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Parent support and education

For more than 35 years, low-income and minority families have participated in a variety of parent support and education programs. Researchers who study the effect of such programs are confronted with equivocal results: some programs show modest effects at certain times for certain groups or sorts of families. Are these programs—intrusive, expensive, difficult to manage, and difficult to evaluate—worth doing? What can researchers and policy-makers learn from past experiments? Professors Robert Halpern and Jon Korfmacher examine the past and future of parent support and education.

Parent support and education: *Past history, future prospects*

BY ROBERT HALPERN

More than 250 years ago, Alexis de Tocqueville, commenting on the American experiment, observed that in the absence of a social hierarchy with clearly defined roles, the family became the most important and effective transmitter of culture. That important role of the family in American society, combined with the uniquely democratic notion that, since all are equal, what is good for one must be good for all, has helped shape both policies and practice in a variety of areas. This article examines one such area, an interesting and characteristically American form of early childhood intervention, best labeled parent support and education.

In this type of intervention, specially trained paraprofessionals, and less commonly professionals, provide guidance and information, encouragement and emotional support, and—in a handful of programs— therapeutic services, to families with children birth to three years of age. When organized in programs, parenting support and education is usually intended to serve families believed to be at higher than average risk of inadequate parenting due to some combination of personal and social factors.

Evolution of the parent support and education field

As a rule, children's early experience in the United States "is associated with the home— a private realm into which many policy makers have been reluctant to intrude" (Carnegie Corporation, 1994, p. xiv). Yet for poor families, immigrant families, and ethnic and racial minority families, that rule has been followed more in the breach than in the observance. Charity agents, social workers, nurses, home economists, parent educators, child development specialists, and others have been intervening in the lives of such families for well over a century (see Halpern, 1999). At different times in history, these families' child-rearing practices have been criticized for not reflecting prevailing (white, middle class) norms in socialization, supervision, and management and discipline of young children, in feeding, care of illness, toilet training, sleeping arrangements, cognitive stimulation, and verbal interaction. Families have been accused of neglecting their young children, not preparing them for the demands of industrial society, and exposing them to immoral influences.

From the dean

Frances Stott, Ph.D.

Erikson Institute was founded on the belief that a solid education in child development is the best preparation for working with other people's children.

But what about parents? Do they, too, have to be knowledgeable, skilled in a particular way, and self-aware to best raise their children? The professionalization of parenthood, as Ann Hulbert points out in *Raising America,* began a century ago. How-to parenting books aspired to elevate child rearing to a high-status science. Today, a continual stream of such books, child-rearing websites, lectures, and even weekend retreats propose to improve parenting—and thus produce happier, healthier, and more well-adjusted children through education.

Unfortunately, much of the advice, as Hulbert points out, depends upon a mixture of the expert's personal biography, scientific claims of varying validity, and particular political and social visions. And experts frequently neglect the fact that parenting is not a set of skills but a relationship between one specific parent and one specific child. What the "science" of parenting may do best is to hold up a mirror to the rising social and psychological expectations—and dilemmas—of a time replete with developmental theories and scientific advances.

The belief that education is a panacea to societal ills and that social problems are amenable to social services has led our field to the next logical step. We have organized child-rearing education for parents, particularly those parents who are least likely to "parent by the book," into *programs*. These programs, like books geared toward middle-class parents, aim to improve parenting practices through the dissemination of new and often "scientific" information. Some programs give aid and encouragement as well as education. The basic premise, however, is still that parents need something—information, encouragement, help—in order to do better by their children.

Some of the goals and underlying assumptions of these programs are to

- Provide information about child development (e.g., what to expect when)
  The assumption is that parents who understand the developmental process will meet their child's needs more effectively, including determining the need for early intervention. This assumes universal standards.

- Provide techniques for socializing the child (e.g., discipline, toilet training)
  The assumption is that certain ways of handling children are more effective than others in fostering autonomy and other culturally determined values. In particular, this assumes that we can improve children's developmental outcomes by changing parenting practices (most often by telling parents what to do).

- Provide social support to parents
  The assumption is that parents need people (e.g., home visitors or social reference groups) with whom they can check their expectations and experiences, and that the extended family that had been parents' primary support has been eroded by social mobility.

- Provide opportunities for personal development through interest groups, self-improvement opportunities

  The assumption is that parental self-esteem is an important component of good parenting.

- Provide therapeutic opportunities for self-knowledge through group discussion or meetings with staff

  The assumption is that stress—or unconscious and/or unresolved conflicts—may interfere with effective parenting.

In this issue of *Applied Research in Child Development* we examine some of the programs and services aimed at changing parenting practices, particularly among "at-risk" families. We do so not to join the debate over whether or not parent education and support work but to approach the more useful, if more complicated questions: For whom do which approaches to parent education and support work best? To what end? How do these programs work? and How can we make them better?

Two researchers at Erikson have made especially significant contributions to this kind of program-relevant research. Robert Halpern's historical analysis provides researchers and policy makers with a "big picture" view of the field, helping programs examine their assumptions and place their own efforts into a larger historical and political context. Halpern's observations teach us to be mindful of the intrusions we make into the lives of society's least powerful families and to be careful about making grandiose promises for change in children's and families' outcomes.

Jon Korfmacher, in contrast, helps programs to take a far more detailed look at their inner workings than more typical program evaluators would. Rather than asking whether a program achieving its goals, Korfmacher focuses on what is really happening in a program. In particular, he is interested in how relationships form between staff and program participants, and how those relationships can act as an agent of change for the parent and child. The information he gathers is especially useful to program managers as they struggle with how to best train, supervise, and support their staff.

Parenting is a complex enterprise that both influences and is influenced by multiple aspects of parents' and children's lives. We can neither oversimplify what is needed nor over-expect what can be achieved. Research that digs deep into the "whys" and "hows" of programs' successes and failures is a critical strategy for supporting the programs that support children and families.

Within the framework of this larger history, the conception and practice of parent support and education is now about 40 years old. The field emerged in the early 1960s with the home visiting programs of Ira Gordon, David Weikart, Phyllis Levenstein, and Martin and Cynthia Deutsch (see Beller, 1979). These programs were premised on two sets of ideas: first, a growing body of basic research in psychology suggesting that early experience had a powerful influence on later ability, that the birth to three period was a critical one in development, and that intelligence was not fixed, as had been commonly assumed, but rather malleable or plastic; and second, the idea that poor, especially poor minority, mothers did an inadequate job of stimulating, modeling, and supporting their infants' cognitive and language development, and therefore of preparing their children for school.

The general approach of these parent support and education pioneers was to try to teach mothers to be better teachers of their children and/or to provide direct stimulation to them. Mothers were taught games and activities to do with their children, encouraged to view feeding, bathing, diaper-changing, and related activities as opportunities for learning, and encouraged to talk to their children as much as possible. Some programs focused primarily on cognitive development—sensorimotor skills, object permanence, exploratory behavior, and so on. Others focused more on language.

The developers of these early program models were confident that they knew what poor, often minority, parents needed. At the same time, some observers accused them of embodying little more than another form of "institutional racism." Such observers saw an "expanding web of concern [in which] postulation of one deficit which is unsuccessfully dealt with by intervention programs then leads to the discovery of more basic and fundamental deficits. Remediation or enrichment gradually broadens its scope of concern from the fostering of language competence to a broad-based restructuring of the entire cultural system" (Baratz & Baratz, 1971, p. 117).

The parent education models of Gordon, Weikart, Levenstein, and the Deutsches nonetheless provided the outline and prototype for a new type of human service intervention. During the 1970s and 1980s a variety of theoretical developments and social preoccupations contributed to the multiplication of parent support and education approaches, and to parent support and education's gradual establishment as a distinct, albeit heterogeneous, branch of the human services.

This period brought an explosion of research and clinical attention to infancy, primarily in psychology and psychiatry (see, e.g., Call, Galenson, & Tyson, 1983). Research and clinical work highlighted the enormous amount and range of developmental activity occurring during infancy, including not only cognitive but also socio-emotional development, development of self-regulatory capacities, and a sense of self in relation to others. At the same time, led by Urie Bronfenbrenner, a few researchers began applying an ecological framework to child development studies (see, e.g., Bronfenbrenner, 1979). They examined how factors beyond the mother-child relationship—parents' social support networks, community characteristics, and at the broadest level, race, class, and economic arrangements—affected child development and the mother-child relationship. Ideas from the relatively new fields of family research and family therapy also suggested less focus on parents and the parent-child relationship and more on families as a whole, and provided researchers and interventionists new ways of looking at poor and vulnerable families. As Ooms (1996) points out, systems theories were "non-blaming," less linear, and less cause-and-effect–oriented than the traditional linear thinking of developmental researchers.

Deepening research on infancy led in the early 1970s to a new clinical thread of parent support and education, focused on therapeutic work in families with vulnerable parent-infant relationships. Although families served by the new clinical infant programs were often poor, poverty was viewed as a compounding stress, rather than as a central issue in working with a family. The clinical thread of parent support and education remained modest in size and impact throughout the 1970s and 1980s, focused in a few

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clinical/academic centers where the kind of sophisticated training needed for such work was provided. Some of the more accessible elements and insights from this approach—for example, taking one's cue as an interventionist from observation of parent and infant together, helping the parent appreciate the baby's perspective or feelings by speaking for the baby, recognizing that being active and reliable in meeting concrete needs is important both for itself and because it affects the way parents experience relationships—nonetheless filtered into the broader parent support and education field.

Focusing on the family

Ecological and systems theories argued for "ecologically valid" interventions; for instance, the need to focus attention on the whole family and the value of strengthening parents' social support networks and of linking families to community resources (Bronfenbrenner, 1987, p. xiii). These ideas coalesced under the banner of a new program movement that called itself the family support movement. This movement caught and built on a public feeling (common in American history) that the social fabric was unraveling—that family life was breaking down and communal support systems deteriorating. It also drew on a growing loss of faith in prevailing helping services,

under fire for being fragmented, incoherent, unresponsive, and crisis-driven, and in service providers for paternalism, putting self-interest ahead of family interests, pathologizing families, failing to respect families' cultural traditions, and related sins (Halpern, 1999).

Family support programs were envisioned as a means of simultaneously strengthening informal support ties among families and creating a new model of helping services. They would bring families together to provide mutual support around parenting and other tasks. They would build on family strengths and follow families' leads. Staff would be respectful of families' culture and child-rearing traditions and serve as a bridge between local child-rearing norms and those of the larger society. Programs would be conveniently located, with few barriers to eligibility and participation (Weiss & Halpern, 1988; Family Resource Coalition, 1996).

Each of the main theoretical strands of parent support and education found a home in some of the notable program models that came to embody the field. For instance, the parent education approach was adopted by Parents as Teachers and continued to be disseminated in Phyllis Levenstein's Mother-Child Home (now called Parent-Child Home) Program. The family support orientation could be found in

AVANCE and Healthy Families America. Clinical infant program models included Greenspan's Clinical Infant Development Program. Some notable program models reflected two or all three emphases. For instance, the federal government's Parent-Child Development Centers had elements of both parent education and social support. The STEEP model, developed in Minnesota by Byron Egeland and Marti Erickson, had both a strong clinical underpinning and a family support orientation.

A move to "two-generation" programs

In the early 1990s a number of new concepts and approaches were fused with the historic parent support and education emphases. These included the ideas of comprehensive and continuous services and of what some came to call two-generation programs. The concept of comprehensiveness, as applied to parent support and education programs, was translated in widely differing ways in the initiatives and programs that subscribed to it. Most commonly, it meant directly providing a few services and referring or linking children and families to most others, often under a case management regime. Less commonly, it meant developing cooperative agreements with other providers, or contracting or otherwise arranging for specialized service providers to provide specific services, hold slots, and so forth. The general idea of continuous or "seamless" service was that poor children and families should not have any gaps in attention or service from the time a child is born to the time he or she enters school and that services to particular families would evolve in relation to their emergent support needs.

The idea of two-generation programs (Smith, 1995) derives from a paradox in parent support and education: poor children, like their more advantaged peers, cannot wait for their parents' or their family's life situation to change. They need the things they need—love, protection, consistent attention, and regular structure—when they need them. Yet parents' ability to meet their children's developmental needs is also strongly affected by their family's basic life situation. When one examined the three principal developmental intervention approaches for young, low-income

families—parent support and education, preschool education, and adult development/welfare to work—it was apparent that each had what the others lacked and lacked what the others had. By implication, it was inferred that if efforts to support and strengthen parenting, to provide direct developmental services to children, and to attend to work preparation were combined, they would complement each other—fill in the efficacy gaps, as it were—to produce an adequately strong approach. This, largely speaking, was the rationale for what came to be called two-generation programs. From the perspective of the parent support and education field, the two-generation approach purportedly put adult goals, particularly movement into the labor force, more squarely and unambiguously in the foreground, adding child care or preschool as an element designed to assure children's developmental needs were met.

Many of the newer ideas in the parent support and education field—especially that of two-generation programming—came together in the mid-1990s with the creation of Early Head Start. This downward extension of the Head Start program began in 1996 with 68 programs and by 2004 has grown to over 700 programs serving 62,000 children. Focused on low-income families with children from birth to three years of age, Early Head Start funds community agencies to provide parenting support and child care/child development services, as well as to help meet other family needs, including those for health care and assistance in moving toward "self-sufficiency." Programs initially aligned themselves with either a home-visiting service delivery mechanism (where staff would visit families in their home to provide support and advice) or operated as a center-based program (mostly by offering infant and toddler child care).

Two events happened early in the roll-out of Early Head Start that altered its implementation. First of all, Early Head Start, along with the evolving parent support and education field, was caught up in the effects of federally-mandated welfare reform, which introduced a lifetime limit on financial assistance for families in need and began to push large numbers of young, low-income parents into the workforce. As a consequence,

many parents were both no longer at home for visits and had a sudden need for child care. Home visiting, by itself, was suddenly a less viable mechanism for delivering services to families for many programs, and these programs had to find ways to provide center-based services (either alone or in conjunction with home visits) or form partnerships with child-care providers.

Second, results from an evaluation of an earlier major federal initiative, the Comprehensive Child Development Program (or CCDP), began to appear that suggested little or no effects for a very expensive program model that focused largely on case management and parent support (St. Pierre & Layzer, 1999). Although there are questions about the quality of CCDP program evaluation itself (see Gilliam, Ripple, Zigler, & Leiter, 2000), many took its findings as an opening to question the overall viability of comprehensive early childhood programs. Its negative results left the Head Start bureau with no choice but to create as much distance as possible between EHS and CCDP program models (even though many community agencies funded for EHS services in the first wave were, in fact, CCDP program sites as well). The bureau began emphasizing services that focused on child development as a priority over services that addressed the other Head Start cornerstones of parent development, staff development, and community development. In other words, agencies funded by EHS needed to demonstrate program activities that directly worked to promote child development (such as efforts to promote early reading to children), more so than activities that influenced child development indirectly through improving parents' lives (such as providing emotional support that might improve parental depression).

Just as Head Start has moved to focusing on preschool child outcomes as the hallmark of program accountability, so has its counterpart for infants and toddlers. Under current EHS program performance guidelines, "child competence" is viewed as the ultimate program goal, reached by providing children with individualized services, enhancing parent-child relationships, and linking them with other community services. Although EHS has not completely abandoned the comprehensive goals of two-generation program

models, its negotiation between attending to needs of the parents and needs of the child under rapidly changing policy climates demonstrates the challenges inherent in all of these early childhood programs.

Research on the effects of parent support and education

As noted above, the shift in emphasis within Early Head Start had been foreshadowed by growing questions about the effectiveness of parent support programs. As early as 1990 the author had examined the evidence from some 25 years of evaluated program experience with parent support and education (Halpern, 1990). The review included the multisite Parent Child Development Center and Child and Family Resource Program demonstrations, as well as a number of other local studies with experimental and strong quasi-experimental designs. The review found a consistent pattern of modest, short-term, program-favoring effects on selected outcome measures, often those most closely related to program emphases, such as maternal praise or responsiveness and/or restrictiveness, maternal teaching behavior, parental coping or sense of efficacy, or children's language or cognitive development in a few studies. Enduring effects were discernible in two of seven studies that followed children into their school years—the Yale Child Welfare Research Program (Provence & Naylor, 1983; Seitz, Rosenbaum, & Apfel, 1985) and the Syracuse Family Development Research Program (Lally, Mangione, & Honig, 1988). In some cases, program strategies made a modest difference. Use of professional staff was associated with larger effects, and provision of direct developmental services to children led not surprisingly to stronger short- and long-term child outcomes. But the overall picture was only slightly encouraging.

Subsequent findings from a series of parenting initiatives during the 1990s were consistent with those of this earlier review. Such major initiatives as CCDP, the Infant Health and Development Program, and, more recently, Parents as Teachers found modest effects at best on selected measures of parenting and parental well-being and few if any effects on child development (see Gomby, Culross, & Behrman, 1999;

Is quality of parenting determined most strongly by knowledge, social resources, personal nurturance history, all three to differing degrees, or some other factors?

Halpern, 2000). The newer findings, added to the older literature, were discouraging to some observers. Yet there are a number of possible explanations for these findings, leading to different conclusions about whether investment in parent support and education is worthwhile, and if so what kinds of investments might make sense.

One set of explanations would hold that at least some approaches to parent support and education do have significant effects on parenting but that the research designs, analytic strategies, and/or measures used in this field are obscuring those effects. Studies of parent support and education programs have used designs and statistical approaches that assume all or most participants benefit in the same ways. If participants are benefiting in somewhat or very different ways, prevailing designs (that emphasize main effects) would not capture this pattern. Compounding this problem is that of prematurely setting evaluation parameters in place, before there has been an opportunity to explore how a particular program might be affecting individual families.

Because validating a new parenting measure theoretically and psychometrically takes so much work, most evaluators have chosen off-the-shelf measures of parenting that may not be related to a particular

program's focus or sensitive to important differences in parenting in the population served by a program. Program effects that are occurring may be difficult to measure because new patterns of behavior, interaction, belief, understanding, or knowledge may be partially, intermittently, situationally, or gradually adopted or become incorporated into existing patterns in ways that are difficult to observe and parcel out. Young parents may integrate the messages and support provided by parenting programs into their own still-developing selves in ways that may not appear obvious or appear until later years.

Another possible explanation for the lack of evidence supporting the effectiveness of parenting programs may be inadequate theory to guide program design and implementation. As noted earlier, different clusters of programs have embodied different theories about what parenting is about, and therefore what dimensions of parenting are most important to try to alter or strengthen and how best to try to alter or strengthen those dimensions. Is quality of parenting determined most strongly by knowledge, social resources, personal nurturance history, all three to differing degrees, or some other factors? In other words, are particular groups of parents at risk of inadequate parenting because they lack knowledge of child

development, because they are socially isolated and/or lack social resources to help with parenting, or because of their own poor nurturance histories?

The possibility that inadequate theory may explain lack of effects is difficult to prove or disprove. Many programs reflect a combination of theoretical elements. Those few evaluated programs that have embodied a psychodynamic perspective on parenting have also tended to use highly skilled clinical staff with years of training and intensive supervision, setting such programs apart for these as well as theoretical reasons. It is also possible that different theoretical orientations may make the most sense with different populations of families.

One can argue that measurement problems and theory aside, parent support and education programs have inherently modest effects because parenting is inherently difficult to both to define and to alter. The fact that the quality and nature of early parent-child relationships are strongly shaped by parents' own nurturance history, which in turn shapes parents' sense of what they are like as people, as well as what their relationships are like, suggests a need to discover the very individual meaning of parenting (and of the new baby him- or herself) for each participant in a program. Parent-child relationships are deeply embedded in, and strongly shaped by, family and group traditions as well as by current social milieus which may reinforce existing views of one's self and one's ways of relating and coping. In some communities, early caregiving is a shared responsibility, raising questions about who is even the most appropriate focus of intervention efforts.

Deciding where, how, and when to look for effects of parenting programs has been complicated by the evolving nature of the field itself. Prior experience and conclusions often seem only partly relevant to new studies. The policy context, the situations of families, and other external factors lead to shifting pressures on programs, and perhaps to changing dynamics in helping relationships. Ideas about what young families need evolve. Together such factors undermine the sense of steady progression in understanding program effects.

Assuming that there may be some validity to all or most of the explanations for modest effects, what is the implication for investing in parent support and education? At a minimum, proponents of parent support and education should take care not to over-promise, setting themselves and the field up for disappointment. It also makes sense to invest in exploratory and qualitative research that explores where and how parent support and education fits in young families' lives. It would not be surprising to find that such services are helpful in unexpected ways. For instance, after years of extensive evaluation, using all kinds of measures, it turned out that the principal benefit of one particular model from participants' perspective was the availability of "someone to talk to who really cares" (Pharis & Levin, 1991).

Promising lines of research

One approach to parenting intervention research that holds promise for advancing understanding of the magnitude and mechanisms of program effects is what has been called "process" research. Rather than trying to work around the complexity of parent support programs, this approach attempts to work with that complexity, focusing on the interaction of a particular program model or approach, a particular program staff member, and a particular family, all in a particular community context. It assumes that families will respond to a program and its staff in different ways based on their own characteristics, motives, and needs. It focuses on such questions as: Where does this intervention fit in this particular family's life? What is this family preoccupied with? Given what a particular program is offering, what does a particular family appear to be "taking"? Why is this family responding to helping efforts in a particular way? What is the meaning of this helping experience for the family? Why might the program be reaching some participating families more effectively than others?

Process research often separates programs into conceptually distinct dimensions in order to consider their role in explaining patterns of program effects. These include (1) participation, or quantity of contact (how often or for how long does the family meet with the program staff?); (2) engagement, or the emotional quality of contact (for example, what is the relation-

ship like that forms between provider and family?); (3) specific features of the program, such as service delivery mechanism (for example, home visiting vs. center-based services) or program activities (what actually happens during contact); and (4) specific features of the service provider (for example, what background, training, and ongoing support does the person providing the services have?). These can be looked at independently, or in relation to each other. For example, quality of contact may be related to quantity of contact (if you have good feelings about a home visitor, you will likely want to spend more time with them), or topics of contact (if you have a strong working alliance with a therapist, you will probably go "deeper" on issues than if you do not), or service provider (you likely spend time differently with a pediatrician than you do a child-care worker).

One example of process research involves a local study that is being undertaken as part of the larger national evaluation of Early Head Start. A group of researchers have come together to examine data across 12 different EHS home visiting programs, attempting to understand why there appeared to be only modest effects when home visiting was used to deliver services to families. To do so they are focusing on why families drop out prematurely from home visiting services, how they think about and characterize the relationship they have with their home visitor, the emphasis during home visits (e.g., extent to which home visits focus on child development activities), how programs that provide a mix of home visiting and center-based activities negotiated this service combination, and how staffing patterns change over time.

It appears, for example, that families were likely to drop out when the parents were mobile, single, poor, and not fluent in English, suggesting that special attention needs to be paid to this high-risk group to keep them engaged in visits and benefiting from services. One way to do this is to focus on child development activities, as analyses show that this is related to families staying longer in the program (Roggman, Cook, & Peterson, 2004). We also know that when home visits are more child-focused (typically by working with parents on activities they can do with their child),

families are more likely to show better parenting outcomes and their children to show more optimal growth and development (Raikes et al., 2004).

These findings are important and have real program policy implications. As was discussed earlier, directors and staff in programs like Early Head Start often struggle as to whether they should be focused on child development or focused on helping parents feel supported and less stressed. Although it is not impossible for programs to address each of these areas, the findings from the home visiting workgroups suggest that, for Early Head Start at least, the balance should tip more towards a direct focus on child development.

Another example of using process research to better understand early childhood programs is through the examination of the person the delivering the services in the programs. A very large controversy in parent support programs currently is the role of professional experience and training in the service providers. As many parent support programs grew out of a grass-roots model of community service, they have emphasized the importance of the helper being someone who is similar to and understands the family and their experiences. Under this model, the helper is a paraprofessional who comes from the same community as the family and has experienced the same stress and difficulties of raising children under adverse circumstances.

Although this is a reasonable approach, and there is clinical or anecdotal evidence to support the importance of paraprofessionals in parent support programs, there is little empirical evidence to support their use (Hans & Korfmacher, 2002; Olds & Kitzman, 1993; Gomby, Culross, & Behrman, 1999). In randomized trials, home visiting programs staffed by paraprofessionals generally have not demonstrated strong intervention impacts, have shown higher rates of staff turnover, and have more participant dropouts than programs staffed by professionals.

Paraprofessional workers may also have a more difficult time disentangling personal from professional relationships with parents, a problem exacerbated when dealing with very challenging families. For example, one examination of a Chicago school-based program found that the paraprofessional home visitors

and their teen mother clients worked very well together when the teen was doing well; they thrived on a comfortable familiarity, where the home visitors often saw themselves as extended members of the family. But if the teen mother began showing more difficult behaviors (such as dropping out of school or making poor parenting choices), the home visitor often became disappointed or resentful of the mother, and this interfered with the visitor's and the mother's ability to work together (Korfmacher & Marchi, 2002).

We know that parent support can be very hard work. Even in programs intended to prevent rather than to remediate child and family problems, families often enroll with a seemingly overwhelming set of social, emotional, and economic difficulties, problems that "typically requires a level of professional expertise that exceeds the generic skills of a child-care provider, early childhood educator, child protective services worker, or nonprofessional home visitor" (National Research Council & Institute of Medicine, 2000, p. 365). Although participants tell us that the most important element of a parent support program is to have someone who knows them and really cares about them (Pharis & Levin, 1991), it is not the easiest thing to figure out how to work with families in a way that gives them this support and care.

One way that parent support programs seem to be dealing with this issue is to move away from paraprofessionals as helpers and emphasize hiring providers with college or graduate education in human services. An analysis of staffing patterns in Early Head Start, for example, showed that over a two-year period there was a dramatic increase in the number of frontline staff who had bachelor's degrees or higher (Schiffman et al., 2004). A complementary approach is to make a commitment to comprehensive and ongoing training and individualized supervision of frontline workers (Parlakian, 2001; Wasik & Bryant, 2002). For example, authors of one relationship-based curriculum used in home visiting programs demonstrated strong gains in providers' ability to provide positive, contingent, and instructive feedback to parents after training (Kelly, Buehlman, & Caldwell, 2000). McGuigan, Katzev, and Pratt (2003) report that the most significant

predictor of families staying in Oregon Healthy Families programs was the hours per month of supervision received by the family's home visitor, more than any other measured characteristic of the home visitors or the clients.

Though located at the margins of social provision, parenting programs remain a potentially important resource for vulnerable young families. The recent public policy focus on school readiness has partially obscured the view of these programs. Yet, as with most supports, their time will come again. It is important, meanwhile, to continue to nurture the research that has helped this field develop. In that light, the newer models of research, with more sensitive questions and emphases, seem especially fruitful, and likely to be helpful to frontline practice. They should also help move the debate abut parenting programs beyond the simplistic question of whether or not they work.

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Research in real time: The Bear River experiment

By Emily Hilligoss

All practitioners know what research on parent support and education programs looks like after the fact, after the subjects have been observed or interviewed, the conclusions drawn, the recommendations for best practices made. But what does this research look like while it is in progress—and what challenges emerge when research and practice meet?

Sarah Thurgood, now director of Bear River Head Start in Logan, Utah, found herself in this situation when she was hired as director of the site's new Early Head Start program in 1995. At the outset, she faced the challenges of implementing a completely new program.

"Back in those days, nobody had a model for Early Head Start," Thurgood says. "I understood that it wasn't like anything else we had done before. We weren't just trying to set up a program like Head Start for zero-to-threes." Unlike its predecessor, Early Head Start aimed to support—and possibly change—parents' involvement with their children's growth and development. The research component of the new program presented Thurgood with a second set of unknowns.

Bear River had been chosen as one of 17 Early Head Start sites from around the country to participate in a large-scale evaluation of the newly implemented EHS initiative. The evaluation was part of the five-year initial phase of the Early Head Start Research and Evaluation project, mandated by Congress and funded by the Administration on Youth, Children, and Families (AYCF). AYCF selected 17 Early Head Start sites from around the country for the study. The sites chosen served a representative cross-section of EHS families, and were willing and able to meet the conditions of the study.

One such condition was that each program had to have a viable local research partner, usually a team from a nearby university. In addition to evaluating the implementation and large-scale impact of Early Head Start as part of the larger study, each local research partner would design a study unique to the site, its needs, and the researchers' interests. This allowed researchers to focus on the specific culture and context of each program and to account for findings in the larger study that might vary from community to community.

Thurgood and Bear River's partner was Lori Roggman, a professor at Utah State University and a member, along with Utah State colleagues Lisa Boyce and Gina Cook, of the National Early Head Start Research Consortium. Initially, Thurgood was receptive to the idea of research in her program. But the consequences of Bear River's participation in the study were more difficult than she had thought. Thurgood had planned, for example, to recruit 75 families to participate in Bear River's home visiting program. The research design, however, called for more than twice that many—at least 150 families, half of whom would be randomly selected to serve as a control group, in accordance with AYCF research requirements.

> "...when you do start to watch something, whether that's bringing in a video camera or an observer, it changes the dynamic, and you change how it operates."

"It was hard," Thurgood recalls. "I didn't even have staff at first—it was just me. I had to hire my staff, train my staff, and then tell them, 'By the way, go out and recruit not only the 75 families we need for us, but now you have to recruit at least double that.'"

As difficult as the increased recruitment was, it was only the beginning. Thurgood and her staff had to explain to half the families who were interested in the program—those selected as a control group—that they would not receive any services from EHS.

"At first, some families were mad—they had signed up for Early Head Start, and nobody had ever told them anything about this," Thurgood says. "We had to educate people about how good research works, how it's really able to prove something. I have a lot of gratitude to those original 75 families who were in

the control group—they made a sacrifice because they didn't get services, but look what they gave to the future of Early Head Start."

It was this emphasis on the big picture that led Thurgood, her staff, and the initially reluctant families to persevere with their involvement, even in the face of short-term burdens. "You know that while it's painful right now, in the long term, it's worth it," she says. "You invest up front because of the changes this is going to make in the lives of children and families in your community. If you're short-visioned, you're not going to get anywhere."

Once research was underway, the program reaped some immediate, and almost accidental, benefits. When a family visitor from EHS went on a home visit, his or her supervisor would videotape the 90-minute encounter between parent and child. A copy of the tape went to Roggman's team, who used it for their local studies, and additional copies went to the EHS program and to the families. The families—many of whom didn't own cameras or camcorders—were delighted with the keepsake. Thurgood and her staff, meanwhile, put the tapes to instructive use. Family visitors and their supervisors reviewed each visit, focusing on what was done right and what could be done differently. The videos also proved invaluable in helping new staff members master the nuances of a successful home visit. Thurgood found videotaping to be such an effective evaluation and training tool that she continues the practice to this day.

"I've told people many times that being involved with this research was one of the best things that happened with Early Head Start," she says. "Yes, at first it's a little painful, but the long-term effects of these best practices make you a good, strong program."

From the perspective of researchers, the nuances of working with an intervention program are no less fraught with challenges. Erikson professor Jon Korfmacher, who was a local research partner with an EHS program in Colorado, notes that the aims of an intervention program may seem to be at odds with the needs of researchers. "There is a need for standardization in research, and programs don't like that," Korfmacher says. "Programs want to be responsive and flexible, and when you put restraints on programs, they may feel resentful. But for a good, clean study, the researchers and the program have to be working on the same page.

"Even looking at the intervention in a home visiting program is hard because you don't always have access when the visitors are actually interacting with the family. And when you do start to watch something, whether that's bringing in a video camera or an observer, it changes the dynamic, and you change how it operates."

Even as a team of researchers needs to build close rapport with program staff, this very closeness can compromise the validity of the researchers' findings. "Programs can't be objective about their families, nor should they be," Korfmacher says. "But researchers have to remain objective. They can't become cheerleaders for the program while the study is underway, even if they like and respect the program and its staff."

Instead, researchers need to conduct as clear a study as possible and use the data from the study to speak to the impact of the program. He cites the danger of the allegiance effect, where researchers eager to attest to the program's success may use or interpret data in a way that overstates the facts. Resisting this tendency can be even harder when program staff does not recognize that researchers cannot be advocates for the program.

Above all, Korfmacher emphasizes the importance of a good working relationship between researchers and program staff—a relationship that allows for both cooperation and critical distance, each of which is crucial to successful research. "Research has its own culture, and the programs have their own culture," he says. "Researchers need to be upfront about what their role is, and what they can and can't do for the program."

While program staff and researchers have different agendas, both seek to best serve families, whether those enrolled in a particular program or those whose options may be affected by the results of the research. Program staff may be able to suggest language or approaches that can make families more comfortable with participating in a study. And researchers can suggest simple activities that programs can try to provide additional support to their families. By being "outsiders" to each other, program and research partners can provide a valuable alternate point of view that can improve a practice or a methodology, if they are willing to listen to each other.

A conversation with Robert Halpern and Jon Korfmacher

Robert Halpern, Ph.D., is a professor at Erikson Institute and a faculty associate at Chapin Hall Center for Children at the University of Chicago. He is the author of *Making Play Work: The Promise of After-School Programs for Low-Income Children* (Teachers College Press), *Fragile Families, Fragile Solutions: A History of Supportive Services for Families in Poverty* (Columbia University Press, 1999), and *Rebuilding the Inner City: A History of Neighborhood Initiatives to Address Poverty* (Columbia University Press, 1995), as well as numerous articles and chapters on the effects of poverty on children and families, and the role of services in poor families' lives. In recent years his research has focused on after-school and youth programs. He is currently doing a study of After-School Matters, a city-wide youth initiative in Chicago.

Jon Korfmacher, Ph.D., is an associate professor at Erikson Institute. Korfmacher received his doctorate from a joint program between the Department of Clinical Psychology and the Institute of Child Development at the University of Minnesota in 1994. Although trained as a clinician, he has focused much of his professional life on teaching and research. His research deals with studying the implementation and outcome of early childhood interventions. He is currently a member of a research team studying the impact of doula support on young, pregnant mothers and their children, and has been a local research partner with the national evaluation of Early Head Start. He has taught and conducted workshops on child development, risk and resilience in early childhood, infant and toddler assessment, and working with challenging families in home visiting programs. He received additional clinical training in the Harris Infant Mental Health program at the University of Colorado Health Sciences Center in Denver and is a graduate fellow of the national organization Zero to Three. He is also a board member of the Illinois Association for Infant Mental Health.

You talk about how parent support and education programs have changed over time, but have they improved? Do newer programs work better than older programs?

Korfmacher: There are people who argue that *none* of these programs work, period. Frankly, that's a difficult position to defend, because there are a lot of research studies that show positive effects for programs. But they're not working in the way that people would like. They're not incredibly dramatic; they work for a couple of domains of parenting and not many others. Or you see small effect sizes. Or you see statistically significant effects, but the meaning of those effects is impossible to determine.

What's interesting is the standard that we set for this kind of intervention. Medical literature is full of examples of major public health interventions built around very, very small effects. How many people take aspirin every day to prevent heart attacks, when the size of the actual effect is absolutely miniscule? It's only statistically significant because it was the product of a massive epidemiological study with a huge sample size.

So why are we held to demonstrating incredibly large effect sizes when the medical community isn't? Changing *any* behavior is difficult at best—so should you even assume that you're going to dramatically change either the parenting or the developmental outcome of the child? We put ourselves in the position of doing very discrete little interventions to try to change complex, deeply rooted behaviors. In one sense, the expense factor is a key. Given the amount of resources these sorts of programs demand, people hope to see much larger effects than can actually be

demonstrated. But it also points up one of the design problems inherent in having interventions that are pretty small in terms of sample size.

What about the working theories behind these programs? Are they better now than they were 20 or 30 years ago?

Halpern: I don't think so. You see a progression, in some sense, but you also see an accretion. The earliest working theories aren't abandoned, they're added on to. But in my opinion, each is self-limiting. The parent education theory, for example, says that what parents primarily need is information. That theory clearly does not stand up to available evidence. The Parent as Teacher research that's just been released showing zero effects is very interesting in that regard. It was a very careful study, and Parent as Teacher is as clear a modern version of parent education as we have.

You could as easily argue that family support, social support, and ecological theory as the key to strengthening parenting is too limited. You could argue the same for clinical, psychodynamic theory. The fact is, no theory has proven particularly adequate. There is equal evidence questioning them all.

Korfmacher: My colleague is pointing out what parents have always known: parenting is an equal opportunity theory breaker.

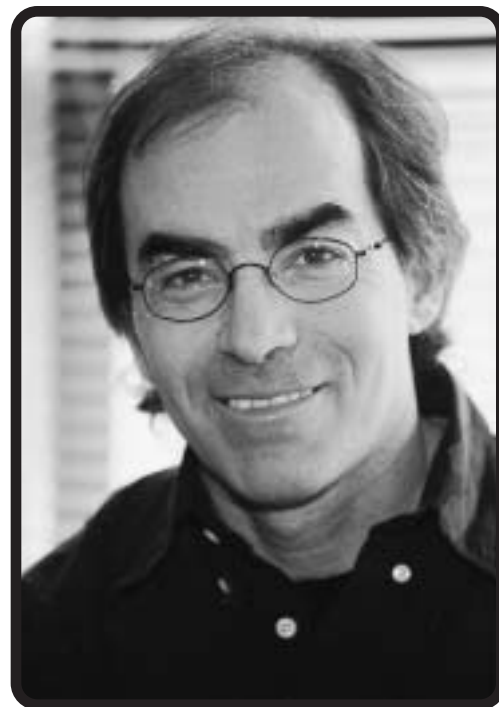**So why do we keep proposing interventions? What's the goal?**

Korfmacher: Good question. Most of these programs don't have clear goals. We want to see parents as teachers, so we look at how often and how effectively parents are teaching their child. That's far different from trying to see whether or not they're

being good parents. What's our concern, as a society? Is it brain development? Is it social and emotional well-being? Is it school readiness? I suspect that right now, it's school readiness.

Halpern: I understand that school readiness is a societal preoccupation. But I *don't* see any way to connect parent support and education programs to school readiness. People are tying universal pre-K to school readiness. That may be inappropriate, but you can see why they're doing it. It is just wrong to tie parent intervention to school success. We all agree that "Mozart for your baby" is ridiculous, yet we're talking about a rationale for parenting programs that is the equivalent to Mozart for your baby.

Korfmacher: Once you buy into the idea of universal pre-K, then zero-to-three programs exist to get kids ready for preschool. And preschool gets kids ready for school. It's that simple. Most zero-to-three programs are designed to promote child development, making sure that children are more healthy, making sure that children are emotionally regulated, and making sure that children have good language skills. Those three things are primary aspects of school readiness. They just are.

Halpern: I understand why daycare and preschool are seen primarily as vehicles to get kids ready for school. I don't understand the connection between parenting programs and getting kids ready for school. Too often we take a particular kind of human service activity and tie it to something that is completely inappropriate and inadequate as a reason for doing it. It's just disingenuous. It puts inappropriate pressures on those who are doing it. It leads to inappropriate ways of thinking about it, measuring it, doing it.

What are some of the difficulties inherent in doing this kind of research? What makes it so hard to do?

Korfmacher: First, the measures that are available don't map well onto the theory. It is so difficult and so onerous to develop a validated measure that researchers tend to rely on measures that have already been validated, whether they are an exact fit or not. So if you need some measure of whether you have impacted the supportiveness of the home environment for the child, you use the HOME scale, no matter if the items on the HOME scale are actually the focus of the intervention. That's the problem that Montessori programs sometimes have. When you use standard measures of the quality of the childcare environment, those measures in many cases don't map very well to the Montessori philosophy. So Montessori programs were in many ways being considered low-quality programs, even though by other accounts they may be seen as model programs.

Halpern: A lot of measures get at superficial dimensions of parenting—how many times a mother talks to a child, for example, or whether the home environment is designed in a way that's supportive of a

child's learning and exploration. These are not unimportant, but they nonetheless seem less central than the qualitative dimensions of the parent/child relationship.

The biggest dilemma that I see in the field is that people think that they're measuring the relationship, and they're not. They're looking at behaviors and interaction. And then they generalize and characterize the relationship as just interactive behaviors. You're looking at what a parent does or says as if it's somehow an accurate representation of that parent meeting that particular child's needs. That's just not the case, and not just because kids are different, but because you don't know how the child experiences what the parent does or doesn't do. *That* depends on the underlying relationship, which you may not be measuring. You're measuring the behavior, not the needs of either the child or the parent.

So, how do you get to a subjective experience? You can get some of it if you interview the parent. You obviously can't

interview the baby. A good critical interview might help you get at it. But even a good critical interview starts with assumptions and a theory behind what the interviewer is looking for.

Korfmacher: Some maintain that if you really want to change a parent/child relationship, you should target the child. The child is the person in the relationship who has the greatest potential for change, and whose lack of preconditions and preconceptions can drive change. That's the model for a Montessori program that I worked with in Denver. Their motto is, "Reorganize the child and you reorganize the parent."

Halpern: The settlements always believed that the way to change immigrant parents was to change their kids, to have the kids come home and lecture their parents on "This is the way we do it in America."

Aren't there measurement instruments that do a better job of measuring relationship?

Korfmacher: Well, there are scales that measure dimensions such as maternal sensitivity and maternal hostility, and even ones that look at the clarity of cues that the child gives. But they are very hard to learn how to use. And it's hard to get good reliability on them, even though they have demonstrated validity.

The relationship between parent and provider is equally difficult to measure. If you talk to the home visitor, you might get a very different idea of what the relationship is like than if you talk to the parent, and it doesn't mean that the parent is wrong. It means they have different perspectives. We were just reviewing an interview that a mom and a home visitor did, talking about spending time with each other. And the mom was saying, "Well, I

don't really know the doula that well because her boundaries are so firm and she won't share her personal life with me." And the doula was saying, "Oh, I felt more close to this mom than any of my other clients. I brought my daughter to one of my visits." It sounded like they were talking about two different clients.

So the difficulty examining the helping relationship is one part of it. Another is just the content: What is it that you're trying to teach or influence? What is it that the provider is supposed to be doing? I had a long discussion just recently with people who are running some parent/infant psychotherapy interventions. They have a whole theory built up around self-reflective functioning as the key to quality parent/child interaction. They have a very elaborate model of what therapists are supposed to be doing to help develop those self-reflective functions in the mothers being seen. And I asked, "So, what are you looking at? Are you tracking what the mothers actually do with their infant? Or what the therapists are doing with the mothers? Are you able to connect what the therapists are doing doing to promote this self-reflective functioning?"

Well, at this point, they're documenting how many sessions they have. I couldn't even get a sense of what type of process notes they're writing, or if they're planning to use the notes or have access to them. Therapists don't like to share their notes because of confidentiality concerns, so you can't get a sense from talking to the program personnel what actually happens in the intervention because they might not know, or if they do, they can't really share it. And I've worked with enough programs to know that half the time, the staff are not following the program model. They're

doing what they think they need to do with that family.

So getting at the actual content that's being transmitted is difficult. And then you can ask whether the content matters if it's a good relationship? How much does a positive working relationship affect the actual information that is conveyed to families?

Do individual home visitors interpret a particular mom—or their mandate in the program—so differently because they're not well trained or supervised? Or is it because it's human nature to follow your own instincts?

Korfmacher: Well, I think it's both, but I think good training and supervision helps counteract the kind of natural inclination to just do whatever it is you think you need to do. And I don't think that paraprofessional home visitors in particular get a lot of training. It's also hard to supervise home visitors. What they're doing feels so intensely personal and private that a supervisor has to have really good relationships with the home visitors just to get them to feel that it's appropriate to share what's happening in the home. The situation isn't made any easier by the fact that often the supervisor or administrator is someone who used to be a paraprofessional home visitor.

Halpern: I think there's often a long chain between the theory behind a particular program and the person or persons actually delivering program services. So what's actually delivered may have very little to do with what was originally envisioned by the program designer. Some of the important intervening factors include the amount and nature of training of the frontline worker,

the frontline worker's own predispositions and interpretation of program materials, and what he or she thinks is best for a particular family. Each intervening level of staff between the program conceptualizer and the actual worker tends to exacerbate the problem, because each interprets the program in his or her own way.

Which brings us to the big question: Is accepting modest effects and continuing with these kind of intervention efforts a problem? Or is it simply being realistic?

Halpern: It's in part related to your expectations. I mean, there are lots of things you can invest in. So the question is, is a modestly positive, supportive thing that those who participate in feel pretty good about okay or not okay from a policy perspective? Well, it's not okay given the way we currently justify policy and investment for low-income families. But maybe it should be okay.

More generally, though, if you step back and look at this activity, it's a strange activity in some ways. We choose to intervene, not to support. And we choose to intervene only in low-income families' lives. And when we do provide support, we demand to see an outcome in the child. And finally, we still do it as a private voluntary activity. We leave it up to hundreds and thousands of tiny little groups and individuals to figure this out themselves, as opposed to mounting a government effort or providing some kind of common framework for these programs, as other countries have done.

There is a political dimension to all of this; there is a lot of power being applied to a lot of powerless people. Which is part of why we have a responsibility to do this work thoughtfully and carefully.

Korfmacher: I think it's also worth pointing out that cost/benefit analyses for programs that you can actually do a decent longitudinal follow-up on show that those modest effects look more impressive over time. In some of these studies, there does seem to be a real cumulative impact over time. David Olds certainly demonstrated that, and Craig Ramey certainly demonstrated that.

The problem with these cumulative impacts is that they are spread across areas of government that are not necessarily the ones that invested the money in the intervention to begin with. So you might not see effects in school performance but you see effects in the justice system, for example.

Of course, you can look at the whole thing from another perspective: it doesn't matter if you can't prove long-term outcomes for these kids. If you can ameliorate the immediate suffering of the child, if you can make life remotely better, even in the short term, then you've done a good thing, even if it doesn't mean that these kids are going to be more likely to graduate from high school later on.

Herr Research Center
at Erikson Institute

The Herr Research Center, established in 1997 with a gift from the Herr family, is the hub of research activities at Erikson Institute. Its mission is the development of knowledge from applied research that contributes to a significant improvement in the quality, effectiveness, and equity of education and services for children and families. The center provides technical assistance and funding for the development and implementation of a wide variety of research projects, promotes the dissemination of research findings, and sponsors conferences and seminars.

Dedicated to addressing the interests and needs of an increasingly diverse society, center-supported research initiatives work with populations that vary in age, race, and ethnicity, with a primary focus on programs and populations in disadvantaged communities. The center is committed to providing a sound and useful base of information to guide the understanding of complex social issues such as changing family and societal needs and families in stress as well as the nature and efficacy of services for children and families.

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Faculty Development on the Brain Project

Fathers and Families

Fussy Baby Network

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"Harder Than You Think: Determining What Works, for Whom, and Why in Early Childhood Interventions," Jon Korfmacher, Ph.D.

"Child Assessment at the Preprimary Level: Expert Opinion and State Trends," Carol Horton, Ph.D., and Barbara T. Bowman, M.A.

"'Does not.' 'Does too.' Thinking About Play in the Early Childhood Classroom," Joan Brooks McLane, Ph.D.

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