when I get free time"	Planning a future more focused on herself	Looking forward to a future focusing on myself
Mothering responsibilities (33 codes)	Mothers describing the activities they perform, the decisions they make and the attitudes they've come to adopt in order to "be a good mom"	Choosing and managing the responsibilities that come with being a mother	Growing as a person to meet mothering responsibilities
Stresses of motherhood (45 codes)	Mothers describing aspects of the mothering role that cause them to feel anxious, stressed or underappreciated	Acknowledging the pressures and hardships of being a mother	Growing as a person to meet mothering responsibilities (Learning how to adapt to being a mom)
Pregnancy and having children changes things (46 codes)	Mothers describing their reaction to finding out they are pregnant, the decisions they made because they had an unplanned pregnancy and the outcomes of pregnancy and their decisions	Recognizing and accepting the changes the come because "I'm a mom now"	Becoming a mom made me a better person (Being a mom has changed my life)
Reasons for letting a home visitor come to my home (79 codes)	Mothers describing why they allow home visitor access to their children and their home	After reviewing the pros and cons of home visitation, deciding to continue engagement in the program(s)	Choosing to partner with home visitors helped me and my child

Table 4.6 (continued). *Emergent Theoretical Concepts.*

Major Category	Collective Definition	Consequence	Emergent Theoretical Concepts
Reasons to not have a home visitor/Why I would drop out (37 codes)	Mothers describing their thinking process about giving a home visitor access to their child and their home; describing negative experiences with a home visitor	Weighing the negative aspects of home visitation services to make a decision about engagement in programs	Choosing to partner with home visitors helped me and my child
Relationship with home visitor (46 codes)	Mothers describing the characteristic of the home visitor and her relationship with the home visitor	Determining that the relationship with the home visitor is as important as the services offered	Choosing to partner with the home visitors helped me and my child
What I expect from the home visitor (21 codes)	Mothers describing what the home visitor can do to help them be comfortable giving access to their child(ren) and home	Finding reasons and ways to trust and welcome the home visitor	Choosing to partner with the home visitors helped me and my child

Reflective Coding Matrix

At this point, five theoretical concepts had emerged: *Becoming a mom made me a better person*; *growing as a person to meet mothering responsibilities*; *wanting better for my children*; *choosing to partner with home visitors*; and *looking forward to a future focusing on myself*. To generate a core category, which is a hallmark of grounded theory, I needed to further understand the interactions and interrelationships of these five concepts. To advance the study to the level of identifying a core category, I utilized a procedure recommended by Scott and Howell (2008) called reflective coding. I constructed a table in which I considered the processes, properties, dimensions, contexts and modes for understanding the consequences of each of the five theoretical concepts. I ordered the concepts as I interpreted them to have occurred across the participants' personal timeline.

The first row in the table represented processes. Corbin and Strauss (2015) defined process as “adaptive changes in action-interaction taken in response to changes in conditions” (p. 153.) I ordered five theoretical concepts listed in the Processes row as I interpreted them to have occurred across the participants' personal timeline. I started by considering the precipitating event. The first common event for all participants was “having a child”. For all participants in this study, their response to that event was *becoming a mother made me a better person*. The other four processes dropped into their places as I returned to study the Collective Definitions and the Consequences columns in the Emergent Theoretical Concept table above. With the process *becoming a mother made me a better person* in place, I had to make a decision about the ordering of the remaining four processes. In a linear, two-dimensional object, such as the Reflective

Coding Matrix, it is difficult to convey the dynamic interactions of these theoretical concepts. Placing them in a sequential fashion implied that the emergence of these processes occurred in the same order for each participant. For example, I knew that for Carly, who was still in high school when she became pregnant with her first child, she first chose to engage with a home visitor during her pregnancy to learn about pregnancy and some ideas about mothering a newborn. As she continued the home visits, she learned how important routines were to a child's developing brain. She recalled that she had not experienced established routines as a child. She realized she had to give up her party lifestyle in order to wake up and put the baby to bed at regular times. If I were only considering Carly as an individual, the order of the processes would have laid out differently. At this point, I chose the order that appeared to best represent the collective.

With the essential processes identified, I considered the properties (characteristics) of the five themes. Again, I selected a gerund verb for the wording across this row because this word form assigns action to a noun and determined *realizing/understanding* best fit as a characteristic for the process of *becoming a mother made me a better person*. I chose Carly for my example here but all participants are represented by the properties across this row. Carly talked about realizing she was pregnant and thinking "what am I going to do with a child?" She chose to not marry the father of her baby because he continued to engage in a party lifestyle. As she reflected on this decision during her interview, she also verbalized what she valued and how she planned for her future as she said,

It's like between then and now, I've learned how to be a mother. Then I really was young and going down the wrong path and worrying about

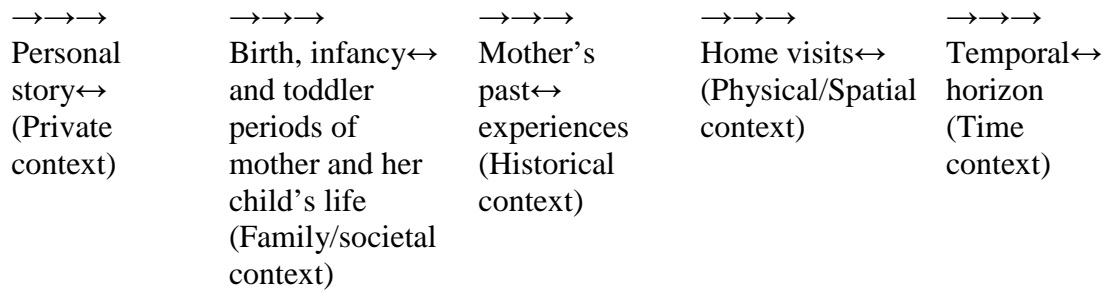
friends and partying instead of being what I needed to be. But then I guess I figured I tired of it and got it out of my system and wanted to be a mom.

The Dimensions row (defined by Scott and Howell as “property location on a continuum”) (2008, p. 9) reinforced that I had sorted the processes in a logical order. As I reviewed the ordering, I realized that the order of the processes interacted with Consequences and resulted in Dimensions. For example, the consequence *recognizing and accepting the changes the come because “I’m a mom now”* from the Conditional Relationship Guide and the Emergency Theoretical Concept table generated the dimensions *accepting responsibility for past actions/decisions, acknowledging that her life has taken a positive turn because she has children, and recognizing that her decisions during adolescence have resulted in turning points that impact her past, current and future life course trajectory*. I worked back and forth between the Properties row, the Consequences from the other tables and Dimensions row until I was satisfied that the row reflected a continuum from accepting past and present circumstances to planning for a future that was more focused on the participant and less focused on mothering and children.

Perhaps the most exciting moment for me in constructing the Reflective Coding Matrix occurred during mapping out the contexts for the processes (see Figure 4.10). I realized how the lens of Life Course Perspective continued to inform my study. To review, Life Course Perspective was a means of constructing a personal, and sometimes very private, narrative. (One mother whispered as she explained an event because her spouse was in the back of her residence during the interview. She trusted me with this part of her story but what she revealed was still off limits to him.) The Life Course

Perspective places a participant's personal story within the family and social contexts. The participant's own experiences blend with the history of the family and current social norms. The economic history and cultural values of this geographical region heavily influenced a participant's assumptions about her sense of family and strong ties to family property. Choices about where and with whom to reside, and who gets access to the family and residence were laden with the emic and etic perspective of the participants. Additionally, Life Course Perspective considers the person's linkage with others' lives and how those linkages might impact them personally and encompass multiple generations. The final column accounts for the mothers' understanding of their future against the backdrop of mothering responsibilities. The movement of contexts unfolded as follows and clearly demonstrates the integration of Life Course Perspective into the analysis of the data:

Figure 4.9. *Contexts Emerging during Reflective Coding Matrix.*



Again, I present this linear progression with the caveat that there are interactions between all of these contexts. I have tried to denote that by inserting arrows that indicate forward motion as well as interactional movement. I saw this cyclical and interactional movement as a confluence of their present circumstances with their future hopes.

The completed Reflective Coding Matrix is a thought process that is intended to be read horizontally across rows, vertically down a column, and down a column and up to the next column and down. See Table 4.5.

The core category emerged as I considered the gestalt of the Reflective Coding Matrix. I knew the core category (sometimes referred to as the central category) was the primary theme of the study; it is the conceptual umbrella under which all the other themes resided (Corbin & Strauss, 2015). Corbin and Strauss use the umbrella metaphor but caution the researcher that it is not adequate to only form the spokes of an umbrella; theory is developed when fabric is stretched over the spokes. In my personal building metaphor, I now had the framing complete; I needed the roof.

I knew the core category was the dominant transaction which logically represented all participants' perspectives and accounted for the interrelationships of the other concepts I identified as I worked through the Emergent Theoretical Concept process. I wrote the following memo to clarify my thinking:

Event→The mother gets pregnant. Pregnancy becomes a turning point.

Turning point→the choices made at this turning point become transitions which pushes their life trajectory in a positive or negative direction

Transitions→choices made during transition such as staying in school, dropping out of school, working/not working, marriage/divorce/living together impact the trajectory

All my participants made choices that they indicated they had made peace with for the time being and transitioned them to the current situations. All of them viewed having children as a positive event; motherhood became a transition that made them a better person in some way and ultimately changed their lives for the better.

They were on a continuum of being content with their role as a mother but also felt their life course had been disrupted in some way. Given an opportunity to choose something different for their children, they would want something better than their current circumstances for their children.

At some point, they all came to value education in a deeper way than they did when they were in school or when they first had children. They came to believe that education would provide a better future for their children than what they were currently experiencing for themselves. They all wanted to know how to help their child learn. Every mother and the grandmother expressed they would do anything to help their child learn and wanted them to do well in school.

None of the mothers sought out home-based intervention but heard about it somewhere along the way and they decided to give it a try. (The grandmother did know about home-based services and sought out Save the Children and Part B services available through the IDEA at the public school.) For all the mothers, Save the Children came along and offered

them services. Some mothers were excited by the prospect and some mothers were willing to try it out for a while to see if it made a difference. For all the mothers, letting an “outsider” come into their home was a big decision. The participants all came to believe that partnering with the home visitor was a positive choice.

All mothers and the grandmother talked about beginning to imagine a life beyond mothering responsibilities.

After writing the memo, I created multiple iterations of the phrasing. I wrestled with the wording of the core category for weeks. I pondered Carly’s last entry on her timeline: “Married a year almost and we’re still deeply in love. Soon our 4-year dating anniversary. We changed each other and our kids made us even better. Kids can change your life for the better—if you let them.” I re-evaluated what each participant had said about their home visitors. I realized that every mother and the grandmother believed that having children was a positive event as was engagement in home-based services with a home visitor; both were turning points on their timelines that resulted in a positive push to their life trajectory. The core category that emerged from the data was “Becoming a mother and partnering with home visitors became turning points that changed my life for the better”.

Table 4.7. *Reflective Coding Matrix.*

Core Category	Becoming a mother and partnering with home visitors became turning points that changed my life for the better				
Processes (action/interaction)	Becoming a mom made me a better person	Growing as a person to meet mothering responsibilities	Wanting better for my children	Choosing to partner with home visitors	Looking forward to a future focusing on myself
Properties (characteristics of the category)	Realizing/Understanding	Choosing	Reflecting	Valuing Connecting Associating	Planning
Dimensions (property location on continuum)	<p>Accepting responsibility for past actions/decisions</p> <p>Acknowledging that her life has taken a positive turn because she has children</p> <p>Recognizing that her decisions during adolescence have resulted in turning points that impact her past, current and future life course trajectory</p>	<p>Choosing and managing the responsibilities that come with being a mother</p> <p>Doing what needs to be done for the kids</p> <p>Finding her voice as a mother</p> <p>Finding ways to manage symptoms of mental and physical health problems</p> <p>Making peace with how her life is right now</p> <p>Putting child's needs first</p>	<p>Recognizing her own difficulties in school, the mother hopes for better for her children: "I really want my kids to learn"</p> <p>Looking back at their own lives and verbalizing how they hope their child(ren)'s future will be different</p>	<p>Deciding to set aside her personal preferences and continue with home visitation</p> <p>Determining that the relationship with the home visitor is as important as the services offered</p> <p>Finding reasons and ways to trust and welcome the home visitor</p> <p>Finding that the home visitor eventually becomes a friend and "like family to me"</p>	<p>Delaying dreams and goals until times are less complicated by taking care of children</p> <p>Planning a future more focused on herself</p>

Table 4.7 (continued). *Reflective Coding Matrix.*

Core Category	Becoming a mother and partnering with home visitors became turning points that changed my life for the better				
Contexts	Personal story (Private context)	Birth, infancy and toddler periods of child's life (Family/societal context)	Mother's past experiences (Historical context)	Home visits (Physical/Spatial context)	Temporal horizon (Time context)
Modes for understanding the consequences (process outcome)	Transition to mother role	Events that become a turning point for the mother	Developmental risk and protection (life course perspective explains that experiences impact future events and can protect the trajectory or put it at risk)	Interdependence with home visitor	Constructing her future life journey/trajectory

Selective Coding

In selective coding, the final phase of coding, the core category was explored to assure the researcher that this category was central to all the other categories and explained the essence of the study (Given, 2008). Corbin and Strauss (2015) no longer refer the researcher to this process as a separate step but I chose to follow the guidance of Scott and Howell (2008) and pursued this course to further describe how the core category was derived from and related to all cases in my study.

During selective coding, I returned to each of the five theoretical concepts represented as the processes in the Reflective Coding Matrix and traced those concepts all the way back to open codes. Using inductive reasoning, I had taken specific data and arrived at a central, organizing category: Becoming a mother and partnering with home visitors became turning points that changed my life for the better. During selective coding, as I wrote the story line, I engaged in deductive reasoning to consider my proposed theory and work backward to specific codes and quotes to support my conclusion. As I described each of the five processes of *becoming a mom made me a better person, growing as a person to meet mothering responsibilities, wanting better for my children, choosing to partner with home visitors, and looking forward to a future focusing on myself*, I embedded supporting statements from the participants. Codes were italicized. In constructing a building as my metaphor for uncovering a central theory, this final analytical process was akin to nailing on the shingles of the roof.

Development of the Storyline

Becoming a Mom Made Me a Better Person

This theoretical code arose from 123 concepts identified during open coding that flowed into three major categories during axial coding: *child's positive influence on the mother, mother's adolescence influences present circumstance, and pregnancy and having children changes things*. As part of the discussion of how the choices made in adolescence impacted the way their lives were right now, the mothers talked about the ways that having children had changed their outlook and the positive ways their children influenced them.

AnnaBeth said, "After I hit puberty, I don't think it [my life] was very stable. I think it went downhill from there. And then once I had kids, it picked back up." The code *child has taught her a lot* was a continuation of that conversation:

This child (pointing) taught me a lot. A lot (said with emphasis). She's even taught me stuff that would help with X [the older child] cuz I really didn't, I would never have thought X [the older child] would have issues at school. I would never have thought any of that. I didn't really know a lot about ADD or ADHD or autism until this one. It's just opened my eyes to a whole world of stuff, special needs and stuff, so that helps a lot. And it even helps me understand myself a little bit more like with the sensory stuff.

I asked AnnaBeth: So, would you say the kids have been a good thing in your life?

AnnaBeth: “Yeah, very positive. I was on a bad road, I didn't care about nothing, didn't really have my parents to guide me any which way and then once I had my kids, it sorta put me on the right track.”

I asked: What do you think it was about having children that sorta flipped something for you?

AnnaBeth: Pretty much opened my eyes and I had more things-- something to look forward to and something to worry about. Before I had them, I didn't really care about anything, I didn't have nothin' to live for, nothin'. I didn't care about nobody but myself. I just didn't have nothin' to live for. Then once I got pregnant with X that all changed...It's like I don't really have regrets anymore. I mean, I used to, but when I think about now, all the stuff what I went through is what's made me who I am and made me have the strength that I have.

The following conversation with Carly was a blend of *mistakes happen for a reason, doesn't call her kids mistakes* and *I don't know where I would have ended up without my kids*. These codes are also tied to Carly *wanting better for her children*. She said,

You hope so much for your kids, you don't want them to do the things you did growing up. But, like I said, every mistake happens for a reason. I can't really call XA or XB (her daughters) a mistake but I wished I could have waited longer but I may not have had the chance to have this one

(points to youngest child). And, like I said, if it wasn't for my kids, I don't know where I would have ended up, honestly.

As I was explaining the instructions for drawing her personal timeline, I showed her a sample timeline and AnnaBeth began talking about *mother's adolescence influences present circumstance*. I told her,

Put down things that really stand out to you. Those are called events. I want to know about what were the important events that have shaped you into who you are now. All that history is about the mother that you are now and the decisions that you make about how you raise your children. She responded, "There will probably be *a lot of bad stuff on mine*."

When I returned to her home after she had drawn her personal timeline, the following conversation ensued:

AnnaBeth: When I got in middle school it kinda went downhill, *hanging out with the wrong kids*. And then my mom was a single parent and she had to work all the time. I had to stay with my neighbor, which was fine, but *I wasn't watched as much as I should have been* so I got took down with that.

I read from the timeline: "I met my loving boyfriend, X". So about 2004?

AnnaBeth: I was 16. It was my junior year in high school.

Me: And how did you meet him?

AnnaBeth: (*meeting her child's father*) Well, I was headin' out of the girls' bathroom and there he was sittin', waitin' to be enrolled in school, and I pulled back in the bathroom real quick and I said to my best friend, I said,

‘Who is that, I’ve got to know who that is!’ And then she come out and she said ‘Oh, that’s X’. She knew him, so that’s how, and he took me home that day. He was interested in me (mom is very animated as she is telling this story) and he took me home and then we went swimmin’. We went swimmin’ and then we dated for a few months right after [she met him] and then I broke up with him. And then, see, I don’t know, I was kinda confused, I didn’t know.

Me: Okay, you just weren’t sure about him, so that’s why you broke up?

AnnaBeth: (*breaking up with children’s father*) Yeah, and then, I went to Indiana for a little bit, for like a month, with my sister and then when I come back, as soon as I come back, he was ready to talk to me--called me, wantin’ me to come back, hang out with him and to be his girlfriend. So, I started datin’ him again. And then, we broke up a lot on and off until we had kids and I think that pretty much set it [their relationship] in place.

AnnaBeth: (*skipping school*) I used to miss a lot of school. Yes, I fought, I got in a lot of fights. Once I hit puberty I was just angry all the time. So, I didn’t really want to hang out with anybody then. And I didn’t understand it then like I do now--so a lot of it was just like hormonal stuff. I just didn’t want to go to school, I didn’t want to be there, I didn’t have any friends, I had a very few friends and then when I met X (her children’s father), I didn’t want to go to school because I wanted to stay home with him all the time.

Me: Did you?

AnnaBeth: Due to anxiety. I would just feel so smothered.

Me: At school, you would just feel smothered?

M: Yeah, and I just wasn't happy going to school, I just didn't like it, I really didn't have a lot of friends. I was kind of withdrawn. I didn't really want to talk to people. I didn't want to hang out with people. I'm still kinda like that but I've worked on it over the years--where I have to talk to people now [because of her children].

Carly talked about *mother's adolescence influences present circumstance*, and *pregnancy and having children changes things* in the following ways. Again, we were discussing her timeline when this conversation took place.

Me: I see you say here you say, "I stayed in so much trouble in high school". Tell me the kind of trouble you go into.

Carly: I had started *smoking weed*, cuz I was running around with these friends, their parents let them do whatever so I would sneak and do all that. I was pretty *rebellious*. *I never tried to do anything right. I tried to do everything wrong*. I never had a worry in the world. It kind of *embarrasses me* but I guess everybody's gotta learn but I guess, I think, you gotta *get it out of your system* while you are young but I just stayed around the *wrong crowd of friends*. I thought they was the greatest, but really, they was the worst.

Me: How did you feel when you found out you were pregnant at age 18?

Carly: I was scared (*scared when found out pregnant*). I didn't know what to do, like *I always wanted to be a mom* but I thought 'well I'm still a

senior in high school *what am I gonna do with a child?* And then I was afraid to tell Mom cuz I didn't want her to get tore up and mad at me cuz me and X (child's father) was young, running around drinking all the time and partying.

As the participants navigated through pregnancy and bringing home their baby, they made choices about changing their life style, about a relationship with the baby's father, about moving from an eastern seaboard state back to Kentucky to raise the child in a rural area—all indicators that while the *mother's adolescence influences present circumstance, pregnancy and having children changes things*. One mom said of her adolescence, *"I was young and stupid"*. Another said, *"I've grown up a lot since then"* as the outcome of needing to focus outwardly on providing what her child needed. The codes integrated into *becoming a mother made me a better person* are filled with teenage angst, some regrets, and a little embarrassment peppered in the mix; however, the resolution of this conflict from this phase of their lives resulted in the belief that they had emerged the better for it and through accepting responsibility for past decisions, they made peace with the consequences.

Growing as a Person to Meet Mothering Responsibilities

The process of *growing as a person to meet mothering responsibilities* emerged out of the integration of eight major categories and 278 open codes.

Table 4.8. *Major Categories Represented by Growing as a Person to Meet Mothering Responsibilities Theoretical Code*

Becoming my child's advocate (19 codes)	Characteristics of the mother (33 codes)	Children have special needs (57 codes)
Depression and other mental health related issues (25 codes)	Financial problems and support (49 codes)	Mother defers her own needs for what she sees as good for the children (17 codes)
Mothering responsibilities (33 codes)	Stresses of motherhood (45 codes)	

In every great story, a precipitating event leads to struggle and opposition, conflict and resolution, and a strong character that develops over time. The nine participants in this study (eight young mothers and a grandmother engaged in custodial parenting) all experienced the event of becoming a mother and suddenly finding themselves as characters in a story they probably would have written differently, if given a choice. Either they found themselves unexpectedly pregnant (or parenting a second time around) or the child they longed and planned for had a developmental disability or chronic disease. Their strength became apparent as I traced backward and forward through the concepts.

The properties of this process (see Reflective Coding Matrix, Table 4.5) illuminated the struggles and opposition as she came to motherhood, the conflicts that she faced, her growing strength as she found her voice as a mother, and chose to embrace the responsibilities that fell upon her. At times, she experienced her own physical and behavior health challenges, she felt crushed by the reality of raising children while living in poverty, or battled extreme fatigue from trying to juggle work responsibilities with mothering responsibilities while her child spent weeks in the hospital. To me,

AnnaBeth's voice represented all the mothers' determination that they would do what needed to be done for their children when she said wanted a break from the parade of home visitors coming into her home, ""No, I can't be like that; this ain't about me, it's about her". Over and over, as the recordings of my time with these mothers played in my ears, I felt humbled by the examples of growth from self-centered adolescent to the selflessness that the mothering actions exact (Ruddick, 1980).

AnnaBeth had experienced postpartum depression with her first baby and felt fearful she could descend into that pit again with the birth of her second daughter. She had lived with her mother after the birth of her first child but this second time, she faced her infant daughter's life-threatening health problems in a city far away from her beloved mountains. "Yep. And *I was alone*. I didn't have nobody with me. *Just me and her*." She reached out to *online community support* despite being *told by doctors to stay off the internet*. The baby survived major heart surgery, AnnaBeth did not experience another round of postpartum depression but as her child approached three, her daughter has figured out how to pull out the feeding tube that drips nutrition in through the night. The little one sleeps in the same bed with AnnaBeth and the child's father so that AnnaBeth can monitor the feeding tube.

AnnaBeth: It's frustrating at times and I stay tired all the time. Like I'll be tired all day long and then when I lay down, I can't sleep. And everybody else be sleeping and I'm like 'why do I do this?'

Me: But it sounds like in the middle of the night that you're awake a lot.

When she's awake like that, do you get up?

AnnaBeth: No, we don't get up. We're awake but we don't get completely up out of the bed. I keep her in the bed, I keep the room, the lights dimmed down, and try to just get her to go back to sleep, rockin' her, and pattin' her butt. Once I get to sleep, I have a hard time waking up but it's not a option. I don't have the option to sleep because I have kids I got to take care of so I have to get up.

Maggie, the grandmother who participated, had experienced major physical health problems the winter before I interviewed her. She had raised four children, primarily as a single mother. She had one daughter living with her and now was raising her young grandson who had special needs. At one point, her oldest son offered to step in and raise the child. She explained *choosing and managing the responsibilities that come with being a mother* as an outgrowth of her family history, “So I'm one of them they call old mountain women, but whatever, and *my mother always raised us to be strong*, especially us girls. There's good men out there, don't get me wrong, but it's the women that hold this world together.”

Many of the participants recounted their own *difficulties in school*. Carly, Ellie, and Jamie reported they had *dyslexia*. Carly and Ellie talked about times they had been *bullied and teased at school*. AnnaBeth described *feeling smothered* in school and later when she enrolled in a certificate course post-secondary school, she *would have to pull over and throw up*. Jackie *dropped out of high school because of racial tension* and feeling afraid to go to school. Now as mothers, they recognized that their life might be different if they had persisted more with education. Carly said about her daughters, “I want them to succeed more than I did in life and graduate and go to college”. She

explained her growth as a mother through her interaction with the home visitor, “It helped me to learn that *kids need daily routines* and you need to teach them different things and you need to *read to them constantly*. I’ve noticed that reading does help her.”

One of the struggles that these participants encountered was that of their *children having special* medical and developmental *needs*. As these needs surfaced, they often superseded the mother’s own needs and were a catalyst for growth. Camille talked about living almost two hours away from the specialized medical care her daughter needed. While she had loved working as a laboratory and x-ray technician, that job did not allow for her to transport her daughter to *multiple routine healthcare visits* and the *repeat trips to the ER* (emergency room). When I met her, she was working a job from home that allowed her to have a flexible schedule.

As I talked with these participants, I became acutely aware that one of the sources of the *stresses of motherhood* were all the heavy decisions they had to make because some of their *children have special needs*. One child had a fragile immune system because of the medications she took to control an autoimmune disease. If the mother decided on public school, the child was constantly exposed to colds and flu. If she *enrolled her in a private school*, transportation and tuition became a financial and time-consuming burden. When the child had significant medical problems, these mothers got a crash course in intensive care nursing: managing a feeding tube, suctioning a trachea, and juggling complicated medication schedules. She also had to be a case manager to *keep track of schedule and hours* for the multiple home visitors coming and going from her home and ongoing medical appointments. One mother had to monitor the prescription supplies in her home for multiple medications. Because she lived in a rural

area, only one pharmacy supplied a vital prescription. She had to call for the prescription during the window of time the medicine could be filled and then she had to watch the weather for the best time to make the two-hour round trip (*traveling to get medicine*) across curvy roads to the pharmacy.

Day-to-day existence in poverty takes a toll and limits the options mothers have in seeking [*wanting*] *better for their children*. Save the Children provides their Early Steps to School Success early literacy program to the “youngest and neediest”. These participants had been screened to meet those eligibility requirements. I did not ask family income as one of the demographics collected but observation of their environment and conversations during interviews led me to believe that money was usually scarce and raising children brought about competing demands for what money was available. *Car problems* and *gas costs to transport children to preschool* were generally part of the story. Jamie recalled that “my older boy didn't get to go to preschool [at the local school] because we didn't make enough money--we're low income so he wasn't allowed to go there to preschool.” Their income fit the guidelines for the *Head Start program* in a town about 45 minutes away but “I've got a V8 truck. I said, I can't drive him all that way. *I'm low income*. I don't have the money for that.” During the following conversation, Jamie talked about the impact of the guidelines on her oldest son. At the conclusion of the conversation, she indicated she has become proactive in *finding her voice as a mother* and has already contacted the preschool teacher where she hopes her next two children can go when they are old enough. This indicated *growth in becoming her child's advocate*:

Jamie: Some of the kids get to go to [the local] preschool when they are three, some has to wait til they are four.

Me: But he didn't get to go at all?

Jamie: He didn't get to go at all. He went straight to kindergarten.

Me: How has he done this year?

Jamie: He ain't done too good. I think he was more behind than some of the other kids. Which some of the other kids went to preschool. So, they already knew what to expect. It was just a slow start because he didn't know what to expect. They have a kindergarten help for a week during the summer. I took him down there every day for a week and they kinda give him an idea of a routine. That helped a little bit so he wasn't scared when he went to actual school but he still was more behind than the other kids. I'm hoping they change it before he (pointing to the one year old) goes. Cuz that should be discrimination or somethin'. Just because we ain't got the income.

Me: Have you asked Miss X (Save the Children home visitor)? She might be able to help you.

Jamie: Well, the preschool teacher down there's (local school closest to Jamie) tryin' to get it to get it to where this one (pointing to the one year old) can come. I'd told her I'm willing to sign whatever. *We'll go against them.*

Maggie, the grandmother participant in this study, lived on in a house on land owned by her family all her life. A couple years before I met her, discouraged by

deteriorating carpet, advancing mold in the bedrooms and a bathroom in need of serious attention, she finally accepted *assistance with housing rehab through CAP* (Christian Appalachian Project). She felt she had to accept help because she was now providing housing for her youngest daughter and that daughter's son as well as the grandson for which she had custody. She pointed out new laminate flooring in the living room where we sat and swept her arm toward the bedrooms where the roof had been repaired and ceilings painted due to water and mold damage.

Maggie: They painted every ceiling in this house except that small bedroom.

Me: It looks beautiful.

Maggie: It's clean. I don't want nothing fancy, I just want it clean.

When I pulled out the Informed Consent form for her to review and sign, she told me to explain it to her because all the *light bulbs* in the living room were *burnt out and she had no money to replace them*. She talked about her grandson's *special needs* and it became evident that how she *does what needs to be done for the kids* involved funneling whatever extra money she had into items and experiences for him, such as an *iPad* and a *XBox*, hoping it would help him develop a longer attention span. "He wants to *sit up all night long*. And he will sit and talk to me and he'll watch his iPad and I've been trying to calm him down [to get him] back into groove of going to school."

At some point in this process, the mothers (and grandmother) realized they needed help and learning to accept help became an essential aspect of *growing as a person to meet mothering responsibilities*. Maggie accepted help getting her house fixed.

AnnaBeth had her mother come to stay with her for a few weeks when *sleep deprivation* became an undertow that threatened to pull her under. Camille, whose child had an autoimmune disease for which she was frequently hospitalized, decided that moving back to her home area would give her the family support she needed to meet all the responsibility of the medical care. Carly also lived on family property located out in the country and described her *mother* as *her best friend*. Some of the intensity of mothering got modulated by having a grandmother so close physically. Deciding to partner with home visitors became a form of help in their growth that will be discussed in another section.

Wanting Better for My Children

As a mother myself, I brought to this study the knowledge that mothering is hard, hard work but I had the luxury of having completed a bachelor's degree and established a career before my children came along. I was securely housed and had adequate income. For me, having children meant I could put a check in one of the boxes of my list of life's goals. If someone had asked me the question, which I asked all the participants, "What do you want for your children? What are your goals for them?", from my privileged position I might have answered "I want them to have the same opportunities I have had for a good and fulfilling life." Coming into this study, of course I was acutely aware of poverty, need, and misery around me. When I exited this study, I had tremendous respect for these women who were young at the age of the birth of their first child. Literature on adolescence tells us that the adolescent period now extends well into a person's mid-20s. These women were all mid-stage or late adolescence when they took on one of life's most challenging tasks (with the exception of the grandmother.) As their story of

becoming a mother and growing to meet the responsibilities of being a mother unfolded, they all came to realize their life course had taken a turn because they were now mothers. All felt they were *a better person* because they had children but they also expressed a feeling that their life course had been disrupted (including the grandmother). In diverse ways, the participants verbalized that life was harder than they ever anticipated and that they wanted better than their current circumstances for their children's future.

This process of *wanting better for her children* emanated from two major categories: Mother's difficulties with school (68 open codes) and Mother's dreams and goals for her children (37 open codes). Several mothers described having learning or behavioral health difficulties which affected their attitude toward school. Experiencing poor academic performance, being the victim of bullying, feeling persistent anxiety, and not having a social peer group were all aggravating circumstances that led to *skipping school, dropping out of school*, and frequent absenteeism (*missed a lot of school*).

AnnaBeth didn't have friends at school,

I just didn't want to go to school. I didn't want to be there. I didn't have any friends, I had a very few friends and then when I met X (children's father), I didn't want to go to school because I wanted to stay home with him all the time.

Jamie said, "*I can't really read*. We have a book here that has no words and it is our favorite because every time I read it, I change the story completely. Miss X [home visitor] gave it to me (the book is *Carl, the Dog*). Because I can't read too good...I can read a little bit but to actually sit down and [try to] read the words, they get bored with

that.” She worries now because her oldest daughter also has difficulty with reading and she wants her to learn.

“My girl has problems. When she was little, she could write you a letter on paper and hold it in the mirror and read it perfectly but to just look at it, it was backwards. And now she has problems in school and she needed extra lessons. I’ve tried to explain to the teachers and they tested her but it came back she was borderline dyslexic so they won’t help her—I *really want my kids to learn.*”

Carly talked about having difficulty attending to classroom material. “I *wasn’t into learning.* Like I say, I couldn’t really focus anyways but I try with my kids really hard to get them to want to learn (*wanting kids to learn.*)”

Other difficulties in school had roots in ambivalence about the social interactions inherent in school settings. Several mothers described *being bullied.* Jamie talked about the difficult *transition from a small community school to the integrated county school* system that received students from several feeder elementary schools throughout the county.

Me: Middle school you have a sad face by that (on her timeline). Can you tell me about that?

Jamie: Yes, I think *middle school was possibly the worst years of my life.* I just absolutely *hated it.* Being around all those people when I was used to being around just a little classroom. Went out there, and I was just like “Whoa, this is way too many people” for me. *I hated it.* Middle school,

well I think they purposely make it miserable on us. Middle school and then your freshman year of high school is just the worst. Freshman year, they don't do anything but throw pennies at you all year which I kinda liked, I just started picking them up.

Me: So who throws pennies at you?

Jamie: The other classes.

Me: That must be something they do here. Is that to make you annoyed?

Jamie: Yes, picking on you because you are a newbie. They are older than you, ha-ha, yeah, they throw money at you, but I'd just pick it up, I'd be like "hey thanks, I'll have enough to buy me a pack of cigarettes tomorrow."

Me: So when you were here, (pointing backward on timeline), you went to X Elementary, so they were small classes and people you had grown up with?

Jamie: Yeah. I think the main problem I had with it was the number of people, that many people, that upset me to start with. And then *the teachers was rude*, they didn't want to try to help you if you asked a question. They'd be like "I don't have time for this, if I had time to teach each student" and then I had reading problems, so if I didn't ask, how was I supposed to know? So, it was horrible. And then high school, it was bad when I first started there. After I got through my freshman year it wasn't

so bad because everybody had finally learned then, they was just like,
"well you don't fool with her".

Ellie and Carly also had stories about being bullied. I asked Carly if she had friends in elementary and middle school.

Carly: Not really in school. The school I went to was away from the house so the school I went to *I got bullied and teased*--I guess where I was so small and stuff growing up.

Me: I noticed that you mentioned that [on the timeline] that there was a bully.

Carly: When I come down here (after moving back to Kentucky from another state) I got *bullied* again by somebody else but this girl bullied me all the way up through middle school. She threw my food in the garbage. I mean just everything. It was just awful but *I wouldn't never tell on her* because I wasn't like that.

One mom talked about bullying as *negative experiences on the school bus*. To make things better for her children now, she always drives them to school.

Mom: I don't let them ride the normal bus because there's high schoolers. And *I did not have good experiences with riding the bus* which I had really long hair so it was down to my butt and they would throw chewing gum or condoms. I don't know what I'm going to do about her riding the bus

when she goes to middle school because I can't afford to drive to X
(location of the county middle and high school.)

Ellie reported that she had *dyslexia* that always made learning written material a challenge. She remembered *getting held back in first grade*. In addition, she *missed a lot of school* in middle elementary school because her mother died from cancer. Her father wanted to make memories for his children with their mother so

Ellie: When my mom was sick, right before she was going to go into the heavy chemo and everything, um my parents planned a trip to Disney World so we actually drove down to Florida and zigzagged our way down there so it was like a two-and-a-half-week trip where we stopped in various places and visited, like Ruby Falls, and um, Chattanooga, we actually stopped at the train station there.

She remembered *moving several times* while her mother was ill and afterwards which created *disrupted schooling*. While her mother was hospitalized for treatment, she and her brother *moved to Illinois*. After her mother died, her father took a different job and moved the family from a rural area into an inner city. She continued to struggle with learning and *left public school in seventh grade* and *attended a private home school* for children with learning disabilities. Her father remarried and “I was *home schooled* by my stepmother for four years and it was miserable.” She received her *high school diploma* by earning credits online. She described herself as *not socially adept*, and remembers her education as *disrupted schooling* and unpleasant. She wants her child to enjoy learning and plans to provide stability for her child through *home schooling*.

Ellie: We were going to do one year of preschool just to get the school bus experience but just some of the things that I've heard--I'm just not impressed. So, I'd rather, um, I want a different approach to learning, you know, very hands on, not like a lot of tests and books. Oh, not a curriculum, not a curriculum-based education. Most of the time you hear it called an unschooling--it's where, it's an experience based education, very child-led.

Mother's dreams and goals for her children. The participants' hopes for their children were often woven throughout the interview sessions but I always asked some variation of this question, "When you look forward into the future for your children, what is it that you hope or dream of for them?" A blend of reflection on their own lives and projection into the future of their children's lives, their answers were always a touching, sometimes poignant, point in the interviews. There was a recurring theme of wanting their children to *do well in school* in the forms of *go to college*, and *succeed more than I did*.

Carly: You hope so much for your kids, *you don't want them to do the things you did* growing up. Honestly, I'd want them to have fun in life at a young age and get it out of their system kinda like I did, maybe they won't end up like my sister, but then again, I don't want them to go too far. I *want them to succeed more than I did* in life and graduate and *go to college* and do all that before they start settling down and having a family. That way they ain't got struggles and they can say "I did it".

AnnaBeth: I would like for them to go to college. And learn, some kind of schooling to *where they don't have to depend on no man* to support them. I really would like for them to *do really good in school* and to have sumpin' where they can use to work themselves--when they get older to work for themselves. *Not have anybody payin' for stuff.* To just where they don't have to depend on anybody.

Ellie: (Sighed) I kind of, I mean, by no means do we intend to put pressure on him but he is very much leaning toward engineering. He has that mindset. And we've known that since he started doing things when he was an infant. Even in the HANDS program (a home-based services program through the Health Department) we'd talk about, he's like a little engineer--how he looks and thinks at things. He likes to organize his stuff. If he gets a new toy that has, uh, like he color coded them and put them in groups of species and uh so with he does that stuff all the time. And some of his Lego creations astound us! Look! I took pictures of a bunch of them. *(dreams and goals for children)*

I felt surprised when I heard more than one mother (and the grandmother) express that, especially for their female children, they wanted them to be self-sufficient and *don't have to depend on no man.* I referenced AnnaBeth's position on that above.

As background to Jamie's response, she had told me that she moved out of the house with her parents when she was 18 and still in high school. She regretted that decision and the regret is wrapped up in her hopes for her children.

Jamie: Shew--I just *hope they stick at home* until they are ready to move out that's my main thing. Now my little girl. I want her to be able to stand on her own feet. I *don't want her to wait on a man* and have to worry about "if he leaves me there ain't no paycheck".

In identifying *dreams and goals for their children*, several mothers gave name to personal values they wanted to transmit to their children.

Jackie, mother of 12 children, told me she hopes her children will “learn they *don't need everything they want*”. Carly demonstrated teaching her children to *extend kindness to others* as she told the story of buying a coat and gloves and art supplies on Black Friday for an adult with intellectual disabilities whose mother was in the hospital. She took her children with her to buy the items and to deliver the items. She said, “We don't have a lot but we try our best to give to people all the time.” Jamie talked about *pushing her* (her oldest daughter) *to help people*:

Jamie: (Talking about going to the parent meetings at Save the Children's community-based program) We have one parent that she is a grandparent and she's raising the grandkids and she brings them all down there, I always feel so sorry for her because she's so old and she has all these younger kids but she is so good with them. She never seems aggravated with them. I always make my oldest girl go and help her when she's getting them something to eat or drink, my oldest girl done help her out. Or she'll help her load them back up in the car or into the meetings.

Me: So you tell her to give her a hand?

Jamie: I tell her, "she needs help, go help her out". Now X is an awesome youngun anyway. If she thinks someone needs help, she's right there.

Me: But you know what? You know how they say the apple doesn't fall far from the tree? She's seen you do those things. You are a role model for her.

Jamie: I push her to help other people. Especially older people.

Choosing to Partner with Home Visitors

Most of the participants in this study came to have a home visitor under different circumstances. Ellie picked up a brochure at the Health Department at a prenatal visit. Carly's sister knew about Save the Children's early literacy program and encouraged her to enroll. Jackie learned about home-based services through a display table she stopped at in a local elementary school. Molly's mother worked at the same elementary school where Molly's home visitor had an office. Through whatever means the mother learned about home-based intervention, the data revealed that she believed that by *associating* with the program her child would benefit. The mothers often described what I came to think of as a cost-benefit ratio they considered when they opened their homes to the home visitor. Some mothers embraced the program from the beginning and for others it was a slow romance but eventually all found *value* in the services received. The common denominator for continued engagement was a strong *connection* to the home visitor. *Deciding to set aside her personal preferences and continue with home visitation.* As we talked about her timeline, Ellie told me she was an introvert and *not socially adept*. She was thoughtful when I asked her why she thought she grew comfortable inviting home

visitors into her home several times a month. When she was pregnant, she liked getting information that prepared her for parenthood.

She'd take me through the booklets. There was all kinds of printed out sheets of things to do with your child to help with gross motor or fine motor or talking or all of these skills. And then also things to look out for, ways to parent without yelling or punishing harshly, all of these pamphlets and things.

She also talked about the period of time when she experienced postpartum depression. She was irritable and really didn't want to see people but she knew her son would miss the home visitor. She said, "*He loves having visitors.*"

When Jackie saw the display table at the elementary school, she was intrigued by what Save the Children offered.

I: What was interesting to you about that?

Jackie: Getting the books and helping the kids learn how to read.

She signed up and even though she didn't like having company in her home at first, she could tell her child really enjoyed the visits. Twelve years later, she was still engaged with the same home visitor.

Jackie: I figured I'd just give it a try and *my kids enjoyed it* when she comes and does the visits.

Me: So even though it was hard for you, you were *willing to do it for the children.*

Jackie: Yeah.

Me: Yeah, moms do a lot of that--we do a lot of things we don't necessarily want to do.

Jackie: (Laughing) Yeah!

Determining that the relationship with the home visitor is as important as the services offered. Maggie was the one participant who knew about home-based services and sought out three different programs when her grandson came to live with her. She said, “It *puts you in communication with* who is where and in what school. *Who you need to talk to.*” She said her grandson was really withdrawn from everybody at first and her Save the Children home visitor quickly figured out how to forge a relationship with him. “Ms. X always bring him a little something or other, which he always looked forward to that.”

Ellie had two other home visitors before she was assigned the home visitor that continued with her until her child aged out of the home-based program. To Ellie, the relationship with her home visitor for very important.

Ellie: I loved her to death. She loved X. She was *so positive and excited and happy* and it was just completely different experience. So that definitely *kept me in the program.* I was pretty much her last visit of the day. Most home visits are supposed to be around 15 minutes to half an hour, at least with Early Steps (Save the Children). Miss X would be at my house for an hour, hour and a half. So, we would get the initial visit out of the way, what she was there for and then *we would just talk.* And so, we would talk about X (her son). He would be playing and showing

them stuff and uh, frequently Miss X would read to X; he'd want her to read some of the books or we'd talk about things that were going on or future events or you know, whatever. And so, yeah, I think *I got just as much out of it for me* personally as I got for X. And I loved being able to have somebody come out because until then the *only time I got to see anybody* was when I went over to my mother-in-law's house.

Me: So that person kinda filled in a social need too?

Ellie: Yes, because I'm *not* typically a *very social person*. I like to stay at home and stay by myself.

Finding reasons and ways to trust and welcome the home visitor.

Molly, who had planned to be an elementary school teacher, valued education and started home visits early with her first child. She explained *what the home visitor does* at each visit:

He was a baby. He was really small, he was probably 2 months old maybe. She would just bring us just like little books to read to him, and ask him us how many times we read to him. She would hold him and play with and stuff like that. It's pretty enjoyable. It's nice to see X. I like X. She just comes over and she'll always have a bag of books for us to keep and then she will have another bag for us to borrow. We just switch out the borrow books every week. Like she will give us one and we will read them that week and then we will give them back to her and she will give us a new one. But then she always has a bag for us keep, and then she usually

brings us like little things. She was bringing us stuff like baby lotion and body wash for the baby. I think in one time she even brought us a book shelf. Yea, she's really sweet. And if I ever need anything she always like tries to find it for me or find information for me.

Me: Ok. So, she mainly brings things in. She *helps you find resources*.

Molly: Yea, and whenever X was a baby, like *he was* my first, *my first child*. So, I was kinda--*I didn't really know what to do* with everything and I remember one time she *brought me a guide of what you are supposed to feed a baby* at certain ages. And milestones that he should reach at certain times. So, she *brings us stuff* like that and she'll bring like little blocks or little toys to see like *see how far he has developed with his motor skills*.

Me: And do you like that?

Molly: Yea I love that. I *like to know that he's*, you know, *on schedule*. Or while she now (points to her baby daughter sleeping in a crib in the room.)

Me: It's reassuring isn't it?

Molly: Yea, it's *nice to know that everything's going smoothly*.

Camille moved to another state during her child's eligibility period. Her daughter participated in the home-based services with her cousins in a group format (*group home visits*) until the move. Camille did not seek out a program where she moved because she *didn't know any of those people*. Camille often brought her daughter *back home* to visit *family* and her daughter joined in the *group home visits* while she was here. She told me, "She loved it whenever she would come up here. She would come and visit like during

breaks and she'd come during the summer so whenever she'd come up here and visit they would still do it with her.”

As Jackie got accustomed to having the home visitor, she expressed why she valued home-based services:

It's easier for me cuz I don't drive. Okay, and it's hard to get anywhere around here so it's much easier for me to do home visits with them. I've had Miss X as the home visitor and she's been home visiting since X was born and X is now 12-year-old, and she just went down each one.

Carly articulated the process of *deciding to partner with home visitors* in the following way:

I just think that, you know, whenever these young mothers have these children and stuff they need to think about how important it is for them to have people come out to help. It ain't so much them telling them [you] what to do--it's just them helping them get to where they need to be. And at first that's what I felt like, you know, that somebody was telling me how to be a mom but it wasn't that. It was more, just her to come in to teach me how to do things me and show me how important it is, cuz just like she taught me, if you start early with them, their brain develops a lot quicker and they learn so much more.

Me: What piece of advice would you give to other mothers about home visiting programs?

Carly: I think it's good. Cuz even if you think you know everything, you really don't until they come in and help you learn different things. I mean every type of learning is good for the child. It's good for their brain, cuz like with X (her oldest), I didn't really work a lot with her when she was a baby cuz I didn't know and I was a young mom and didn't know all the extra stuff needed to be done. And [after *partnering with the home visitor*] I just done it daily, day to day, whatever needed to be done and with X (her youngest child), she's learning so quick. It's like there's nothing she don't know because I knew to do that with her.

Other codes that supported *finding reasons and ways to trust and welcome the home visitor* included the following list:

- *she has always been really good to me and both my kids*
- *she loved the kids-got down on the floor with them*
- *she was real friendly*
- *she's just a really good person*
- *she's teaching the kids to learn*
- *she taught me to use sign language with child*
- *[she did] something different every day*

Finding that the home visitor eventually becomes a friend and “like family to me”

Heather explained how her home visitor became *like family to me* by *not being judgmental* and *being accepting of how she finds things*. At one point, the house Heather lived in didn't have flooring and she felt ashamed that Miss X sat on subflooring. She said, “She don't care. She gets down on the floor and plays. All my kids love her.”

Jackie: Like sometimes I just didn't get of bed, and I'd be 'Oh my god, I'm so sorry, Miss X' and she'll be like, 'I don't care what you look like. I'm here to see you and the baby, I ain't worried about what you look like.'

That's what I mean, *she ain't judgmental about stuff* or look down on you or anything. She *is not judgmental at all about anything*. She's just open about stuff. She's really sweet but *she'll tell you right from wrong* (laughing).

Me: Will she really? So, she tells you straight?

Jackie: Yes, she's a straight shooter.

Me: Can you think of anything she said that would be talking straight to you?

Heather: Well, she told me about smoking and stuff.

Along with *telling you right from wrong*, the home visitor is *encouraging* to Heather and Heather felt comfortable to confide what she saw as her own shortcomings as a mother.

Heather: She works with them kids. They learn. Like X (her youngest), he knew his colors, he knew his shapes. I worked with him but I felt bad because I felt like Miss X did more with him than I did. And I'm like, 'Shew, I don't do anything with him, Miss X' and she's like 'Yes you do. Don't you say that; you're a good mom.'

Me: So, she's really encouraging?

Heather: *She's very encouraging*. And she wants you to set goals. She tries to get you to set goals for your kids. *She's all about the kids*. *She's*

all about the kids for the kids. She'll help you, she'll help you any way she can.

I asked Heather to tell me more about the ways that Miss X had helped her beyond teaching her children. What emerged made me think of how my own mother collected keepsakes of my children through the years and gave them to me.

Heather: I have--*it's a scrapbook* kind of but not really--it's just like everything. I got them clear things Miss X gave me. I got their first curl cut out of their head. I got these little hearts with their feet prints and their hand prints in it. With my first, X, I tried to keep a baby book on him but whenever I started working it just flingered out. And with X (her second son) then I was just working so I didn't have none of it. So, after that [with her third son], I was just like 'well I didn't do it with none of those so I'm not going to do it with you', so I didn't do it either. But Miss X basically made me a scrapbook. That's what it was cuz it had like X's painting stuff in it, and like with all their stuff from school. Miss X is great. Like she took so many pictures of X (her youngest.) I didn't even have to take no pictures of that baby because I had plenty. I got a whole folder. I still got my folders from Miss X. She would say, "Here, now I fixed you one already but I'm gonna do it again' because I couldn't find one of my folders. In it she had the clear things, and it had all the pictures of the baby that she had took. She had taken quite a few of X and X and me. This was from the time he was born all the way up til him making puppets with her on Halloween last year.

AnnaBeth recalled how her home visitor expressed her feelings of attachment to her child. “Her therapist yesterday, her physical therapist was here and she was so sad, and she said, ‘I don't know what I'm gonna when she turns 3.’ AnnaBeth had talked to the preschool program to which her daughter would transition and had found out that the preschool would be contracting with that physical therapist for the child’s services. She said, “I gotta text her in a little bit and let her know she's going to be her therapist at the school. I really don't feel like she's a visitor any more. *I feel like she's family.*”

Looking Forward to a Future Focusing on Myself

This process represents one major category: Mother’s goals and dreams for herself, which was built from concepts uncovered during open coding. The codes revealed that the participants engaged in thinking about a time in the future when mothering responsibilities would diminish and she would experience more autonomy. In their own individual ways, they described this collective theoretical code. The concept of a temporal horizon addresses the ability to delay rewards (L. Green, Fry, & Myerson, 1994). In these codes, there are clues about the ways in which the participants *deferred their own goals* and projected into a future where there would be space to pursue a dream focused on their goals.

Heather said “I'll be 44 when my kids are grown. *I still got plenty of time.* I can still *go back to school*; I just got to get these boys through school. Then I can worry about what I need to do.” In the meantime, she looks for opportunities around her. “Anything you can do. Even little classes—a parenting class that they got. Any of that stuff is *bettering yourself*. There's nothing wrong with that. I've tried this and this. I'm open to suggestions.”

AnnaBeth was talking about her child's therapists coming to the house when she spontaneously revealed her perspective on delayed rewards and her temporal horizon:

Shew, I haven't decided what I want to do. I joke and say I haven't decided what I want to do when I grow up cuz *I'm a mom now*. But I'm gonna put her in school this coming year so I'm trying to think if I should try to take time for myself at first and then *I want to go back to school*. I think I want to take some business.

Then she said, "When it gets easier, I just need to enjoy that."

Ellie, who grew up in another state and lived in the inner city has embraced life in the mountains. She wants to *go back to work* to earn income to meet her goals of having a little bigger house and more land:

Ellie: Yeah, we plan on moving up, having two bedrooms upstairs and a bathroom because his bedroom is very small and I hate it for him. It's fine now because he just has one of those toddler beds.

Me: You guys really have a life plan, you've got goals.

Ellie: Our next big goal is this property right out in front of us (*goals and family plans*). We are going to buy that because this is .97 acres and that's .59 acres so that'll put us over 1 acre and we'll be able to have our driveway out to the road. Then once we get some of our big things taken care of--our car payments and we buy our property and we add onto the house, I'm very much thinking of *going back (to school)* for--It's something I've been thinking about, counseling. There's a position at my husband's work that is filled but they don't like the person who is there and

it would be wonderful if I could get into that position but it's 8 years. It's an 8-year degree.

Me: You're such a good listener.

Ellie: Yeah, I really hope and I like said, it's still something I'm debating but it's not a career where I'd have to be there all day. And my husband's work is very laid back. We're there (at her husband's office) twice a week normally anyway and they don't mind if he's there (her son) and if I have my own office he could have his own schooling area where he could learn things and so it's something I where I could take him.

Ellie and her husband plan to home school their son and part of his education will include travel to experience what he is learning. Ellie wants to *learn foreign languages* before *traveling* because one of her childhood dreams included languages. "I wanted [to learn] Latin because at the time my dream was to be a linguist. I wanted to--well my actual dream was to be an archeologist but you can't be an archeologist by itself."

Molly *wants to go back to college* but her *husband doesn't want to put the kids in daycare* at this point. He felt the children should be with family and all her immediate family worked. For now, she had made peace with their decision. Her youngest was nine months old at the time I interviewed her. She's barely considered how actualize the goal but had some beginning thoughts. "If I could find some *online classes*. I didn't know how many of my credits would transfer or how many I'd lose."

The grandmother participant in this study had stopped working at her career before she was awarded custody of her grandson. She had grown up in the mountains and that background had served her well as she worked at a career where she helped local

women get their GED and access healthcare services. She had testified before congress in Washington, D. C. and told me a delightful story about a conversation she had with Ted Turner about soup beans and corn bread in the congressional dining room. She was a woman of many skills and varied interests. She had developed a hobby of tracing family lineages—hers and other families that she found interesting. At the point her grandson came to live with her, she was engaged in online research. She still pursued this hobby when time and her health permitted. She talked about a time when she might be able to take a road trip to see some of the gravestones of the people she had researched. She seemed both hopeful and resigned when she said, “Yes, so, I don't know. You just have to *take life as it goes*. That's what I always say.”

Summary of Results

Through this study, I met nine women who are now part of my life story for I am changed because they gave me the gifts of their time, family, struggles, goals, hopes and dreams. Their oral interviews and their personal timelines informed me that the intersections of and transactions between personal, social and cultural, historical and temporal contexts resulted in a process that I labeled *becoming a mother made me a better person*. When she transitioned to motherhood, she found she was *growing as a person to meet mothering responsibilities*. Those responsibilities provided an environmental press that pushed the participants to seek out people who could help her with the enormous assignments of mothering. In *choosing to partner with home visitors*, these participants received encouragement, social contact and eventually lasting friendships. The final theoretical concept was still forming and being played out when I stopped the interviews but all participants were *looking forward to a future focused on*

myself. Each participant, it seemed to me, accepted that the choices they made about becoming a mother and partnering with home visitors became a turning point that changed my life for the better.

Chapter Five will present the Theoretical Model and Interpretation of the Results.

CHAPTER FIVE: INTERPRETATION OF RESULTS

This qualitative study of maternal engagement in home-based, early intervention services provided valuable insight into the perspectives of young, rural mothers who enrolled their children for services with home visitors. Given that up to 67% of mothers disengage from services before the end of their child's eligibility period, this study sheds light on the life course of these mothers and reasons that they partnered with home visitors in the first three years of mothering a child.

In this chapter, I will present an interpretation of the results and provide a theoretical model of maternal engagement in home-based, early intervention services. I will discuss how the model emerged from the data and compare the results of this study to the literature. I will provide evidence of trustworthiness of the methods and resulting interpretation through discussion of four criteria: credibility, transferability, dependability and confirmability (Shenton, 2004). I will discuss eventual implications for application to practice for rehabilitation therapists, including occupational therapists. Opportunities and recommendations for future research will be offered.

Theoretical Model Emerging from the Data

Throughout the development of this research study and the formation of the semi-structured interview, Life Course Perspective informed my thinking (Elder Jr., 1998). I added graphic elicitation as a data collection method, during which participants drew their personal timeline from memories of their life from childhood to the present, to assist them in constructing an event history (Crilly, et al., 2006). During the coding process in data analysis, I set aside any guiding theory or perspective, as is recommended by grounded theory methodology, and allowed the data to reveal concepts and ultimately a

theory about maternal engagement (Corbin & Strauss, 2015; Strauss & Corbin, 1998). It was as I moved into the selective coding phase, utilizing the Reflective Coding Matrix and developing the storyline, that I saw the progression and interactions between the contexts and across the life course of the mother emerge. (Those discoveries were discussed in Chapter Four in the Development of the Storyline section.)

The overarching theoretical code of “Becoming a mother and partnering with home visitors became turning points that changed my life for the better” represents the collective perspective of the nine participants in this study. At the top of the model is an undulating line that represents the responses of the participants’ trajectory to the events, transitions and turning points that occurred across their life course. The five theoretical themes are threaded around the trajectory line as the mothers moved through their transition to motherhood. The four contexts of personal, social and cultural, historical and temporal underpinned their personal narrative. The events that occurred in these contexts became the forces that shaped the personal trajectory of the participants.

The personal context is the mother’s own story as it unfolded from childhood to becoming a mother and forward into a time in the future where she imagines what life beyond mothering will hold. Significant events that occurred in childhood through late adolescence led to actions, behaviors and choices that resulted in pregnancy. Pregnancy became a turning point in her life. The mother initially may have experienced pregnancy and the transition to motherhood as a dipping in her personal trajectory but the interactions of the four contexts provided enough support that these participants came to believe that “becoming a mother made me a better person.” At this point in her life course, the mother accepted responsibility for past decisions and looked forward to the

changes being a mother brought about. Acceptance of past decisions usually did not impart a sense of regret; in fact, when talking about this transition in retrospect, most mothers seemed grateful for the changes.

During the transition to motherhood, the participants all discovered that being a mother meant she would make choices that made her uncomfortable, sad, and physically exhausted. In this phase, they were learning ways to adapt to being a mother or custodial grandmother. Their growth led to acceptance that their education and career path had been interrupted for the time being. For the grandmother, she had to set aside some of her retirement pursuits. All these participants expressed that as they embraced the role of mother, and they did whatever they needed to do to protect, nurture and guide the child toward social acceptability. These women wanted to do the best they could for their child and sought out ways to start “growing as a person to meet mothering responsibilities.”

Day-to-day mothering occurs at the intersection of mythology, romance and reality (Choi, Henshaw, Baker, & Tree, 2005). These participants were all experiencing the reality of motherhood with limited financial resources in a geographical region that is also financially distressed (Appalachian Regional Commission, n.d.). Several participants spoke about their difficulties with learning and social relationships in elementary and secondary school. The mother who said, “I really want my kids to learn” represented the shared perspective of those who had negative experiences in school. All participants, at some point in reviewing their past experiences, expressed they hoped their child’s future would be different and this is represented in the model as “wanting better for my children.”

There came a point in time, when all participants realized that mothering was labor intensive and they required outside help. At times, her own mother or grandmother stepped in to fill the gap temporarily by providing respite so new mothers could sleep or mothers with older children could go to the store alone. In the case of the custodial grandmother, her son provided external support while she was hospitalized or when her car did not work. Mothers learned about home-based visitation services through various sources. The traditional Appalachian values of independence, self-reliance, and pride were evident in the narratives of the participants as they considered the consequences of allowing outsiders access to their home and children. The maternal correlate of “wanting better for my children” coupled with the primal mothering actions of nurturing and educating (Ruddick, 1989) led to “choosing to partner with home visitors helped me and my child.” The mothers resolved the conflict between the cultural values and “wanting better” through finding reasons and ways to trust and welcome the home visitor. One of the significant findings for service providers within this theme represented a transition in the mother’s view of the home visitor. At this point, the mother determined that her relationship with the home visitor was as important as the services being offered to the child.

The final theoretical theme, “looking forward to future focusing on myself” represented how the participants imagined the future would change when the demands of mothering lessened. “When I get free time”, “maybe someday”, “I still want” signaled a projection outward on her temporal horizon and hope that her personal trajectory would move upward.

The model presents four contextual elements and the influence of context on the mother and her personal trajectory through the life course. The personal context has been presented in conjunction with the core category and the five themes.

In the social and culture context, the mother's life course and personal trajectory were interwoven with the events that happened within her nuclear family and with her family-of-origin. In the school context, several mothers identified bullying as being present and influencing how she felt about school in general and how she vulnerable she felt in that environment. Experiences in school, social and educational, impacted her actions and choices in during her childhood, adolescence and young adulthood.

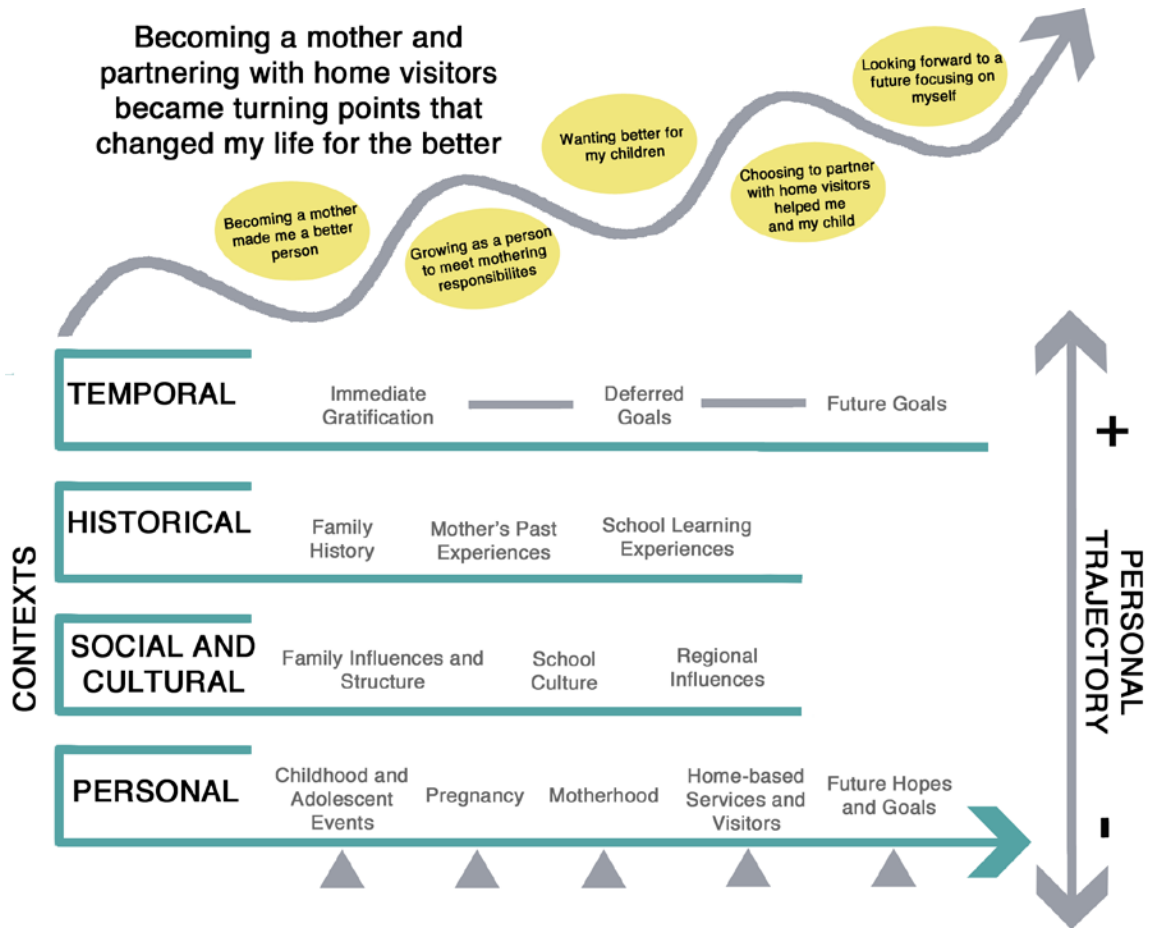
The historical context again demonstrates that many of the elements in the social and cultural context are present in the historical context. When describing the historical influences of her family, her own past experiences, and school experiences, the mothers offered these events from their current position in time and interpreted them looking backward. Phrasing such as "Mom did the best she could" and "people change" indicated a framing of the historical context as it related to her personal context.

The temporal context in this model is presented in terms of the mothers' development in their ability to extend the when personal gratification is rewarded. Early in childhood and through adolescence, the mothers' conversations about skipping school, dropping out of school, and party behavior reflected immediate gratification. The event of pregnancy and transitioning to motherhood represented a time that they were able to consider their actions again future consequences for them and their child. It was at this

point in her timeline that goal deferment appeared. As a group, they all conceptualized personal goal attainment at some point in their future.

Visual Illustration of the Theoretical Model

Figure 5.1. *Theoretical Model.*



Analysis of Theoretical Model and Link to the Literature

The emergent theory “Becoming a mother and partnering with home visitors became turning points that changed my life for the better” explains the process of young, low-income mothers engaging in home-based, early intervention services provided by home visitors. I will examine the theoretical themes in this study and compare them to

what has been presented elsewhere in the literature about these concepts. Each of the five themes will be considered.

Becoming a Mother Made Me a Better Person

Young motherhood, especially in early adolescence motherhood has been reported in the literature as resulting in negative trajectories for the mothers and poor outcomes for the children. However, there exists criticism of the research design and methods of data collection for some of the research in this area. More recently, qualitative studies and longitudinal research have described positive aspects of young motherhood. In a study of eight young mothers who were interviewed using a semi-structured format, the results demonstrated that mothers felt positive about their new role and described it as enriching their lives (Richards, Papworth, Corbett, & Good, 2007). In my study, AnnaBeth represented the mothers who found meaning and worth in their new role. She told me that motherhood “pretty much opened my eyes and I had...something to look forward to and something to worry about. Before I had them, I didn't really care about anything. I didn't have nothing to live for, nothing. Just struck through, didn't care about nobody but myself, I just didn't have nothing to live for. Then once I got pregnant...all that changed.” A qualitative study of 15 young mothers in San Bernardino, California reported that motherhood decreased self-destructive and high-risk behaviors displayed prior to pregnancy. In addition, these participants believed that motherhood had given them a new, positive identity (Lesser, Koniak-Griffin, & Anderson, 1999). A longitudinal, qualitative study of 13 mothers also discovered that motherhood was not a negative influence on their participants instead finding that it was a “corrective experience” that “saved her from a perilous past and uncertain future” (SmithBattle &

Leonard, 1998, p. 45.) In this current study, Carly expressed a similar sense of having been rescued. “Like I said, if it wasn't for my kids, I don't know where I would have ended up, honestly. Kids can change people for the better if you let them.”

Growing as a Person to Meet Mothering Responsibilities

A metasynthesis of 18 qualitative studies about adolescent motherhood located a theme similar to “growing as a person to meet mothering responsibilities” in 10 of the 18 studies selected as meeting the criteria for inclusion in the paper. The authors used the phrase that the mothers described experiencing a “positive transformation” after which they “acted with more maturity and more responsibly” (Clemmens, 2003, p. 96.) In this current study, the mothers talked about setting aside their own preferences and doing what needed to be done for the kids. AnnaBeth said, “Right now, it's really just mostly about them, it's not about me.” Carly said, “I was 19 when I had her. It's like between then and now, I've learned how to be a mother. Then I really was young and going down the wrong path and worrying about friends and partying instead of being what I needed to be. But then I guess I figured I tired of it and got it out of my system and wanted to be a mom.” In a phenomenological study of seven first-time mothers reported that participants described their experiences with pregnancy and becoming a mother as a “mechanism for growth” and “a second chance for a successful and fulfilling life” (Williams & Vines, 1999, p. 15.)

Wanting Better for My Children

A qualitative study of 65 low-income, young mothers reported a finding strikingly similar to the theme from this study’s “wanting better for my children”. That study interviewed mothers engaged in a parent education curriculum and one of their findings

was worded as “Focus on Doing it Differently (Better) than Parents Did: When You Know Better, You Do Better” and represented the mothers’ desire for their children to “turn out better than we turned out” (Webb, et al., 2015, p. 120.) In the current study, two mothers expressed goals for their female children in terms of being financially independent of men. AnnaBeth said, “I would like for them to um go to college. And learn, some kind of schooling to where they don't have to depend on no man to support them.” In the same vein, Jamie stated, “Now my little girl. I want her to be able to stand on her own feet. I don’t want her to wait on a man and have to worry about if he leaves me there ain't no paycheck”. In a mixed-methods study of 1381 very low-income mothers, a subset of 30 mothers participated in semi-structured interviews. The qualitative findings were that social support was given by mothers and mothers-in-law while the young mothers learned parenting skills and focused on how to help their children advance their educational, social and financial position in life (Kagawa, Deardorff, Domínguez Esponda, Craig, & Fernald).

Choosing to Partner with Home Visitors

In a study of 20 mothers engaged with public health nursing home visitors, mothers expressed how vulnerable they felt letting visitors into their home (Jack, et al., 2005). The mothers in that study described feeling the need to present themselves as doing and saying all the right things for fear of what might happen if the visitor thought something was amiss. The study reported ways to overcome those vulnerabilities by building trust and establishing an authentic relationship with the mothers. In this current study, vulnerability was eloquently expressed by the custodial grandmother when she said, “They're afraid when a person walks in, see that's the outside world and you are

letting them into your haven, your safety, your family.” Camille said she would feel vulnerable if the home visitor was “Like they're trying to look, see maybe, I don't what it does, it makes me uncomfortable. I just don't like people, unless I really, really know you, I don't want you plundering through my house.” Stevens, et al. (2005) determined that home visitors that supplied social support, parent education and tangible aid had better participation rates and lower attrition. Heather, in the current study, gave several examples of her home visitor “doing anything she can to help you.” Her home visitor put together a photo album and scrapbook with pictures of Heather and her children. At one point when Heather needed baby clothing and supplies, her home visitor knew about another program that would trade children’s books for diapers and outfits; her home visitor gave her enough books to exchange for the items that she needed immediately. Ellie talked about her home visitor becoming a source of social contact and support for her as well as being there to deliver services to her son. If mothers felt threatened by the assessment process and instruments, worried about being reported to social services or did not connect with the home visitors, maternal engagement waned. Carly felt her privacy threatened when one of her home visitors gossiped about other mothers enrolled in the program; she called the home visitor’s supervisor and dropped out of that program. She then enrolled with Save the Children in the Early Steps to School Success program and has been with that program for six years. The women learned from the home visitors how to become more competent as a mother. Several of them referred to the binders of parenting materials and child development suggestions that their home visitors supplied. Carly said all young mothers should have a home visitor “cuz even if you think you know

everything, you really don't until they come in and help you learn different things.”

Heather remembered the time her home visitor “You’re a good mom.”

Looking Forward to a Future Focusing on Myself

The metasynthesis of 18 qualitative studies about adolescent motherhood by Clemmens (2003) found that mothers became more goal-oriented about their futures after having a child. Some of the mothers planned to further their education while their children were still living at home as a way to meet their own personal goals and to provide a better future for their child. In this current study, the mother who had completed three years of college before the pressures of the commute to school, work and motherhood overwhelmed her, talked about returning to finish her teaching degree in the near term but most of the mothers talked about their personal goals as happening when the children were much older or had left home. Aronowitz (2005) studied processes that would increase resilience and reduce risk-taking behaviors in adolescents aged 16-21 years. She found that envisioning the future was such a process; resilience increased and jeopardizing behaviors reduced when the participants felt competent moving into their future. A relationship with competent adults facilitated the ability to envision the future. The mothers in this current study felt connected to and supported by their home visitors and expressed a level of self-competence in their mothering abilities. Future goals expressed by the mothers in this study included enjoying things being easier, returning to school, learning for fun, and enrolling grandchildren in home-based, early intervention services.

Trustworthiness

In this section, I will address the trustworthiness of this research study through providing evidence of credibility, dependability, confirmability, and transferability of the results. A clear audit trail has been established and presented in the Methods and Results sections of this paper.

Credibility

Credibility assures researchers that the study has measured the concepts under investigation and that the results are believable (Corbin & Strauss, 2015). One means of ensuring this is the use of appropriate, well-established research methods during data collection. In designing this study, I had guidance from a faculty advisor who were accepted experts in the areas of deep narrative interviewing accomplished by using semi-structured interviews and completed over multiple sessions. The semi-structured interview questions were developed using concepts from the literature life course perspective, graphic elicitation and maternal engagement in home-based, early intervention services. The data collection instruments were reviewed and approved by faculty advisors and the Institutional Review Boards at the University of Kentucky and Eastern Kentucky University. Save the Children reviewed the data collection materials and submitted a letter of support for research with participants in their Early Steps to School Success Early Literacy programs.

A recommended research strategy to build credibility is to gain experience and familiarity with the culture of the participants and sponsoring organization prior to data collection. As a faculty member in the Department of Occupational Therapy at Eastern Kentucky University, I had led field experiences for five summers for occupational

therapy students in the region where these data were collected. I had spent time in early childhood programs and participated in home visitation programs in this region during those teaching experiences. I accompanied a Save the Children program specialist on a ride along to meet home visitors and became familiar with that program prior to designing the research study.

The nine participants were recruited from the case loads of eight different home visitors employed by Save the Children. The mothers in this study were all from the Appalachian region and resided in three different counties. The initial six participants were selected purposefully (Creswell, 2009). Three remaining participants were selected using theoretical sampling (Corbin & Strauss, 2015). Based on the concepts uncovered during transcription and opening coding of the initial participants, I guided the home visitors' thinking about what kind of mother I thought I should meet with next. I asked the home visitors to recruit a mother who had engaged with Save the Children for more than one child. Participants Six (Heather) and Eight (Jackie) met that criteria. I requested an interview with a mother who had discontinued participation in the Early Steps program prior to the end of her child's eligibility period. Participant Nine (Camille) was recruited.

Triangulation of the data is a means of establishing credibility by using different methods of data collection (Shenton, 2004). All mothers participated in a semi-structured, narrative interview and completed a demographic information sheet. Six of nine participants engaged in graphic elicitation. Participants Two, Three, Four, Five, and Eight were interviewed over two sessions and also completed graphic elicitation by drawing their personal timeline in between interview sessions. The initial participant was

interviewed over three different sessions. Participant One drew her timeline between interviews one and two but when I arrived for the second interview, the timeline had been discarded by the participant's husband. She wanted to draw it again, I left the form and stickers with her, and returned for a third session. Participant Six and Nine declined participating in graphic elicitation citing a busy schedule as interfering with further interviews and Participant Seven was willing to draw her timeline but became very ill and had repeated hospitalizations and decreased endurance during the data collection period.

Triangulation of the data is also accomplished by using a wide range of participants in order to verify the emerging concepts among the informants. In this study, my participants varied in age at the time of the birth of their first child from ages 17 through 24 years. The number of children per mother ranged from one child to 12 children. The number of years mothers had been engaging with home visitors ranged from one year to 12 years. The number of different home-based, early intervention programs that mothers had engaged with varied from one to three programs.

Shenton (2004) recommended iterative questioning so that the topics get probed in multiple ways. The semi-structured interview outline had some redundancy built in by exploring the same concepts through probing different contexts in which the phenomenon might have occurred. The personal timeline interview also provided the opportunity for iterative questionings.

I participated in frequent debriefing sessions with my primary faculty advisor. We scheduled regular face-to-face appointments in her office and emailed and talked on the telephone at regular intervals. I met with my content expert on life course perspective

after I had collected timeline samples on the first three participants. Additionally, I asked for peer scrutiny of this research study from two different colleagues. One colleague was well-informed about early childhood, home visits and grounded theory methodology. The other colleague was a researcher collecting culturally-sensitive data from mothers of young children with another population in another region of the United States. Both gave input about additional research questions that could be added after the initial interviews.

Thick, rich description was utilized throughout data analysis and discussion of the results to promote credibility. Thick description gives the reader of the research the opportunity to immerse in the participants' perspective (Creswell, 2007; Shenton, 2004). I included verbatim quotes from participants so that the emotionality and the dialect of their voices would be transparent. As faithfully as possible, I attempted to transmit the means of the experiences and their actions.

In the opening of this chapter, I presented theoretical model based on the core category and themes uncovered during data analysis. Then I presented a linkage of the model and themes to extant literature to establish that the results are consistent with findings in both qualitative and quantitative studies that have investigated similar concepts. These linkages provide evidence of both credibility and confirmability (addressed separately below.)

Dependability

Dependability in qualitative research is akin to reliability in quantitative research which means that given the same participants and contexts similar results could be discovered by different researchers (Shenton, 2004). Since qualitative data is

contextually derived, it is not actually possible for a different researcher to “step in the same river twice” (Heraclitus c. 500 BCE-c.475 BCE). A method of ensuring dependability in qualitative research is to present the description of the processes of the research in enough detail that another researcher could repeat the study. Through thorough explication of the processes of data collection and data analysis in Chapters Three and Four of this study, I have presented a clear and reproducible trail.

Confirmability

To aid readers of this study who are more familiar with quantitative research, I will liken confirmability to objectivity in quantitative traditions (Shenton, 2004). It was incumbent upon me to assure my readers that I am presented the views and voices of the mothers and grandmother I interviewed. I traced concepts from in vivo codes in open coding and constructed tables to allow a reader to determine that categories in axial coding were derived from participants’ words. Categories were pushed to theoretical codes and evidence of that process was well documented in Chapter Four. I have discussed triangulation of the data in the credibility section in detail to assure that the concepts presented were examined through a variety of sources. I have left behind a clear audit trail in this document which will permit the reader or other researchers to determine if logical and representative conclusions were drawn.

Transferability

The notion of transferability refers to how helpful the audience reading this research finds the results are for explaining the behaviors of people in settings other than the one in which this research was conducted (Connelly, 2016). As the researcher, it was my responsibility to clearly provide enough details about the views of the nine

participants located in a rural region. Through using their words throughout this study, I believe I have revealed their thinking and actions as a young mother living with the challenges of limited financial resources engaging with home visitors who provide home-based early intervention services to their child. It is the responsibility of the consumer of this research to then make an informed decision about how the perspectives of these participants apply to and can be used with another group of mothers.

Clinical Implications

The core category of “Becoming a mother and partnering with home visitors became turning points that changed my life for the better” informs occupational therapists and other service providers about two important maternal processes that can be addressed when providing early intervention, home-based visitation services to infants and young children: the process of a young woman transitioning to the role of mother, and the process of a young mother forming a therapeutic relationship with a home visitor. The five themes that emerged during selective coding and fed into the core category will be used to organize the recommendations directed toward facilitating the processes of role transition to motherhood and developing a therapeutic relationship with a home visitor. Those five themes are: 1) Becoming a mother made me a better person, 2) Growing as a person to meet mothering responsibilities, 3) Wanting better for my children, 4) Choosing to partner with home visitors helped me and my child, and 5) Looking forward to a future focusing on myself. Many of the implications and recommendations for practice are appropriate for any home visitor providing home-based services in Appalachia; my background as an occupational therapist provides a view from that profession and some of the recommendations focus on occupational therapy services specifically.

Before presenting implications for practice in each of the five theme areas, I first turn the discussion to two supporting premises that will underpin the recommendations given. The first is a discussion of how the occupational therapy practitioners' knowledge of occupations provides an opportunity to assist young women in their transition to the role of mother and enhance her capacity to carry out mothering occupations. The second is the therapeutic use of self by an occupational therapist in developing a helping relationship with the mother.

When providing home-based early intervention services, occupational therapists provide support to mothers to encourage the development of everyday routines within the home that promote healthy development of the infant and toddler. Those routines include the occupations of activities of daily living, rest and sleep, play, education and social participation (American Occupational Therapy Association, 2014). Mothering occupations were previously presented as fulfilling three primary needs of children: preservation and protection, nurturance, and training to become acceptable and competent members of society (Ruddick, 1989). Examples of mothering occupations to fulfill those three primary needs are presented below through the lens of the occupations found in the *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* (2014). Mothering occupations for preservation, protection and nurturance for infants are initially met by the mother who completes all the activities of daily living for the infant such as feeding, diapering, dressing, and bathing. As the child gains motor control and develops cognitive abilities, the mother helps the infant transition to toddlerhood and begins teaching the child to become competent and independent in the activities of daily living. There are routines that mothers need to establish which will allow her to carry out all the

other occupations that provide a safe and nurturing environment for the child: management of the living space, transporting the child to and from appointments and educational opportunities, financial management and budgeting, laundry, shopping, meal preparation and clean up. These occupations of mothering are all within the score of practice of occupational therapy and the mother's ability to perform these occupations impact the well-being of the family unit. As an occupational therapist providing home-based services, I would address mothering occupations as I intervened with the child.

An essential aspect of building and maintaining a beneficial relationship is the process known in occupational therapy literature as "therapeutic use of self" (American Occupational Therapy Association, 2014). Therapeutic use of self is defined as "a set of behaviors that result from a dynamic interaction of intrapersonal and interpersonal abilities employed by therapists to facilitate clients' success in meeting agreed-upon goals" (Davidson, 2011, p. 89). The behaviors that the occupational therapist should intentionally exhibit to establish and maintain a therapeutic relationship are advocating, collaborating, empathizing, encouraging, instructing, and problem-solving (Bonsaken, Vollestad, & Taylor, 2013). Through the use these behaviors, occupational therapists come to understand the perspective of the mother and provide support that allows the mothers to have agency.

In the following sections, I will present clinical implications and recommendations for occupational therapists and other home visitors in assisting young women transition to the role of mother and develop a therapeutic relationship with the home visitor. When I make recommendations, and refer to occupational therapists,

understand that some of these recommendations will also be appropriate for other service providers to implement if they are within the scope of practice for that home visitor.

Becoming a Mother Made me a Better Person

Young mothers may feel conflicted about leaving the more egocentric occupations of adolescence behind as they move forward into the role of mothering. Certainly, the amount of physical labor and emotional energy involved in completing the list of activities and tasks associated with caring for an infant can be overwhelming. In a qualitative study of teen parenting, young mothers appeared to understand the expectations of carrying out the basic activities of daily living for the baby in terms of feeding and diapering but their understanding of structuring the environment to promote child development and their knowledge of acquisition of typical developmental milestones was limited (Head & Esdaile, 2004). Home visitors should provide information about typical development for infants and toddlers in all of the developmental domains and demonstrate to the mother appropriate developmental activities. However, if the child's development is not typical, then the role of the occupational therapist is to provide the mother with individualized information for the child, help the mother set realistic expectations for milestone achievement, and teach the mother any techniques that the child might need such as management of muscle tone during diaper changes or positioning for successful feeding. When instructing young mothers in the use of therapeutic strategies during mothering occupations, it is important to be mindful that what seems like second nature to an occupational therapist in handling an infant with special needs may impart a message that the mother is inadequate with her own child. A nonthreatening way to instruct about therapeutic techniques is to use an

appropriately sized soft doll and sit beside the mother while she handles the child. Using this strategy allows the occupational therapist to be encouraging while instructing her to make adjustments in her techniques and help the mother build a sense of confidence and competence. Regular home visits with the young mother provide an opportunity to determine where the mother is in the process of adjusting and find out what needs and concerns she has. Empathetic listening and encouraging the mother for the progress she is making in her transition is called for at this point. Developing relationships with other significant family members and interacting with those people therapeutically in the same manner is part of being an effective home visitor.

In rural Appalachia, where there is a strong value for family, the occupational therapist will want to find out which family members are part of the immediate family network and build collaborative relationships with all members of the family who interact with the mother and child. When I visited Jamie's home for the interviews, she told me that her uncle also lived in the house and had an important relationship with all three of her children. Her mother and father lived just across the road from her house and the older children went back and forth several times a day in the summer to swim and swing, and always visited there after school when it was in session. In this case, the occupational therapist should ask the mother if she would like to include those family members in future sessions. Therapy sessions could be scheduled at the pool or use the swing at the grandparent's home, if all parties agree. Carly lived in a trailer on family property on which her mother and stepfather, and aunt and uncle had homes. Within the first 15 minutes of all three visits to Carly's home, Carly's mother called her to find out who was visiting. Family support and family approval were expressed values for Carly

who told me her mother was her best friend now. Inviting Carly's mother to attend therapy sessions and collaborate with Carly in setting goals and working toward meeting them would generate support for Carly's continued engagement in the home visitation program and support the initial adjustment to motherhood. Carly had participated in Save the Children's Early Steps to School Success programs for six years. She told me her mother always called when the home visitor came and, if invited, she usually dropped down. Carly said that her mom now considered the home visitor as part of the family. As relationships grow, the occupational therapist earns the privilege of making suggestions and providing assistance in transition to a new role. Maggie said, "[You] don't got the connection so any time that you can get in and you can talk and you can reassure or put security in somebody, you know, or just ease. That would give you room to come in and start talking."

Approaching the mother with strategies for enhancing her child's development is best done from a strengths-based perspective. Rather than focusing on problems and deficits, the strengths-based perspective builds resilience and imparts confidence in her growth toward meeting mothering responsibilities (Cowger, Anderson, & Snively, 2006). The occupational therapist instructs the mother in therapeutic strategies while encouraging her by acknowledging her progress in her mothering role. I also found it helpful when providing home-based services to include instruction to siblings in age-appropriate activities that they could engage in with the recipient of the occupational therapy services thereby increasing the sense of competency among the whole family unit.

Growing as a Person to Meet Mothering Responsibilities

In this phase of mothering and developing a relationship with the home visitor, the mothers are embracing the role of mother but still figuring out how to accomplish the many tasks without feeling overwhelmed by the work. AnnaBeth told me “It’s frustrating at times and I stay tired all the time.” At this point, based on what the mothers told me, the mothers needed some help in learning ways to adapt to do what needed to be done for the child. Implementation of routines will make some of the work habitual and help the mother organize the tasks that need to get done every day (Segal, 2004). With young mothers just leaving adolescence behind, they probably do not have not established routines of adulthood, so collaborating with the mother to establish what she thinks she can do and what she is willing to do to implement routines is needed. Carly talked about her home visitor teaching her the importance of routines to her child’s brain development and that really resonated with her and motivated her to follow through:

She showed me how important it was to have a daily routine with a child.

That way they feel comfortable—they want to learn and things so we, from the time we get up to the time we go to bed, it’s like we’re doing something all the time.

Families, especially with young children, need daily routines. Young children cannot tell time and the only cues they have about what will happen next is based on routines. Each one of the basic activities of daily living need to have established routines. For example, before each meal, children should go to the bathroom and use the toilet and wash their hands. Having established places that children sit during meals is important. While I hold a value for the family sitting at a table to eat, many young

families eat in front of the television. Even within that, each child can have an assigned place on the couch or floor for eating. In assisting young mothers to build in routines, I would find out what is most important to them and give one or two suggestions per home visit and check in the following home visit to see what the mother thought about the suggestions within the past week. For example, leaving the house with the child for a trip to the grocery store may be the most frustrating for the mother so developing a list of the routines tasks that need to be accomplished to get out the door smoothly is where I would start.

The purpose of home-based services is to impart some knowledge and skills to the mothers. Teaching strategies of implementing routines can become a point of resistance for some mothers and being a guest in the mother's home and being an instructor at the same time takes finesse. When attempting to affect behavior change in adolescents or young adults, motivational interviewing principles can be very effective. Motivational interviewing is person-centered, directive approach for increasing motivation for change (Miller & Rollnick, 2002; Naar-King & Suarez, 2013). It is a non-threatening means of exploring a mother's desire to learn and change. Recommendations for change are developed collaboratively and the responsibility for change is given to the mother so that changes can be adopted that fit with family goals and values. Occupational therapists can add motivational interviewing to their skill set by attending continuing education courses that range from an introductory weekend course, to an advanced one-week course or an online course offering.

Remembering that a home visitor is a guest in the mother's home is essential to building trust and stamping out suspicion that the occupational therapist is there to

evaluate their mothering or report them to child protective services. I asked Camille “What would a home visitor have to do for you to say, ‘You’re so out of here?’ Camille responded:

They'd have to be rude and not listen. But if you get up and walk around, I don't feel good with that either...I don't know, it takes a lot for me to be comfortable with you. If you come in for a home visit and we sit here (patting the couch) this is where I want you to stay. Like they're trying to look, see maybe, I don't what it does, it makes me uncomfortable. I just don't like people, unless I really, really know you, I don't want you plundering through my house.

From the conversations with the nine mothers, I recommend that the occupational therapist ask the mother at the outset of the first several visits, “Where would you like me to sit?” Later, when interacting with the child, ask “Is it all right if I move down here and sit on the floor with the baby?” Asking permission to sit or move or touch her children is a form of collaborating with the mother.

Wanting Better for My Children and Choosing to Partner with Home Visitors Helped Me and My Child

Wanting a better life for their children is a common theme in studies involving young mothers (Head & Esdaile, 2004; Webb, et al., 2015). The mothers in my study and other studies talked about wanting their children to get an education, go to college, get good paying jobs and not have to depend on others for support. Enrolling their children in early intervention, home-based services and sustaining engagement in those

services demonstrated a commitment to that end for their children. One of the most important aspects of being a home visitor to young mothers is to consistently be encouraging to the young mother. If the mother is allowing the home visitor regular access to her home and child, verbal reinforcement for providing her child educational opportunities and praise for that commitment to her child is essential. Heather talked about how she sometimes felt she was failing her children and her home visitor giving her examples of all the things Heather was doing for her children and telling her “you are a good mom”. Hearing “you are a good mom” was really important to her. Education for their children was a recurring topic in this study and helping mothers identify learning opportunities at home and in the community should be a primary focus of the home visits. Developing a calendar of community events and helping the mother identify which events sound appealing is one strategy. Problem-solving what the potential barriers to getting to the event and generating solutions is another. Mothers with limited financial resources need free or very low-cost events. Public libraries and community toy lending libraries offer activities and equipment that mothers can access but they may not know about story time at the library or that a toy lending library exists. Developing a depth of knowledge about community resources is essential to being an effective home visitor.

Instructing mothers in how to teach their children through play is best done by role modeling. For example, bringing a large cardboard box, cutting out a window and playing peek-a-boo to address object permanency is a no-cost teaching tool. Give both the mother and child crayons and markers and encourage the child to color on the box or make shapes. Role model teaching the child to draw circles. Then back away and let the mother take the teaching lead. Have the child cut small snips of card stock and use a glue

stick to decorate the box. Then leave the box behind with a pack of stickers and encourage the mother to continue playing with it with her child. Mention that at the next visit it will be fun to see what else had been added to it. If the mother is not familiar with Pinterest, and a computer or tablet is available in the home, show the mother how to search for homemade toys and educational activities.

When mothers open their homes to home visitors, they are allowing the visitor to see inside their lives. It often doesn't get more raw or more real than what the home visitor will encounter in the home. The mothers in my study mentioned several times that they appreciated their home visitors for not being judgmental when they arrived and found the mother still in bed or that the house was not straightened. Jamie said, "Miss X, she don't care—she just comes in and sits down on the floor." Heather said,

Sometimes I just didn't get of bed, and I'd be "oh my god I'm so sorry, Miss X" and she'll be like, "I don't care what you look like, it aint nothin like that, I'm here to see you and the baby, I ain't worried about what you look like," that's what I mean, she ain't judgmental about stuff or look down on you or anything.

There will be days when young mothers will oversleep, forget appointments, or sometimes be too overwhelmed to have a home visit. Being nonjudgmental and flexible with the mothers and willing to reschedule fosters a therapeutic relationship. A study of young Australian mothers reported the mothers valued judgement-free relationships with the service providers. Under these circumstances, mothers developed strong relationships with them and the findings indicated that the mothers developed positive identities, hope

for the future and a sense of agency (Brand, Morrison, & Down, 2014). Home visitors should strive to honor the mother for her commitment to her children through opening her home and transmit an attitude of respect for her willingness to partner with home visitors to intervene with her children.

Other suggestions for home visitors that came from the data include:

- Become culturally sensitive and aware of the values of the geographical region in which you are providing services.
- Learn how to become a professional guest in the mothers' homes. Always remember they have a choice about hosting you on a regular basis.
- Develop a deep knowledge of community resources and make frequent referrals to those agencies. Home visitors cannot provide everything a mother needs but knowing where to refer the mother is an essential part of the home visitors' knowledge bank.
- Develop relationships with other professionals in a variety of agencies in your service delivery region.

Looking Forward to a Future Focusing on Myself

In the midst of day-to-day mothering tasks, it might seem to the young mother that she has entered a life where she is destined to be exhausted and endlessly conscripted to focusing on the needs of a child. Caring for the mother while caring for the child is essential. The American Occupational Therapy Association refers to attending to the needs of the entire family unit as providing family-centered care (American Occupational Therapy Association, 1989). The occupational therapist is probably providing services reimbursable under Part C of IDEA (Individuals with Disabilities Education Act

Amendments, 1991) or through a home agency contracted to provide services under the Medicaid system (Kentucky Cabinet for Health and Family Services, 2017). Under those reimbursement systems, the occupational therapist is providing services help the child reach goals related to developmental milestones but the needs and concerns of the mother must be attended to at the same time. Helping the mother express what she wants in her future and helping her move toward those goals is part of family-centered care. Jackie, who dropped out of high school at 16, wanted to get her GED. Looking up information with the mother and talking about when the time might be right for her to pursue that is a way of helping the mother focus on a future beyond child rearing. AnnaBeth said when her youngest went to preschool the next year she wanted to “just enjoy things being easier.” When I asked her to tell me about that she said she wanted to hike, do some gardening and then take some classes. Picking up the community education brochure at the nearby community college would be an easy way to support AnnaBeth in finding a class she might be interested in after her child started preschool. Jamie said she had really enjoyed working before she had children and hoped she could work again someday. Providing Jamie with a resume template to fill in and brainstorming some places she might want to work could be a meaningful activity for her. Each child in home-based services comes attached to a mother. Encouraging the mother to plan for her future is healthy for the whole family.

Future Research

Following this study, I can envision several areas of future research investigating maternal engagement in home-based services. One of the limitations of this current study was that I only interviewed mothers who felt positively about Save the Children’s home-

based programs. The mother that disengaged from services did so because she relocated to another geographic region. I believe it would add to the understanding of maternal disengagement if mothers who dropped out of programs for reasons other than relocation could be recruited as participants. I also think such a study should include mothers from several different types of home-based programs not a single program. It is recommended that participant recruitment be accomplished by study personnel not associated with any of the home-based programs as mothers might feel freer to share their perspectives about home visitors if they did know the recruiter.

Additionally, I had some concerns that the home-based program personnel who functioned as recruiters for this study felt vulnerable about what mothers might say and recruited satisfied consumers. In this current study, due to the constraints of the IRB, I could not change to recruitment procedure.

This research study focused on rural mothers. I recommend replicating this study in an urban area to discover similarities and differences in the perspectives of mothers who live in areas with a population greater than 2,500. One of the findings in this study was that the mothers felt isolated by living in a rural environment and part of the reason for sustained engagement was that home visitors provided a form of social contact. Urban mothers may also feel isolated when raising young children or they may have different motivations for participating in home-based services.

This study interviewed mothers from the Central Appalachian region. This portion of Appalachia has the highest number of counties that fall in the Distressed category. The Distressed classification means that the per capita income is 67 percent or

less of the national average, and unemployment and poverty levels are at least 150 percent of the general population of the United States. This region has only 9% minority population compared to 26% nationally (Pollard, 2004). A study including participants from different geographical regions, higher minority population and more cultural diversity would broaden the understanding of the impact of culture on maternal engagement in home-based services.

Three of the nine mothers indicated they had experienced behavioral health struggles which they labeled as postpartum depression, seasonal depression or just depression. A mixed methods study that included a mother's self-report of depression would add valuable information about how frequently mothers of small children enrolled in home-based services report feeling depressed.

Summary

This qualitative, grounded theory study presented a central theory of the decisions low income, rural, young mothers make when engaging in home-based early intervention services. A theoretical model emerged from the data providing an explanation of the processes that resulted in their choosing to partner with home visitors. The data revealed that young, low income mothers may not be prepared for the responsibilities that come with assuming the mothering role and are ambivalent about letting strangers into their homes. As the home visitors formed positive relationships with the child and the mother, the women in this study made the decision to continue with services because the child enjoyed the home visitor and the activities and because the home visitor also fulfilled the mothers' needs for social contact and a connection to community resources. By interacting and partnering with home visitors, the mothers came to believe that being a

mother helped them grow into a better person. Mothers expressed a desire for a better future for their children than they themselves were currently experiencing. Part of carving out that better future for the children necessitated that they allow home visitors help with the education of their children even though some mothers did not necessarily like making their home space more public. The results indicate for these mothers, part of becoming a mother entailed delaying their own dreams and goals until their children were older but that they also held onto hope for a future more focused on themselves.

While results of this study are specific to the population of mothers enrolled in this study, occupational therapists and other home-based service providers may find information within the results to consider when providing services to families that may influence sustained maternal engagement throughout the child's eligibility period.

APPENDICES

Appendix A: Letter of Support



March 12, 2015

Office of Research Integrity
315 Kinkead Hall
University of Kentucky
Lexington, KY 40506-0057

Dear Members of the Committee:

On behalf of Save the Children, I am writing to formally indicate our awareness of the research proposed Elaine Fehringer, a PhD candidate in Rehabilitation Sciences, College of Health Sciences at the University of Kentucky. We are aware that Elaine Fehringer intends to conduct her research by interviewing mothers of children enrolled in our early literacy home-based services program and are in support of her research efforts.

As the Associate Director of Early Childhood for Save the Children I reiterate that Elaine Fehringer presented her research proposal to Save the Children and has been given permission to conduct research with participants in our program. We look forward to hearing about her research when she is ready to share it.

If you have any questions or concerns, please feel free to contact my office at 859-200-8029.

Sincerely,

Barbara Lunnemann

Barbara Lunnemann, MS Ed

Associate Director, Early Childhood, US Programs

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Appendix B: Demographic Survey of Study Participants

Study Participant Information Form*	
Participant # _____	
Name _____	
Address _____	City _____
Zip _____	
Telephone _____	
Email _____	
Preferred method to contact (check one): _____ Phone _____ Text _____ Email _____	
Age _____	Age at birth of first child _____
Highest level of education (check) <input type="checkbox"/> some HS <input type="checkbox"/> HS diploma	
<input type="checkbox"/> some college <input type="checkbox"/> college degree <input type="checkbox"/> graduate school	
Race/ethnicity (check) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian	
<input type="checkbox"/> Hispanic or Latino	
Number of children _____	
Ages of child(ren) in STC services _____	
Length of time child/children enrolled in STC services _____	
*After transfer of data to crosswalk table, this form will be destroyed	

Appendix C: Semi-structured Interview Guide

1. Maternal family history, family structure; maternal and family formal and informal education; family beliefs about education;
 - a. Tell me about your family—
 1. How many children do you have? Names, ages
 2. Are you married? Have you ever been married?
 3. How old were you when you had your first child?
 4. Are your parents living?
 1. Are they married to each other?
 2. For how long?
 3. Do you have any step-parents?
 5. Do you have brothers or sisters? Step-brothers/sisters?
 6. Do you have grandparents, aunts, uncles? How often do you see them? Do they know about the program your child is in? How involved are they with your child? Do they visit? Does your child go to stay with them?
 7. Describe your family relationships to me—do you feel close to your parents, brothers/sisters/step-parents? Who would you say you are closest to in your family? How much time do you spend with the people you consider family? Did you include that time on your Pie of Life?
 8. Do any members of your family read books or play the games suggested by the home visitor with your child?
 9. Did your parents graduate from high school?
 1. Any college education?
 10. Did your brothers/sisters/step-siblings graduate from high school?

11. What does your family think or say about education?
How important do you think it is for a person to graduate from high school? Go to college?
12. How involved in your child's life are your other family members?
13. How do your family members feel about you and your child participating in the program with Save the Children?
 1. Do they make positive or negative comments about the home visitor coming?
14. Does your family read any of the books or play any of the games with your child that the home visitor has taught you about?
 1. Do they think the book or games are fun and good for your child to do?
2. Maternal and family work history and roles including volunteer and domestic;
 - a. Tell me a little about your work history—this includes if you have ever worked to be paid (such as babysitting other people's children, working at a store or restaurant, working at a school, etc.)
 - b. Do you work outside the home now? What do you do? Do you like it? How many hours? Did you reflect these hours on your Pie of Life? How does that affect how much you are able to read to your child or play the games?
 1. If working--Because you are working so much, does the reading or playing games ever feel hard to work in to your schedule? How do you manage that?
 2. Do you set a time each day that you try to do the activities? Do you just do it when you get a free moment? What makes you think about doing the reading/games? Does seeing the book bag remind you?

- c. Have you ever done volunteer work? Such as visiting people in a nursing home or doing projects for other people? Was that part of a high school club or church youth group?
 1. How did you feel about doing volunteer work? How did it make you feel about yourself?
 2. Does playing the games or reading to you child sort of make you feel the same way?
3. Maternal and child physical/emotional developmental milestones;
 - a. Did you family tell you stories about how old you were when you walked or talked? Tell me a few stories they have told you about when you were little.
 - b. Do you know what was your first word or sentences?
 - c. Do you remember your family reading to you? Do you remember any of your favorite books? Stories?
 - d. Did you have a scrapbook or photo album that you looked at with your family?
4. Maternal and family social roles, social networks, social conflict;
 - a. Tell me a little about your circle of friends. Do you have a close friend? Does your friend live near you? How often do you talk to each other? Do you use the phone or text? Cell phone or land line?
 - b. Does your friend play with your child? Read any book or play any of the games?
 - c. Do you use Facebook and message others? Instagram? Any others
 - d. How often do you post to Facebook or Instagram—do you do that during the day? Evening? Did you mark social media time on your Pie of Life?
 - e. Do you go to church? Belong to any clubs? Is that marked on your Pie of Life
 - f. Are there any people that you have unhappy relationships with? How involved is that person in your child's life? Is it

somebody that plays the games or reads to your child? How much time do you spend talking with or being around that person? Do you feel that the unhappy relationship interferes with the amount of time or energy you have to spend playing with your child or reading stories?

5. Maternal and family housing history, perception of home, and spiritual beliefs/roles;
 - a. You are living here right now—who lives here with you?
 - b. Tell me where else you have lived?
 - c. If an adolescent--Have you ever lived with people besides your parents?
 - d. What do you think makes someplace a home? What goes on in a home?
 - e. What do you do to make this place a home for you and your child? How many of those things are the same as where you grew up?
 - f. (If the mother is meeting me at a location besides where she lives—tell me about where you are living right now.)
6. Maternal and family feelings and perceptions about the home visitor, interactions with the home visitor and the suggested activities.
 - a. What is it like having a home visitor come here to your home and give you some suggestions for how to play and read with your child?
 - b. Did you know the home visitor before she/he started coming to your house?
 - c. How did you get involved with Save the Children? Did you find them or did they approach you and offer your services.
 - d. How often does the visitor come?
 - e. What makes you cancel an appointment with a home visitor?
 - f. Do you like the games and book the visitor suggests?

- g. How often do you get a chance to do these things with your child?
- h. What keeps you from doing the games and books?
- i. Do you ever think about dropping out of the program?
- j. What keeps you having the home visitor coming?
- k. Is there anything you would like to tell me about having a home visitor come here? (I'll remind the mother that what she tells me is confidential and that I will not share her conversation with the home visitor.)

Appendix D: Personal Timeline Instructions

Drawing Your Personal Timeline Instructions

Using the paper I gave you, use markers (or pencil or pen) and mark important events in your life on your timeline. Don't worry about making the timeline neat or a piece of art work. You can write sideways. Don't worry about spelling.

Start at the day you were born. You probably won't remember anything until you are between 4 and 6 years old. Let's say you remember your 6th birthday. Was it happy? Sad? If it was happy, put a dot, circle, triangle (whatever you want) to mark that spot. If you remember it as a positive memory, put the dot, circle, triangle above the line. If it was super happy, mark it way up at the top. If it was just neutral, put it right on the line. If it was unhappy or sad, put it below the line. Write down the age you think you were when this occurred. I have given you some stickers that represent emotions or events or places—you can put those on the spots on the timeline, if you would like.

Think about the timeline as your life history from birth up to the present. You don't need to put things on the timeline in the order they occurred. For example if the first thing you remember is your 6th birthday, leave a small space from "I was born", and put a dot or triangle or circle. Then you remember, "the day I started kindergarten". Were you younger than 6? Then go to the left of your 6th birthday, and put a mark. Was it happy? Neutral? Sad? Unhappy? Put it above, on or below the line. Now maybe you remember the day your baby was born. Go toward the end of the timeline and put that on. Was that event happy, scary, unhappy? Put it above or below the timeline. Work your way back and forth on the timeline as you remember events.

Don't worry too much about getting everything down on the timeline. Later, you and I will talk about your timelines and maybe you will want to add a few things after we talk.

Here are some categories to help you remember important events:

Birthdays

Family members and things you have done with them

Friends and things you have done with them

Work (paid or volunteer)

Your child or children and events with them

School

Holidays (Thanksgiving, Christmas, 4th of July, summer vacation)

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CURRICULUM VITAE

Elaine K. Fehringer

Education

Master of Arts: Education, *Early Childhood Education/Early Childhood Special Education*

University of Northern Colorado, Greeley, CO. 12/1988.

Bachelor of Science: *Occupational Therapy*

Colorado State University, Fort Collins, CO. 8/1977.

Professional Experience

- | | |
|--------------------------------|--|
| 2007-2016 | Academic Fieldwork Coordinator, <i>Department of Occupational Science and Occupational Therapy</i>
Eastern Kentucky University, Richmond, KY
<i>Retired: 1/1/2017</i> |
| 1992 - 2016 | Assistant Professor, <i>Department of Occupational Therapy</i>
Eastern Kentucky University, Richmond, KY |
| 1993 - 1999 | Owner/Mentor/Consultant, <i>Private Practice</i>
Pediatric Therapy Services, Richmond, KY |
| 1991 - 1992 | Part-time Faculty, <i>Department of Psychology</i>
Western Wyoming Community College, Green River, WY |
| 1979 - 1992 | Pediatric Occupational Therapist, <i>Sweetwater County Child Developmental Center</i>
Green River-Rock Springs, WY |
| 1985 - 1992 | Home Health Therapist/Consultant, <i>Private Practice</i>
Green River-Rock Springs-Rawlins, Wyoming |
| 1978 - 1979
<i>Services</i> | School Occupational Therapist, <i>Board of Cooperative Education</i>

Sweetwater County School Districts 1 & 2, WY |
| 1976 - 1977 | Emergency Medical Technician, Physician's Ambulance Service
Denver, CO |

Publications

- Hayden, C. L., **Fehringer, E. K.**, Causey-Upton, K. R., (Submitted). Occupational therapy students' perceptions of occupation-based practice in Level II fieldwork settings. *Open Journal of Occupational Therapy*.
- Fehringer, E.**, Marshall, A., Pierce, D., & Summers, K., (2013). Putting knowledge of occupation to work for transitioning youth with disabilities. In D. Pierce (Ed.), *Occupational Science for Occupational Therapists*. Thorofare, NJ: Slack, Inc.
- Hayden, C. L., **Fehringer, E.**, (2013/10/19). Occupation-based practice: A three-year study of the impact of an occupational science curriculum on Level II Fieldwork students' perceptions of occupation-based practice. In M. Thompson, Editor. *First Annual Proceedings of The Society for the Study of Occupation:USA*. Paper presented at The 12th Annual Research Conference of The Society for the Study of Occupation: USA, Lexington, Kentucky, pp. 71-72.
- Marshall, A., Powell, N., Pierce, D., Nolan, R., & **Fehringer, E.** (2012). Youth and Administrator Perspectives on Transition in Kentucky's State Agency Schools. *Child Welfare, 91*, (2), 95-116.
- Pierce, D., Adler, K., Baltisberger, J., **Fehringer, E.**, Hunter, Malkawi, S., Parr, T. (2010). Occupational science: A data-based American perspective. *Journal of Occupational Science, 17*:4, 204-215
- Pierce, D., Powell, N. W., Marshall, A., Nolan, R., **Fehringer, E. K.** (January, 2009). Kentucky youth at risk transitions: A report to the Commonwealth. Richmond, KY: Eastern Kentucky University, Kentucky Educational Collaborative for State Agency Children.
- Leone Fehringer, E.K. (2001). Sensory applications for sleep and toilet training. In R.A. Huebner, (Ed.), *Autism: A sensorimotor approach to management* (pp.335-363). Gaithersburg, MD: Aspen Publications, Inc.
- Leone Fehringer, E.K. (1997). [Review of the book *Kate: The journal of a confederate nurse*.] *Now and Then: The Appalachian Magazine, 17*, (1), 48-49.
- Leone, E.K. & Rydeen, K.L. (1997). Context: Temporal aspects. In *Occupational therapy services for children and youth under the individuals with disabilities education act*. Bethesda, MD: American Occupational Therapy Association.
- Leone, E.K. & O'Brien, S.P. (1996). Work smarter, not harder. *The Teaching Professor, 10*, (5), 5.

Atler, K.E. & **Leone, E.K.** (1995). The clinical reasoning journey: Asking effective questions. (Cassette Recording Nos 15a & 15b). Palm Desert, CA: Convention Cassettes Unlimited.

Leone, E.K. (1995). The promoting partnerships project: Leadership training for therapists in the education and early intervention settings. *KOTA Newsletter*, February/March, p.5.

Presentations

Fehringer, E., Hayden, C., & Causey-Upton, R. (2015). Addressing psychosocial factors in Level II Fieldwork: Educating for holistic practice. Poster presented at the Rehabilitation Sciences Spring Colloquium, Lexington, KY.

Fehringer, E., Hayden, C., & Causey-Upton, R. (2015). Addressing psychosocial factors in Level II Fieldwork: Educating for holistic practice. Poster presented at the American Occupational Therapy Association Annual Conference, Nashville, TN.

Hayden, C. & **Fehringer, E.** (2013, October). Occupation-based practice: A three-year study of the impact of an occupational science curriculum on Level II fieldwork students' perceptions of occupational-based practice. Paper presented at Society for the Study of Occupation: USA, Lexington, KY.

Hayden, C. & **Fehringer, E.** (2013, October). Occupational therapy students' perception of evidenced-based and occupation-based practice on Level II fieldwork. Paper presented at American Occupational Therapy Education Summit, Atlanta, GA.

Marshall, A., Pierce, D., **Fehringer, E.,** Nolan, R., Painter, R., Powell, N., & Summers, K. (2011, October). A study of transitions of youth at risk in nontraditional education programs. Poster presented at the Society for the Study of Occupation: USA Conference, Park City, UT

Fehringer, E. K. & Dunn, L. (2010, September). Fieldwork fundamentals: The bridge from classroom to clinic. Pre-conference institute presented at Kentucky Occupational Therapy Association Annual Conference, Butler State Park, KY.

Powell, N., Marshall, A., **Fehringer, E. K.,** Nolan, R., Pierce, D. (2010, May). A Statewide Study of Transitions of Youth At Risk in Nontraditional Educational Programs. Paper presented at The World Federation of Occupational Therapy Congress, Santiago, Chile.

Pierce, D., Nolan, R., Marshall, A., **Fehringer, E. K.,** and Powell, N. (2009, October). Lost in transition: An interdisciplinary, statewide, mixed methods description of institutionalized injustice to youth at risk. Paper presented at the Society for the Study of Occupation: USA, New Haven, CT.

- Powell, N., Marshall, A., Nolan, R., **Fehringer, E. K.**, and Pierce, D. (2009, May.) Difficult transitions: An innovative study of the education of students at risk in Kentucky. Paper presented at the International Child and Youth Care Conference, Ft. Lauderdale, FL.
- Pierce, D. E., Marshall, A. C., **Fehringer, E. K.**, Powell, N. (2009, April). A Statewide Study of Transitions of Youth At Risk in Nontraditional Educational Programs. Paper presented at the American Occupational Therapy Association Annual Conference, Houston, TX.
- Fehringer, E. K. (2007, April). *Promoting practice with at-risk youth: Fieldwork opportunities*. Paper presented at the American Occupational Therapy Association Annual Conference, St. Louis, MO.
- Westfall, J. & **Fehringer, E.** (2006, August). *Occupational therapy practice framework: Application to the school system*. Full day workshop presented to Fayette County Public Schools, Lexington, KY. (Invited)
- Fehringer, E. K. & Marshall, A. (2006, July). *Occupational therapy's unique contribution to at-risk youth*. Educating Kentucky's At-Risk Students in Alternative Settings Conference, Kentucky Educational Collaborative for State Agency Children, Richmond, KY.
- Marshall, A. & **Fehringer, E. K.** (2006, June). *Occupational therapy's unique contribution to at-risk youth*. Southeast/Southcentral Education Cooperative Administrators Meeting, Lake Cumberland, KY.
- Marshall, A., Pierce, D., & **Fehringer, E.** (2005, October). *Liberating structures: Occupational therapy and at-risk youth*. Paper presented at the Society for the Study of Occupation: USA. Potomac, MD.
- Fehringer, E. K. (2005, July). *Autism by any other name: The pervasive developmental disorders*. Continuing education workshop for Madison County Health Department, Richmond, KY. **Invited.**
- Atler, K. E., **Fehringer, E. K.** (November, 2004). *The revised Bloom's taxonomy: How to elicit higher level thinking through the use of questions*. Paper presented at the 24th Annual Lilly Conference on College Teaching, Oxford, OH.
- Pierce, D., Marshall, A., Cunningham, A., & **Fehringer, E. K.** (May, 2004). *Initiating programming for at-risk youth in your district*. Paper presented at the American Occupational Therapy Association Annual Conference, Minneapolis, MN.
- Fehringer, E.K.**, Marshall, A., Pierce, D., Cunningham, A., & Dunn, L. (October 2003). Strategic relevance: Using occupational science to develop occupational therapy for at-risk youth. Paper presented at the Society for the Study of Occupation: USA, Park City, UT.

- Marshall, A., Pierce, D., Cunningham, A., Dunn, L., & **Fehringer, E.K.** (June 2003). *Developing occupational therapy interventions for at-risk youth*. Paper presented at the American Occupational Therapy Association Annual Conference, Washington, D.C.
- Leone (**Fehringer**), **E.K.** & Rydeen, K.L. (July, 1999). *From theory to practice: Making sense of sensory integration*. 2 ½ day institute presentation at MEDCOMM (United States) Annual Training Conference, Atlanta, GA. **Invited.**
- Leone (**Fehringer**), **E.K.** (May, 1999). *Making sense of sensory integration: Application to the preschool classroom*. 1 day workshop. Fort Bragg, NC. **Invited.**
- Leone (**Fehringer**), **E.K.** & Rydeen, K.L. (April, 1999). *From theory to practice: Making sense of sensory integration*. 2 ½ day institute presentation at MEDCOMM (Europe) Annual Training Conference, Passau, Germany. **Invited.**
- Leone, (**Fehringer**) **E.K.** & Rydeen, K.L. (March, 1997). *Making sense of the senses: A look at sensory integration in the speech/language clinic*. 1 day institute presentation at Kentucky Speech and Hearing Association Spring Conference, Lexington, KY. **Invited.**
- Leone (**Fehringer**), **E.K.** (February, 1996). *Making sense of sensory integration*. Half-day workshop presented to Garrard County Early Childhood and Head Start Teachers, Lancaster, KY. **Invited.**
- Rydeen, K.L. & Leone (**Fehringer**), **E.K.** (October, 1996). *Interdisciplinary education: Occupational therapy's role in teacher preparation and certification*. Paper presented at The Great Southern Occupational Therapy Conference, Birmingham, AL.
- Leone (**Fehringer**), **E.K.** & Rushing-Carr, C. (September, 1996). *Promoting partnerships: Leadership training for therapists in the education and early intervention settings*. Workshop presented at the Kentucky Occupational Therapy Association Annual Conference, Cumberland Falls State Park, KY. **Invited.**
- Atler, K.E. & Leone (**Fehringer**), **E.K.** (April, 1995). *The clinical reasoning journey: Asking effective questions*. Paper presented at the American Occupational Therapy Association Annual Conference, Denver, CO.
- Atler, K.E., & Leone (**Fehringer**), **E.K.** (October, 1994). *Turning the common question into an educational tool*. Paper presented at the Great Southern Occupational Therapy Conference, Lexington, KY.
- O'Brien, S.P., & Leone (**Fehringer**), **E.K.** (February, 1993). *Acquisition of professional behaviors: How do we facilitate them in a classroom setting?* Paper presented at GROW conference, Louisville, KY.

- Leone (**Fehringer**), **E.K.** (February, 1993). *Family centered assessments and services: Maslow revisited*. Paper presented at Collaborative Conference on Young Children with Special Needs and Their Families, Nashville, TN.
- Leone (**Fehringer**), **E.K.** (May, 1991). *Expanding payment for occupational therapy services*. Half-day workshop presented at the Wyoming Joint Occupational and Physical Therapy Conference, Casper, WY. **Invited.**
- Leone (**Fehringer**), **E.K.** (February, 1987). *Normal growth and development*. One week class presented at the Joint Training Partnership Act training course, Rock Springs, WY. **Invited.**
- Leone (**Fehringer**), **E.K.** (February, 1985). *Fine motor activities for the classroom teacher*. Half-day workshop presented to Child Developmental Center Staff Development, Rock Springs, WY. **Invited.**