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Women Leading to Make a Difference:
An Inside Look at a Strength-based Home Visiting Program in Rural Appalachia

A dissertation submitted to
the Graduate College of
Marshall University
In partial fulfillment of
the requirements for the degree of
Doctor of Education

in
Higher Education Leadership

by

Kathy J. Bialk

Approved by

Dr. Linda Spatig, Committee Chairperson

Dr. L. Eric Lassiter

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Marshall University
May 2016

SIGNATURE PAGE

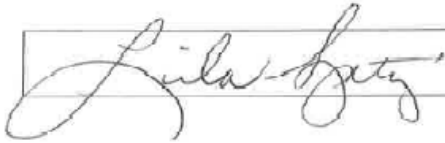
I hereby affirm that the following project meets the high academic standards for original scholarship and creative work established by my discipline, college, and the Graduate College of Marshall University. With my signature, I approve the manuscript for publication.

Project Title: **Women Leading to Make a Difference: An Inside Look at a Strength-based Home Visiting Program in Rural Appalachia**

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A handwritten signature in cursive script, appearing to read "Paula Barty", is written over a horizontal rectangular box.

Committee Chairperson

4/27/2016

Date

Dedication

This dissertation is dedicated to my late parents, my husband, and children.

To my mom, Katherine Yankevich, who after her father was killed in a coal mine quit attending school in the sixth grade to help her mother raise several of her younger siblings. You taught me to be hardworking, resilient, and tenacious despite adversity.

To my dad, a child of Polish immigrants, who only completed school through the eighth grade. You taught me to dream higher.

To my husband, Mirek, who left his home country of Poland and family to live his life with me. You are my rock. You love me and unconditionally support me.

To my daughter, Meghan and my son, Pawel, who are both grown, educated, and living their own lives. You give me pride and love.

To Magdalena, my youngest child, who during the past six years has grown beside me. I never minded when you practiced playing your flute behind my desk chair as I wrote and re-wrote. You have been my greatest cheerleader and believed in me more than I believed in myself. You fill my life with love, joy, pride, and balance.

Acknowledgments

By happenstance I became a qualitative researcher for the Maternal Infant Health Outreach Worker Program (MIHOW) multi-year, multi-site, mixed-methods randomized control trial evaluation study, but the decision to conduct my independent research on the West Virginia MIHOW program with the goal of writing this dissertation was deliberate. The ability to conduct this study would have never been possible without the West Virginia MIHOW program leaders, home visitors, and mothers, who gave me their precious time to conduct multiple interviews, to observe them in their work, and to respond by email to my many questions. I thank each and every one of them not only for their time, but for allowing me to learn what they do every single day of their lives – focus on strengths of individuals for the betterment of their lives and their communities. It has been an honor to be involved in this study.

I thank the chair of my dissertation committee, Dr. Linda Spatig. Linda invited me to join the MIHOW evaluation study more than three years ago and subsequently agreed to chair my committee even though she did not have room for another student and had already established her retirement date. Linda has been one of the most influential professors in my growth as a student, qualitative researcher, educator, and leader. She has been tireless in her reading and responding to my work. Linda has gently but firmly pushed me to levels of achievement I never thought conceivable. I deeply appreciate the commitment she has made to my success.

In addition to my chair, I thank the rest of my committee, Dr. L. Eric Lassiter, Dr. Mary Beth Reynolds, and Dr. Eugenia Damron, for their insights and suggestions that have helped make this study and its resulting report better than I could have done on my own. I express additional gratitude to Eric, who positioned me to become a published writer, a better researcher, and perhaps a future college professor.

I thank my fellow doctoral research students, Debra Lockwood, Amy Knell Carlson, and Kelli Kerbawy, for making this research experience richer.

More coursework in this program was completed under the guidance of Dr. Dennis Anderson than with any other professor. I thank him for his wisdom and encouragement. I thank Dr. Bobbi Nicholson for helping me delve into scholarly discourse and for using it. I also thank Drs. Teresa Eagle and Michael Cunningham, who throughout my doctoral journey gave me encouragement and support.

I am indebted to Jennifer Jimison, Nadine Hamrick, Jean Ann Bevans and other members of the Marshall University Office of Student Financial Assistance, who often showed interest in my progress and provided me ongoing support. I thank my dear friends Maria and Jacek Konopka for believing in me and giving me their encouragement and support when I needed it the most.

Finally, I thank my husband, Mirek, and my youngest daughter, Magdalena, from the bottom of my heart for always being there for me, for supporting me unconditionally in achieving this life goal, for spending many evenings and weekends without me, and for their love. I also thank my oldest daughter, Meghan and her husband Shane, and my son Pawel, for their encouragement and love.

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Abstract

The Maternal Infant Outreach Worker Program (MIHOW) is a strength-based home visitation program that uses trained lay women indigenous to the community to mentor and teach parents who are economically disadvantaged or live in geographically isolated areas about healthy and positive pregnancy and parenting up until the child turns age three. This qualitative case study conducted in rural Appalachia at two program sites examined how women involved in the West Virginia MIHOW program – program leaders, home visitors, and mothers – came to recognize their strengths and use them to achieve life aspirations. In addition, this study explored how MIHOW program participants perceived themselves in various aspects of their lives and how the program contributed to positive social change for women, their families, and their communities. Findings were interpreted in relation to extant literature on strength-based approaches, home visitation, and women as leaders. Theme one pertains to the role of the importance of being explicit about strengths and making it pervasive throughout the entire program. Recognizing strengths and carrying out the strength-based approach was core for MIHOW program leaders and home visitors as they wholeheartedly practiced it in their work and their lives, whereas mothers' recognition of their strengths was less clear. The second theme shows that MIHOW program staff and mothers achieved many of their life aspirations, as well as established new visions and overcame obstacles. The third theme shows that women participating in MIHOW were making a difference by simultaneously leading from in front (as role models) *and* from beside (as collaborative team members), which included the factors of authentically walking the walk of the strength-based approach, listening and observing with an open mind, collaborating with humility, and advocating for and with mothers. Findings were also interpreted through an examination of Robert K. Greenleaf's servant leadership principles and the theoretical frame of social justice feminism. The combination of Robert K. Greenleaf's (2002) servant leadership and social justice feminism was exemplified in MIHOW's leadership from in front *and* from beside as it provided a respectful, supportive, encouraging, and egalitarian environment, which for many program staff and mothers increased their self-advocacy beliefs, fostered their leadership growth, empowered them to be the "leaders they wanted to be," and transformed them into "movers and shakers" in their communities.

Chapter One: Introduction to Study

The aim of this research was to investigate the leadership experiences of Appalachian women involved in a university-sponsored, community-based home visiting program that is strength-based. This study was related to a larger randomized control trial program evaluation, a mixed-methods study of the West Virginia Maternal Infant Health Outreach Worker (MIHOW) program. MIHOW is a strength-based home visiting program for pregnant women and children from birth to age three. This study used qualitative methods to explore how women, all of whom live in Appalachia, primarily rural West Virginia, play leadership roles in the program. Further, it examined how women who are involved in the program came to recognize and use their strengths in the key areas of family, health, education, employment, and community.

Home visiting programs operate under the premise that parents mediate changes for their children (Sweet & Appelbaum, 2014). Moreover, research shows that home visiting provides a positive return on investment to society through savings in public expenditures on emergency room visits, child protective services, and special education, as well as tax revenue from parents' earnings (U.S. Department of Health and Human Services, 2016a).

Federal funds are allocated by the U.S. Health Resources and Services Administration (HRSA) to states to support cost effective evidence-based home visiting programs that improve families' health and provide better opportunities for their children (U.S. Department of Health and Human Services (2016a). On March 23, 2010, Title V of the Social Security Act was amended to create the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The amendment authorizes states and territories to receive \$1.5 billion in funding for five years to provide evidence-based home visiting services to at-risk families, work with tribal communities to implement culturally competent home visiting programs, develop a mechanism to systematically review the evidence of effectiveness for home visiting program models, and

conduct a national evaluation of the MIECHV program (Adirim & Supplee, 2013). In many cases, the people involved in these programs are women – as administrators, staff, and clients.

The State of West Virginia, Office of Maternal Child and Family Health Office, is a recipient of this funding as well as other sources of funding, and through numerous partnerships provides leadership to support state and community efforts to build systems of care including home visitation programs that assure the health and well-being of all West Virginians (Strengthening Families West Virginia, 2016; WVDHHR, 2016). There are several research-based home visiting programs serving over 1,000 families in 30 counties in West Virginia, one of which is the Maternal Infant Health Outreach Workers (MIHOW) program (WV Partners in Community Outreach, 2016).

In contemporary higher education there has been some movement toward the development of university-community partnership models [such as MIHOW] that involve engaging in active, collaborative programs to enhance teaching and learning with frequent activities that provide learning, development, and community capacity building (Krajewski-Jaime, Wiencek, Clifford, Edgren, & Krajewski, 2003; Krajewski-Lockwood, Lockwood, Krajewski-Jaime, & Wiencek, 2001). The MIHOW program, a university-community partnership model, was developed in 1982 by the Center for Health Services at Vanderbilt University in Tennessee (now part of Vanderbilt University School of Nursing) whose mission is to improve health and child development for low-income families (Vanderbilt University School of Nursing, 2016). The MIHOW program serves economically disadvantaged and geographically and socially isolated pregnant women and children from birth to age three in four states: Kentucky, Mississippi, Tennessee, and West Virginia.

Although MIHOW programs are flexible, tailored to fit the structure of their partner agencies, the communities, and the families served, all MIHOW programs have four key features that are uniform throughout the network: 1) a strength-based approach; 2) trained community mothers who mentor their peers; 3) monthly home visits and education groups; and 4) a program structure that supports community mothers and links them across communities and to a university base (Elkins, Aguinaga, Clinton-Selin, Clinton, & Gotterer, 2013). The MIHOW strength-based approach, one of the major components of the program, provides the foundation for the development, implementation, and coordination of all MIHOW services (Vanderbilt University School of Nursing, 2016).

Problem Statement

Appalachian females, particularly in the state of West Virginia, face stubborn disparities in opportunities and outcomes. According to Hess, Hegewisch, and Williams (2013), “female residents in the state [of West Virginia] are vulnerable to challenges such as poverty, limited access to child care, the gender wage gap, and adverse health conditions” (p. 1). There are also substantial differences in the status of the West Virginia female population in different regions across the state. Hess et al. (2013) indicate that certain regions in the central and southern part of the state [where the MIHOW sites are located] are especially vulnerable to economic marginalization and poverty. Hence, it is possible the challenges women face in West Virginia could be further exacerbated by the social and economic indicators that exist within the rural communities where they live.

In spite of the challenges and stigmas some West Virginia women face, they may access and use available resources, such as the MIHOW program, and as a result could potentially overcome these tribulations (Elkins et al., 2103). Using a strength-based approach to support

and train mothers to reach program objectives related to trimester of pregnancy or age of child, MIHOW outreach workers use strategies that aim to improve mother and child self-image, sharpen problem-solving skills, and promote planning, goal setting, and self-advocacy (Elkins et al., 2013). “This approach sets the stage for healthy living, lasting motivation, and self-sufficiency and as a result, participating families, outreach workers, and the sponsoring agencies become confident and effective activists for improving the health and social services in the community” (Vanderbilt University: The MIHOW Program, 2002, para. 1). Moreover, Elkins et al. (2013) assert: “Because [of] the [MIHOW] program’s emphasis on the strength-based approach and the mother as the primary change agent, the positive effects of MIHOW may follow the family past the child’s third year of life and beyond the scope of early childhood development” (p. 1000).

Whereas these assertions seem reasonable, there is limited research-based evidence to support them. Although strength-based practice in social work has a strong theoretical foundation as an effective helping strategy that builds on a person’s strengths, there is little evidence documenting outcomes associated with strength-based approaches in home visiting programs. Also missing from the literature is an understanding of how individuals experience and perceive home visiting programs that use strength-based approaches.

It is also vital to understand the factors that help women learn to recognize and use their strengths in leadership roles in the program as well as in the key areas of family, health, education, employment, and community, which may improve the outcomes for disadvantaged children, families, and communities. In addition, given the large financial investment of home visitation programs both at the federal and local levels, it is important to understand how strength-based home visiting programs help women improve individual outcomes, such as

quality of life, healthy living, lasting motivation, and self-sufficiency, as well as to help them establish life goals and become confident and effective leaders for themselves and their family and community.

Moreover, it is important to explore a leadership frame that encourages the use of individual strengths at all levels of organizational hierarchies in families and communities. It is essential to examine the experiences of women leading other women to potentially promote more diverse models of effective leadership, and also to fill the dearth of literature on this topic. Likewise, it is essential to examine a university-sponsored program that works toward a vision that focuses primarily on the growth and well-being of people and their communities because this may assist in effecting positive change, particularly for socioeconomically disadvantaged women who face adversity. Hence, this study sought to provide evidence-based findings about the efficacy of strength-based home visiting and how the approaches are facilitated and experienced by the women designing, overseeing, implementing, and otherwise participating in them.

Purpose of Study

The purpose of this study was to provide new knowledge about the leadership experiences of women participating in a female-dominated program serving other women. The goal of the study was to contribute to existing literature about strength-based home visiting programs, and more importantly, to fill a gap in knowledge about the experiences of rural Appalachian women who are participating in a community-based home visiting program that uses a strength-based approach. It aimed to understand what influence, if any, a strength-based home visiting program – West Virginia MIHOW – had on enabling women to take lead and to achieve life aspirations. Finally, using servant leadership philosophy as a frame, the aim of this

study was to construct additional knowledge about the potential of university-community partnerships to enable positive social change for women and their communities.

Research Questions

The research questions that were most central to the study include the following:

1. How are rural Appalachian women participating in a strength-based home visiting program (mothers, home visitors, and program leaders) recognizing their strengths?
2. What influence does a strength-based home visiting program – West Virginia MIHOW – have on enabling women (mothers, home visitors, and program leaders) to achieve life aspirations in the key areas of family, health, education, employment, and community?
3. In what ways do participants (mothers, home visitors, and program leaders) of a strength-based home visiting program perceive themselves as leaders in various areas of their lives?
4. How does servant leadership in a university-community partnership contribute to positive social change for women and their communities?

Conceptual Framework

A key part of the design of a study is the conceptual framework, which according to Maxwell (2013), is based on the system of concepts, assumptions, expectations, beliefs, and theories that inform and support the research. Based on my beliefs, experiences, and assumptions, I developed a tentative model of five inter-reliant concepts that may help or hinder women when they use their strengths in the key areas of family, health, education, employment, and community: 1) social and emotional resources, 2) knowledge and awareness resources, 3) personal resources, 4) financial resources, and 5) community resources.

In relation to this study, the concept of social and emotional support resources includes relationships with people such as family, friends, neighbors, and co-workers. Knowledge and

awareness resources refer to access to information and learning opportunities from community-based organizations and post-secondary institutions of higher education. Personal resources include self-understanding, decision-making skills, beliefs, sense of responsibility, and interests. Financial resources not only include income from earnings, but also assistance from a variety of local non-profit organizations, schools, churches, and state and federal governmental agencies that provide resources to pay for items such as food, housing, transportation, daycare, health care, and postsecondary education. Finally, community resources include churches, public assistance agencies, community-based organizations, and institutions of higher education. Because community resources also involve people, factors in this group overlap with those in the social and emotional resources group. What distinguishes the two is that social and emotional resources are provided by individuals, whereas community resources are provided by organized institutions.

I proposed this study knowing that many West Virginia women are socioeconomically disadvantaged and face severe adversity (Hess, Hegewisch, & Williams, 2013). My knowledge comes from literature, but also from personal experience. I come from a socioeconomically disadvantaged background and experienced adversity as a child and young adult. I learned firsthand that Marsh-McDonald and Schroeder (2012) are on target when they say that “women living in poverty face a double bind – coping with the adverse economic impact of poverty and contending with social stigma” (p.1).

Aspects of my life experience in terms of receiving community support and resources provided context for this study as well. Although I do not specifically recall my experience as a child receiving Head Start services, which is an intervention that promotes the school readiness of young children from low-income families and supports the mental, social, and emotional

development of children from birth to age five (U.S. Department of Health & Human Services, 2016b), I consider myself a product of this early childhood program's success, especially given the very low level of secondary school completion of my parents.

In addition, as an undergraduate student, I received the Basic Educational Opportunity Grant (BEOG), presently called the Federal Pell Grant, which is a financial aid program that provides need-based grants to students from low-income families to promote access to postsecondary education (U.S. Department of Education, 2016). I know for certain, that without the Federal Pell Grant and other state need-based and local scholarship financial assistance I received to attend college, I would have never enrolled and successfully completed a baccalaureate degree.

Thus, one of my major assumptions about this research was that disadvantaged families who receive effective interventions, as well as resources (both emotional and financial) from federal and state agencies and community organizations, are provided opportunities. The second major assumption was that persons who receive effective interventions such as education and appropriate emotional and financial resources become empowered to succeed in achieving life goals that not only benefit individuals and their families, but society as a whole.

I approached this research feeling as if I am both an "insider" and an "outsider." I have a great deal of exposure to Appalachian culture because I was raised in an urban Appalachian community by a coal-miner's daughter and have lived in rural West Virginia for the past eight years. Yet, I acknowledge that I may have some deficiencies in understanding rural Appalachian culture. I converse and interact with my rural West Virginia neighbors and may possess similar characteristics and values as Appalachians, but could still have been viewed as an "outsider" by the participants of this study because I do not speak with the same accent and my current

educational and employment circumstances may be different from theirs. Being cognizant of this, I attempted to build on other factors the participants and I had in common.

Having lived through similar experiences as these women, I believe I understood and related to their plights. More specifically, my experience of being a mother was helpful in establishing relationships with the study participants – the MIHOW mothers. I gave birth and raised two children when I was a young woman and a third child at an older age, which gave me current-day insights on pregnancy, childbirth, and child rearing.

Moreover, because MIHOW is a helping profession and I have employment in a helping profession though it is a different field, I felt a special kinship with the MIHOW home visitors and MIHOW administrators as we are all mothers who are working professionals. These common circumstances enabled me to easily build rapport and develop credulous relationships with the study participants.

Certainly, my experience, beliefs, and personal goals may have affected my views on the topic of study. Throughout the study, however, I acknowledged these goals and how they may have shaped the research and thought about how best to achieve these and to deal with the possible negative consequences of their influence (Maxwell, 2013). My experiences and beliefs provided a basic foundation for understanding what it may be like for other women who experience adversity and how they may use strengths to overcome their challenges and reach their aspirations as well as take lead in their lives. Notwithstanding, my focus and primary goal was to use the participants' stories, experiences, and beliefs to inform this study.

Theoretical Framework

Maxwell (2013) describes “theory” as a set of concepts and ideas and the proposed relationships among these. According to Maxwell (2013), a useful theory is one that tells an

enlightening story about some phenomenon, one that gives new insights and broadens the understanding of that phenomenon. Because the central purpose of the study was to understand rural Appalachian women's experiences when they practice using their strengths and perceive themselves as leaders, process theory orientation was used to guide my qualitative research methods. According to Maxwell (2013), "process theory tends to see the world in terms of people, situations, events, and the processes that connect these; explanation is based on an analysis of how some situations and events influence others" (Maxwell, 2013, p. 29).

Further, critical theory was a fitting approach to my research interest. Critical theory focuses on the oppression of the individual, the group, and society by self-imposed or externally imposed influences with the goal to emancipate and to expose social injustice (Bogdan & Biklen, 2007; Glesne, 2011). The very essence of critical theory is to respond and adapt to perceived power relations and resulting subjugations and oppression of individuals and groups by examining the role of social and historical contexts in shaping power relations that inform the ways in which peoples' lives and identities are interpreted (Hesse-Biber, 2014). Moreover, critical theory applied to ethnographic research emphasizes a more fully and critically conscious approach to the power relations inherent in all ethnography (Lassiter, 2005).

Feminist theory aligns with critical theory in that they both focus on issues of justice and power, and are committed to understanding forces that cause and sustain oppression (Hesse-Biber, 2014; Bogdan & Biklen, 2007; Glesne, 2011; Lassiter, 2005). Additionally, Hesse-Biber (2014) and Glesne (2007) argue that feminist theory has the underlying assumption that women experience oppression and exploitation. Because women in West Virginia face stubborn disparities in opportunities and outcomes (Hess et al., 2013) and rank last in the nation in terms of progress toward achieving equality in the workplace (Institute for Women's Policy Research,

2014), it stands to reason that they experience oppression and exploitation. This research aimed to expose the social reality of the participants of this study in service of promoting social justice for women, particularly Appalachian women within the state of West Virginia.

The combination of critical theory and feminism joined with social justice is what Parry (2014) calls social justice feminism. Social justice feminism produces a framework that can provide more complete understandings of the factors that perpetuate social injustices while providing strategies for responding to such injustices through advocating collective action toward social change (Parry, 2014). Hence, my research was guided by social justice feminism.

In line with social justice feminism, I used Robert K. Greenleaf's (2002) "servant leadership" philosophy as a frame for this research. The principles of servant leadership include: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Greenleaf, 2012). Greenleaf (2002) provides an explanation of the servant leader:

The servant-leader is servant first.... The servant-first makes sure that other people's highest priority needs are being served. The best test, and difficult to administer, is this: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And, what is the effect on the least privileged in society? Will they benefit or at least not be further deprived? Becoming a servant-leader begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is a leader first. The difference manifests itself in the care taken by the servant first to make sure that other people's highest priority needs are being served (p. 27).

I argue that the values of servant leadership have the underpinnings of critical theory guided by social justice feminism. Synonymous with Greenleaf's (2012) servant leadership best test, "social justice feminism seeks ways to change the material conditions of women's (and other marginalized groups) everyday lives" (Parry, 2014, p. 352). Social justice feminism is constructive, as it promotes change, improvement, and advancement (Parry, 2014). Hesse-Biber (2014) explains that "the [feminist] transformative social justice approach sees the potential for power to effect positive change in communities and seeks to utilize positive psychology principles to move research away from a deficit focus that sees only the problems of a community and not its strengths" (p. 65). Servant leadership focuses primarily on the growth and well-being of people and the communities to which it belongs (Greenleaf, 2002). Hence, if service is what leaders do, community is for whom they do it (Waterman, 2011).

The lived experiences of rural Appalachian women who are involved in a strength-based home visiting program were explored through the lenses of social justice feminism and servant leadership. I used the results of this research as a basis for knowledge building using theoretically rich explanations to expose the social reality of these women in service of promoting social justice for women, particularly those who are socio-economically disadvantaged and living in geographically isolated communities. In addition, using the principles of servant leadership, I examined a leadership frame – an egalitarian model of leadership – that may help higher education and community leaders construct their decisions based on the values, needs, and goals of individuals with the growth of individuals as well as service and community in mind.

Relevant Literature

There is a significant body of literature on strength-based approaches and outcomes, especially if the concept of strengths is extended to include resilience and empowerment, and there is a growing body of literature on home visiting programs; however, literature on home visiting programs that are strength-based is scant. Literature on leadership styles and behaviors is growing, but women's voices and experiences are largely absent from the academic discourse on leadership.

Strength-based practice in clinical and social work settings is a perspective that takes into account the strengths and assets of clients and their environments (Biswas-Diener, Kashdan, & Minhas, 2011; Blundo, 2001; Oliver, 2014; Saleebey, 2006). Rather than focusing on individual weaknesses or deficits, practitioners who use a strength-based approach collaborate with participants and discover individual and family strengths (Blundo, 2001; Brun, & Rapp, 2001; Grant, & Cadell, 2009). Strengths, which are highly contextual phenomena that emerge in distinctive patterns alongside particular goals, interests, values, and situational factors, are potentials for excellence that can be cultivated through enhanced awareness, accessibility, and effort (Biswas-Diener et al, 2010).

Whereas the strength-based approach appears useful as a practice framework for a curriculum that is directed toward students studying to be generalist practitioners and guided by social justice principles, shifting to a strength orientation is especially hard (Blundo, 2001; Cox, 2001; Probst, 2010). Moreover, although much has been written about the role of the strength-based approach in social work, there is limited scholarship about the efficacy of teaching, learning, and applying the strength-based perspective.

Home visitation programs provide social support services to socially isolated or disadvantaged families in their own homes allowing them to get the most benefits from the services (Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013). Home visiting is a service delivery mechanism that focuses on prevention and intervention to reach individuals from pregnancy through old age (Avellar & Supplee, 2013). Although all childhood home visiting programs do not have the same goals, “they share the view that services delivered in a family’s home will have a positive impact on parenting, which in turn can influence the long-term development of the child” (Haskins, Paxson, & Brooks-Gunn, 2009, p. 2).

Despite the national endorsement of home visiting as an effective strategy to promote enhanced functioning and well-being for children and families, literature reviews of home visiting programs across a wide range of outcomes report mixed findings. Sweet and Appelbaum (2004) performed a meta-analytic review of 60 home visiting programs in an effort to quantify the usefulness of home visits as a strategy for helping families across a range of outcomes of both parents and children. Sweet and Appelbaum (2014) found that home visiting programs show modest impacts for children. Greater impacts were documented for parents who received home visits compared to the control group.

There is a lack of scholarship on the experiences of women leaders in female-dominated professions that serve women. The limited literature on women and leadership focuses primarily on identifying differences in how women and men lead, and the results are mixed. Kolb (1999) presents evidence suggesting that there are few leadership behavioral differences between women and men; however, more recent studies suggest that women have a unique leadership style in which they use more nurturing, inclusive, and collaborative strategies that encourage

participation and create egalitarian environments than men (Chin, 2004; Greenberg, & Sweeney, 2005; Page, 2011).

Research Methods

This study was related to a larger randomized control trial program evaluation, a mixed-methods study of the West Virginia MIHOW program. The study participants included program administrators, supervisors, outreach workers (home visitors), and mothers from two MIHOW program sites located in rural West Virginia.

This research was phenomenological in that it involved inquiry to understand the meaning of events and interactions to ordinary people in particular situations (Bogdan & Biklen, 2007; Creswell, J. W., 2009). A qualitative case study was conducted for the purpose of understanding the lived experiences and perceptions of women living in rural West Virginia who have different roles within the MIHOW program. A qualitative case study design facilitated exploration of a phenomenon within its natural context using a variety of data sources and allowed for multiple facets of a phenomenon to be revealed and understood (Baxter & Jack, 2008). The phenomenon of interest was the leadership experiences of Appalachian women participating in a female-dominated, strength-based program serving other women.

Interviewing was the dominant strategy for data collection in this study. In-depth, semi-structured individual telephone interviews were conducted to explore the research questions of this study. Also, a face-to-face focus group interview was facilitated in conjunction with an observation of a training event at a West Virginia MIHOW site location. Additionally, observational data were collected at a West Virginia Home Visitation Conference, a staff meeting at a MIHOW site location, and on two occasions, at home visits.

The interviews were audio-recorded and transcribed verbatim. In addition to the in-depth interviews, MIHOW training materials and other documents were part of the data collected for

this study. Because this study was part of an ongoing mixed-methods program evaluation study of the West Virginia MIHOW program, extant data were also included.

Data collection and analysis occurred concurrently. With the goal being to find the participants' stories, I conducted thematic analysis of the data (Glesne, 2011). The final step of analysis consisted of data interpretation in relation to the relevant literature about strength-based home visitation and leadership experiences of women.

Strengths and Limitations

The key strength of this research is my prolonged involvement in the larger West Virginia MIHOW evaluation study. I had access to the participants of my study – mothers, home visitors, and program administrators – for over three years across two program sites. I developed substantial rapport with participants, engendering their cooperation and comfortable willingness to disclose needed information. The extended fieldwork, as well as the ability to use semi-structured (both uniform and customized) data collection tools, has provided me the confidence that the evidence I found is true or accurate from the point of view of the informants of this study. In other words, my confidence in the internal validity of my findings, their accuracy for the participants I studied, is strong.

The findings, presented in the form of emergent themes, are certainly true for those in the two West Virginia MIHOW sites that were part of this research, and may also be relevant to other similar programs. A drawback of the study is there are less data about mothers' aspirations and leadership directly from the eyes of mothers. A large portion of the data about mothers' aspirations and leadership experiences came from MIHOW staff. Also, it was impossible to completely eliminate the potential influence the role of being a West Virginia MIHOW program researcher (evaluator) had on the behavior of the MIHOW program staff, although the participant

observations I conducted potentially offset this potential validity threat. Nevertheless, I believe the findings have practical, and perhaps theoretical, implications that go beyond my sample.

Significance of Study

The study's findings are useful for individual women, men, and children, educators, practitioners, social workers, higher education leaders, policy-makers, communities, and the nation. This study contributes to existing literature about strength-based approaches and home visiting programs, and more importantly fills a gap in knowledge about the experiences of rural Appalachian women who are participating in community-based home visiting programs that use strength-based approaches.

The study's findings may improve practitioners' and administrators' abilities to reach their goals, and benefit the women and children who will be participants of strength-based home visiting programs in the future. The findings assist universities in their work partnering with community clinics and service agencies to improve the health, education, employment, and well-being of individuals, as well as the communities in which these individuals and groups coexist. The study presents new knowledge about models of effective leadership in a female-dominated profession and environment. Moreover, the study's findings contribute to an understanding of servant leadership and its role in a strength-based university-community partnership. Finally, the study's findings are helpful in the advocacy of positive change for women, communities, and the nation.

Chapter Two: Literature Review

The most relevant literature pertaining to this study includes three major categories: strength-based approaches, home visitation, and women as leaders. Key topics within the strength-based approaches category include strength-based practice, teaching and learning the strength-based approach in social work, strength-based interventions and outcomes, strength-based supervision, reflective supervision, and strength-based leadership. The category of home visitation literature focuses on home visitation program intervention outcomes for children, families and strength-based home visiting, and home visiting and reflective supervision. The final category of literature pertaining to this study relates to women as leaders. Key topics within the women- as-leaders category include women's ways of leading, leadership experiences of women, and feminist leadership.

Strength-based Approaches

Strength-based practice

Strength-based practice is an approach to help individuals explore, discover, embellish, and exploit their strengths – talents, knowledge, capacities, and resources – in the service of addressing their goals and visions, enabling them to have a better quality of life on their terms (Saleebey, 2006). According to Ennis and West (2010), “strength-based practice is not generally considered a model of fully fledged theory of practice, but rather an approach or attitude a worker may hold” (p. 404).

The strength-based approach to social work practice values empowerment of individuals and advocates a relationship of collaboration as opposed to one of authority (Blundo, 2001; Brun, C., & Rapp, R.C., 2001; Grant & Cadell, 2009; Lee, M.Y., 2003). Empowerment is both a process and outcome. According to Greene, Lee, and Hoffpauir (2005), “to be empowering,

clinical social workers should facilitate a process with clients that will enhance the likelihood of their achieving desired outcomes, including feeling more empowered as individuals” (p. 267).

An empowerment-based approach suggests that a) a client’s unique experiences and the social base of the experience should be understood within a social, cultural, economic, and political context; b) a client should fully participate in the process of change so that they [sic] define goals, construct solutions, and control the pace of change; and c) a client should be helped to see themselves [sic] as causal agents in achieving solutions to their [sic] presenting problems (Lee, 2003, p. 386).

Hence, the goal of empowerment is to increase clients’ personal and interpersonal power so that they can take relevant and culturally appropriate action to improve their situations (Lee, 2003).

In sociological terms, there are two major foci of the strengths approach: internal looking and external looking. The internal looking aspect of strength-based practice has to do with notions of agency – individuals’ abilities to understand and control their actions (Ennis & West, 2010; Heyne & Anderson, 2012). According to Greene et al. (2005), by “using the languages of empowerment and strengths, clients are engaged in a therapeutic process in which they experience themselves as experts on their life circumstances, self-determining, competent, and active participants in constructing a better life for themselves and others” (p. 276).

The external looking aspect is related to notions of structure – the ways in which individuals are bound by socio-economic, cultural, historical, and political factors (Ennis & West, 2010; Heyne & Anderson, 2012). Whereas internal and external strengths are presented as two distinct dimensions, a dynamic and complex relationship exists between them as they are often in continual flux and interaction (Heyne & Anderson, 2012). Moreover, there is a mutually supporting interplay between internal and external strengths: “Internal strengths can be directed

toward building external environmental supports; environmental supports can strengthen and nurture internal strengths” (Heyne & Anderson, 2012, p. 108).

At its philosophical core, the strengths perspective from the social workers’ standpoints affirms understanding and revering of the resources and resourcefulness individuals, families, and communities bring (Saleebey, 2006). The strengths perspective, in turn, can build and create opportunities for belonging and participating as well as strengthening communities’ capacity to solve problems through the development of groups and organizations, community education, and community systems of governance and control over systems of social care (Ennis, & West, 2010; Oliver, 2014). The strengths perspective, however, does not disregard the struggles of an individual, family, or community as it does not ignore trauma, problems, illness, and adversity (Saleebey, 2006).

Teaching and learning strength-based approaches in social work

Working with clients from their strengths can be difficult to practice because it demystifies the professional role (Cox, 2001) and can leave the practitioner feeling vulnerable and without authority or purpose (Probst, 2010). Blundo (2001) explored the strength-perspective learning process of students studying to be social work practitioners as well as social work practitioners in the field. Because the problem-centered orientation is so ingrained and fundamental in practitioners’ learning, Blundo (2001) found that it was difficult for practitioners to shift their “emphasis from problems and deficits defined by them to possibilities and strengths identified in egalitarian, collaborative relationships with clients” (p. 302).

Cox (2001) conducted a similar study in which the strength approach was introduced in a bachelor of social work (BSW) generalist practice course in a school of social work where social justice is the guiding principle. Cox (2001) presented evidence demonstrating that some students

in this course found the collaborative helping relationship difficult “because of their tendency to interact in a patronizing manner and because of their own desire to solve problems for the individual client” (p. 309). Based on these findings, both Blundo (2001) and Cox (2001) recognize that most models, theories, and educational materials reflect the dominant preoccupation with what has gone wrong in human lives rather than how to maximize on individual, family, and community strengths to define goals and construct solutions.

Similar findings were discovered in a study of faculty teaching Master of Social Work Foundation courses at Fordham University. Probst (2012) explored the roles of strength-perspective in social work from the standpoints of instructors. Probst (2012) presented evidence showing that that instructors feel that focusing on strengths is a “paradigm shift” for many students because 1) students do not see how they can focus on strengths and also on problems; 2) students tend to want to help but from a position of authority; and 3) students tend to approach client needs and problems from a deficit model by labeling rather than valuing.

Douglas, McCarthy, and Serino (2014) conducted a study to examine whether a strength-based practice instrument (SBPI) for clients could be successfully adapted for social work practitioners, as well as explored whether the practitioners who have a degree in social work are more likely to use a strength-based practice orientation than social practitioners with a different disciplinary background. Using an on-line survey, Douglas et al. (2014) asked demographic questions, assessed the respondents’ strength-based behaviors, and asked additional questions that were related to a larger study of which this study was a part (Douglas et al., 2014).

The multistate sample of 453 child welfare workers (CWWs), including front line workers and managers who completed the survey, were predominantly women (90%) and well educated, with 47.8% reporting that they had a bachelor’s degree and 51.3% a master’s degree;

only one respondent had an education level lower than this, with an associate's degree (Douglas et al., 2014). Of this sample, 61.9% majored in social work or human services, 31.5% in another social science discipline, and the remaining 6.7% in another field (Douglas et al., 2014).

Based on the results of the survey and analyses for the Strength-based Practice Instrument for Providers (SBPI-P), Douglas et al. (2014) identified three out of four constructs of the SBPI for clients: 1) empowerment, 2) community-culture, and 3) sensitivity-knowledge – all with good measures of reliability. The analyses, however, did not identify the fourth construct of SBPI, relationship-support (Douglas et al., 2014). Douglas et al. (2014) suggest that the absence of the relationship-support outcome may be because the sample of participants comprised only child welfare workers who may exercise unequal power relations with their clients. Nonetheless, Douglas et al. (2014) assert that these results indicate that the SBPI-P is a reliable measure of strength-based practice.

Douglas et al. (2014) also found that the data analyses results pertaining to strength-based practice behaviors show that the social service providers with a social work degree are not in a better position to use strength-based techniques working with clients than those providers without a social work degree. Douglas et al. (2014) provide several postulates explaining why there is an insignificant difference between those persons holding social work degrees and those holding degrees from other disciplines with regard to practitioners' strength-based orientation for this particular study: 1) The degree in social work may not uniquely prepare one for strength-based practice; 2) Practitioners are exposed and trained in strength-based practice regardless of college major/degree they earned; 3) The strength-based practice was tested on a sample of child welfare workers whose strength-based practice orientations are sometimes questioned; or 4) The SBPI-P was not an effective tool that measures strength-based practice.

Probst (2010) presented additional evidence specifically related to instructors' teaching of a strengths perspective in social work. Probst (2010) found that instructors vary in how implicitly or explicitly they teach about the strengths perspective, and it is up to the instructors whether they highlight it. She also found that instructors view strengths as an applied concept, not a theory or model in itself, whereas, identification of strengths tended to be part of an assignment, rather than the focus. Also, Probst (2010) found that instructors may not have used specifically the term "strengths" to capture the notion of strengths, but used various other words such as resiliency, asset, capacity, resource, privilege, coping skills, empowerment, resource mobilization, and survival skills.

According to Oliver (2014), strength-based practice "takes time and significant emotional investment to develop the kind of relationship in which the helper truly understands the client's perspective and the client trusts the helper sufficiently to share their [sic] hopes and lay claim to strengths and resources that may have lain inactive for many years" (p. 48). Cox (2001) reinforces this assertion because she found that when the student practitioners began to shift from a paternalistic approach to a more egalitarian relationship, client cooperation and trust were greatly enhanced which brought about a more collaborative process that was mutually rewarding for both the student practitioners and their clients.

Strength-based interventions and outcomes

Strengths-based approaches are used by practitioners to create positive psychology interventions in a wide range of contexts. Linley, Govindji, and West (2007) define positive psychology as the science of optimal human functioning – studying people at their best, about understanding what is right, what is working, what is strong, and how this can be built upon to make persons' actions and outcomes even better.

McDowell and Butterworth (2014) investigated the impact of a short, strength-based group coaching intervention on self-efficacy, strengths knowledge, and confidence in goal attainment by conducting a small scale, controlled study with a college student sample without prior experience of coaching. The results of their study suggest that a strength-based coaching intervention was effective in increasing self-efficacy and confidence in goal attainment between pre- and post-coaching scores for participants in the coaching condition. In another study that aimed to gather descriptive information about college students' use of strengths, Bowers and Lopez (2010) presented evidence that the students who are most skilled at capitalizing upon their strengths are better at mobilizing social support, building upon past successes, and applying their strengths in new situations.

In a similar study, Linley, Nielsen, Gillett, and Biswas-Diener (2010) tested a repeated measures cross-sectional model in which they sought to understand whether or not individuals' use of their signature strengths – those character strengths that are most essential to who they are – helps them with the achievement of their goals and whether this, in turn, helps satisfy their psychological needs and leads to greater well-being. The participants of this study were 240 second-year college students in the Midlands of England; there were 49 males and 191 females with a mean age of 19.95 years (Linley et al., 2010). The results demonstrate that “signature strengths use is associated with high goal progress, which is in turn associated with greater need satisfaction, which in turn are both associated with high levels of well-being” (Linley et al., 2010, p. 12). Hence, these findings indicate that strengths use offers a reliable avenue for pursuing self-concordant goals (Linley et al., 2010).

Using grounded theory data analysis, Elston and Boniwell (2011) conducted a study of six women in financial services who practiced using their strengths at work through a coaching

intervention and the use of a strengths inventory. The results of the study indicate that the participants derived value from using strengths in the following ways: positive emotion, inspiring action, attention to the positive, feeling authentic, awareness of own value, valuing difference, sense of achievement, and positive reflections from others. Elston and Boniwell (2011) conclude that the results of the study suggest that “the experience of strengths use may be beneficial and these benefits in themselves lead to further reward” (p. 30).

Brun and Rapp (2001) used qualitative data collection methods to study individuals’ experiences of participating in a substance abuse aftercare program using strength-based case management. They found that the individuals who participated in the study sought room for a discussion of both positives and negatives implying that practitioners may underestimate the useful role of reflecting on problems and the role that may play in the treatment process (Brun and Rapp, 2001).

In a social work setting, Keller and Helton (2010) examined the application of a strength-based empowerment approach to working with an urban Appalachian woman and her family using a culturally competent framework for assessing and intervening with Appalachian clients that emphasizes the strengths and empowerment literature. As a result of applying strength-based empowerment approaches and theories in the intervention process in accordance with their applicability to Appalachian cultural values and traditions, Keller and Helton (2010) presented evidence that the client gained more insight into her strengths and capabilities for enhancing her quality of life and went through a process of becoming more self-confident in her abilities to bring about positive changes in her life.

In another social work setting, Saint-Jacques, Turcotte, and Pouliot (2009) examined the strength-based interventions of practitioners working in Youth Centers (YCs) and *Centres Local*

de Services Communautaires (Local Community Service Centers, or CLSCs), which are public child-welfare establishments in Canada that provide primary health care services and a range of social services to the general public at little or no cost. Both qualitative and quantitative data informed the study. Qualitative data were collected through face-to-face semi-structured interviews with 30 voluntary practitioners. Quantitative data were collected by interviewing 77 practitioners using a questionnaire that measured the professional behaviors of the practitioners' work with 118 families. The majority of the participants from each of the qualitative and quantitative groups of practitioners were women and who had earned bachelor degrees. Half of practitioners who were participants from the qualitative group worked at the YCs and the other half at the CLSCs. Of the practitioners who were participants from the quantitative group, 50 were working in YCs and 27 in CLSCs.

Based on the data analysis, Saint-Jacques et al. (2009) presented evidence showing that the emphasis put on the parents' strengths varied according to the organizational context: YC practitioners had a greater tendency to take an authoritative approach in developing strategies for the families, whereas the CLSC practitioners centered on a strength-based approach by considering the client as the expert, evaluating the intervention using the client as the expert, and focusing on resources. Also, the parents were perceived less harshly by the CLSC practitioners than by the YC practitioners (Saint-Jacques et al., 2009).

Saint-Jacques et al. (2009) posit that the strength-based approach was employed more easily at the CLSCs than the YCs because there are major differences between these two organizations. The YCs are mandated to ensure the protection, support, and treatment of children who are in serious difficulty and in need of help, whereas CLSCs are available to families who voluntarily seek help. Saint-Jacques et al. (2009) "affirmed that child protection interventions are

likely to reduce the clients' powers, inasmuch as these interventions are primarily a measure of social control in families" (p. 459). Saint-Jacques et al. (2009) found that practitioners were able, nonetheless, to sometimes use strategies to counterbalance the organizational obstacles to the strength-based approach by "gaining the client's trust by being respectful and empathetic, developing objectives that were important for the client, and supporting the methods that the client wished to use to achieve them, insofar these objectives and measures were in keeping with social work values" (p. 459). Saint-Jacques et al. (2009) also suggest that another possible explanation for this finding is because the "pathology-oriented perspective is deeply rooted in the education of social workers and in their subsequent practice" (p. 460).

In a longitudinal study that assessed strengths use as perceived by the participants, Wood, Linley, Maltby, Kashdan, and Hurling (2011) provided evidence showing that using strengths leads to increased well-being over time. Wood et al. (2011) found that "at both three and six month follow-up, greater strengths use was related to greater self-esteem, vitality, and positive affect, and less perceived stress" (p. 17). Given these results, Wood et al. (2011) posit that "strength-based interventions may be a way to build long-term individual resilience and optimal functioning" (p. 17).

Strength-based supervision

Strength-based supervision appears to be a rather young approach to supervision in the area of social work and human services, and literature on the use of strength-based supervision and outcomes is scarce. Berendsen (2007) defines strength-based supervision as a co-created supervisory experience in which collaboration and mutuality assist in the unfolding development of the supervisee. Cohen (2009) also connects the parallels of strengths practice to supervision as he posits that "strengths-based supervision, similar to strengths-based practice, is consistent with

the social mission of social work” (p. 463). Cohen (2009) further asserts that strength-based supervision must work congruently with strength-based practice.

A strength-based supervision model was developed for public child welfare settings to enhance effective implementation of family-centered practice (Lietz, Hayes, Cronin, & Julien-Chinn, 2014). Family-centered practice (FCP) is an influential strength-based approach in helping efforts across a broad spectrum of human services that involves developing professional, collaborative relationships with children, youth, and families (Madsen, 2014; Lietz et al., 2014). Although FCP integrates strength-based practice principles as the guiding framework for human services professionals, “Cohen (1999) suggests that problem-centered supervision could undermine strength-based practice considering the parallels that exist between the process of supervision and the process of practice” (as cited in Lietz & Rounds, 2009, p. 126).

Recognizing that the Arizona Division of Children Youth and Families (DCYF) was not consistently applying strength-based principles to the degree desired when implementing FCP, the Arizona DCYF and the School of Social Work at Arizona State University (ASU) collaborated to develop a strength-based supervision model that would advance the practice of FCP by enhancing ways in which principles of FCP could be paralleled in supervision (Lietz & Rounds, 2009).

To inform this project while seeking to remain congruent with FCP principles, ASU consulted with the DCYF training unit to contextualize the content with other trainings, initiatives, and events, as well as sent an online survey to all employees working in the area of child protection prior to the training series to assess their current perceptions of supervision through a series of closed- and open-ended questions (Lietz & Rounds, 2009).

Using regression analysis to examine which variables predicted a supervisor's satisfaction with supervision, Lietz and Rounds (2009) found that years of experience and number of hours spent in supervision were not significant predictors of satisfaction; however, supervisor availability, quality of the relationship, level of critical thinking, and participation in group supervision were predictors of respondents' levels of satisfaction with supervision prior to the implementation of this project. The results of this pretest survey allowed the strength-based supervision model training team developers to understand what was valued in current supervisory practice so that these practices could be emphasized and strengthened in supervisory practices across the agency (Lietz & Rounds, 2009).

The responses obtained from the open-ended questions were also used to inform the development of the strength-based model of supervision, and quotes were incorporated into the training curriculum allowing for input from DCYF employees to remain evident throughout the project (Lietz & Rounds, 2009). Lietz and Rounds (2009) note that “while 458 of the responses provided suggestions for improving supervision, 590 were statements that emphasized positive aspects of supervision at this agency” (p. 128).

This supervision model subsequently turned into a continuing education program consisting of three classes that were used to train agency administrators and supervisors in strength-based supervision. The model covered four elements which represented an integration of relevant knowledge regarding supervision and strength-based practice from the literature with the perceptions of DCYF staff and the goals of the agency leadership: 1) Parallel the principles of family-centered practice; 2) Integrate the use of both individual and group supervision; 3) Integrate the use of both crisis and in-depth supervision processes; and 4) Fully engage all three functions of supervision (Lietz & Rounds, 2009).

An evaluation of the training series through the administration of a satisfaction survey was given at the end of the final session, which resulted in a 75% response rate. Using a scale of 1 to 4, the mean score on each survey item scored between 3.37 and 3.88, suggesting a high level of satisfaction with the training series (Lietz & Rounds, 2009). In addition, “the comments on the evaluation tool characterized the training series as engaging, relevant, and worthwhile” (Lietz & Rounds, 2009, p. 137).

Lietz et al. (2014) conducted a study to determine the degree to which learning from a two-day workshop on strength-based supervision for supervisors working in child welfare settings transferred to changes in supervisory practices. The strength-based training was hosted by a nonprofit child welfare agency, which collaborated with the public child welfare regional director to identify a diverse set of supervisors who were scheduled to attend the training. A one-group pretest-posttest design was used to evaluate changes supervisees observed in supervision after two months of implementation. Supervisees were aware that their supervisors attended training, but they were not informed of the content of the training (Lietz et al., 2014).

The results of the evaluation study suggest that approximately 41% of respondents (supervisees) reported that they observed positive changes in the supervision they received since implementation of the strength-based supervision training (Lietz et al., 2014). In addition, changes that were discussed in open-ended comments were consistent with the training. “For example, one supervisee stated that she saw ‘more scheduled group supervision meetings;’ another observed that ‘my supervisor has paid more attention to group meetings where we discuss each case in more detail;’ and one respondent indicated that the supervisor ‘implemented a new clinical supervision where the unit can staff cases and brainstorm once a week’” (Lietz et al., 2014, p. 230). Lietz et al. (2014) consider this limited evidence of effective implementation

of strength-based supervision as promising, as well as posit that “there is potential for strength-based supervision to be used in other settings as well” (p. 234).

Strength-based leadership

Peter F. Drucker, writer, professor, and management consultant was one of the earliest scholars who contributed to the idea that the most effective leaders are those who build on their own strengths and the strengths of their superiors, colleagues and subordinates, as well as on the strengths of the situation rather than weaknesses (The Drucker Institute, 2016). Concurrently, Donald O. Clifton, Ph.D., considered the father of strengths-based psychology, led millions of people around the world to discover their strengths (Rath & Conchie, 2008). Clifton believed that talents could be operationalized and investigated. In an attempt to better understand this concept, Gallup conducted a systematic study, interviewing more than three million people in a variety of professions about their strengths (Rath & Conchie, 2008). Clifton was the creator of StrengthsFinder®, a tool for self-awareness to capitalize on talents and apply them (Rath, 2007). StrengthsFinder® forms the core of several books on the topic of strengths including *Strengths Based Leadership* (Rath & Conchie, 2008).

Strengths Based Leadership brings to light the results of a 30-year Gallup research project on the characteristics of successful organizational leaders. Rath and Conchie (2008) present three key findings that emerged from this research revealing that the most effective leaders are 1) investing in strengths; 2) surrounding themselves with the right people and then maximizing their team; and 3) understanding their followers’ needs. As a result of these findings, Rath and Conchie (2008) illustrate ways in which individuals can work within their natural talents to more effectively develop what Gallup found to be most important in a leader – trust, hope, caring, and stability.

Although strength-based approaches and assessments are gaining popularity as methodologies to leadership development, there is limited research available to illustrate the effectiveness of these. Linley, Woolston, and Biswas-Diener (2009) blended positive psychology, strengths approaches, and coaching psychology to develop leadership strengths, coaching programs and practices that are focused on developing senior leaders as well as enhancing the organizational capability of the corporations that employ them. Linley et al. (2009) explored the role of leaders as climate engineers while examining the use of an integrative model of strengths and weaknesses, *Realise2*, which distinguishes between realized and unrealized strengths, regular and infrequent learned behaviors, and exposed and unexposed weaknesses.

Following this exploration, Linley et al. (2009) demonstrated how leaders can make weaknesses irrelevant through role shaping, complementary partnering, and strength-based team-working. The Linley et al. (2009) findings suggest that when the leaders reveal their weaknesses appropriately, they are perceived as being authentic and set a trend for openness and honesty within the organization, which enables and gives others permission to do the same. Moreover, the Linley et al. (2009) findings demonstrate that the strength-based team coaching intervention not only enabled the leaders to identify and recognize their strengths individually as well as across the wider team, but also permitted the creation of project pairings and teams according to strengths complementarities, which steered people to work together on a strength basis rather than on a functional basis.

MacKie (2014) conducted a between-subjects nonequivalent control group design to investigate the effectiveness of a strength-based coaching methodology that explicitly aimed to identify and develop participants' strengths in a leadership development context, as well as

examine the effects of executive strength-based coaching on enhancing transformational leadership behavior. Thirty-seven executives and senior managers, 17 males and 20 females from a large not-for-profit organization, were non-randomly assigned to either a coaching or waitlist cohort. Eleven highly experienced practitioners recruited from the local executive education department of a prestigious business school provided the strength-based coaching services following a structured strength-based coaching manual, which focused on the identification of strengths through interview data, 360-degree feedback, and the *Realise2* inventory (Mackie, 2014).

After six sessions of strength-based coaching over a three-month period, the results demonstrated that participants experienced statistically significant increases in their transformational leadership behavior after coaching, and this difference was perceived at all levels within the organization, although not by the participants themselves (MacKie, 2014). In addition, the results of the study confirmed that adherence to a strength-based protocol predicts enhanced leadership performance, although it does not inform whether a strength-based approach is superior to other structured methodologies, nor does it pinpoint or explain the specific elements of the strength-based protocol that were most effective in increasing transformational leadership behaviors (MacKie, 2014). Nonetheless, MacKie concludes that these findings suggest that strength-based coaching may be effective in the development of transformational leaders.

A qualitative study was conducted by the U.S. Army Research Institute (ARI) to explore the application of strengths-based leadership in the military context whereby numerous Army leaders (commissioned and noncommissioned officers) and Army subordinates (soldiers) were interviewed. The data from this study present evidence showing that the majority of Army

leaders reported using strengths-based techniques to some extent, often without an explicit knowledge of strengths-based leadership theory (Keys-Roberts, 2014). The data also provide evidence demonstrating that the subordinates (soldiers) perceive the strengths-based leadership techniques to be successful (Key-Roberts, 2014). According to the soldiers interviewed by ARI, their morale and well-being improve when the Army leaders focus on their development (Key-Roberts, 2014). In addition, “soldiers with knowledge of their own strengths and the confidence to make decisions within their commanders’ guidance are also better equipped to adapt to ever-changing operational environments” (Keys-Roberts, 2014, p. 13).

Home Visitation

Home visitation program intervention outcomes for children and families

Home visitation programs provide social support services to socially isolated or disadvantaged families in their own homes, allowing them to get the most benefits from the services (Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013). Programs differ with respect to whom they serve and the risk status of those they serve (Sweet & Appelbaum, 2004). Most home visiting programs target families at high risk for poor health, development, and economic outcomes (Avellar & Supplee, 2013). Home visiting programs vary by who makes the visits, usually either a trained paraprofessional or a professional nurse, teacher, or social worker (Haskins et al., 2009). Most home visiting programs have structured protocols, materials, and goals, provide information sharing, and make referrals to community resources (Avellar & Supplee, 2013).

The efficacy of home visiting programs as a whole cannot be stated, as the literature review of home visiting programs across a wide range of outcomes reveals mixed findings. Based on the initiative of the Department of Health and Human Services (DHHS), Avellar and

Supplee (2013) performed a systematic review of the evidence of home visiting models, called the Home Visiting Evidence of Effectiveness (HomVEE) Review. HomVEE reviewed the home visiting literature and included a systematic search and screening process, a review of the research quality, and an assessment of program effectiveness for program models that serve families with pregnant women and children from birth to age five. Avellar and Supplee (2013) rated each study's capacity to provide unbiased estimates of program impacts and determined whether a program met the DHHS's criteria for an evidence-based model. Of the 32 models reviewed by Avellar and Supplee (2012), only 12 met the DHHS criteria for an evidence-based early childhood home visiting model as well as had statistically significant findings. Avellar and Supplee (2013) present evidence demonstrating that most of the 12 models studied showed favorable effects on child development, health care usage, and reduction in child maltreatment; less common were favorable effects on birth outcomes.

Sweet and Appelbaum (2004) performed a meta-analysis of research on 60 home visiting programs in an effort to quantify the usefulness of home visits as a strategy for helping families across a range of outcomes of both parents and children. Sweet and Appelbaum (2014) found that home visiting programs show modest impacts for children. Greater impacts were documented for parents who received home visits compared to the control group. In another meta-analysis, Filene, Kaminski, Valle, and Cachet (2013) found that home visiting programs have positive effects, attenuated by factors such as characteristics of the home visitors, participants, and programs, as well as expected goals and outcomes.

A 27-year program of research was conducted to evaluate three separate large-scale home visiting programs that attempted to improve early maternal and child health and future life options with prenatal and infancy. Each of the three home visiting programs conducted

randomized controlled trials with different populations living in different contexts. According to Olds (2006), the results of these trials indicate that the programs have been successful in that they observed the improvement of parental care of the child as reflected in fewer injuries and ingestions that may be associated with child abuse and neglect and better infant emotional and language development. Additionally, Olds (2006) presented evidence demonstrating improvements in maternal life course: fewer subsequent pregnancies, greater work-force participation, and reduced dependence on public assistance and food stamps. Another major result or message that emerged from this program of research is that the functional and economic benefits of the nurse home-visitation program are most prodigious for families at greater risk (Olds, 2006).

In a randomized control group study of African American pregnant adolescents aged 12 to 18 years, Barnet, Liu, DeVoe, Alperovitz-Bichell, and Duggan (2007) found that a home-visiting program carried out by paraprofessionals (African American women from the community who earned a high school diploma and had experience related to health care, child development, or social work) improved the teens' parenting attitudes and increased their school continuation, but neither reduced the odds of repeat pregnancy and maternal depression nor achieved the goal of linking these teens with primary care.

Considering that “the field of home visiting has struggled to enroll target populations and achieve levels of family engagement prescribed by program models” (Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, 2015, p. 1), it is not surprising that the research in the efficacy of home visitation presents mixed findings. Family engagement in home visiting programs is a dynamic process that is highly contextual as it influenced by a variety of factors including the characteristics of participants, programs, and the

community (Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, 2015).

Strength-based home visitation

Literature on strength-based home visiting programs is scant as I have only identified three scholarly articles. Mykota (2008) conducted a study to evaluate the implementation process for Parenting Plus, an early intervention program in a rural, western Canadian health district, which provides strength-based paraprofessional home visitations to overburdened parents of newborns. The three interrelated objectives of the evaluation study were: 1) Determine how Parenting Plus as implemented compares to another home visitation program, Hawaii Healthy Start; 2) Examine the characteristics of the process that either facilitated or hindered the program's development; and 3) Solicit the participants' experiences and perspectives regarding the system of service delivery that evolved and was applied.

It is important to note, however, that Hawaii's Healthy Start Program model did not specifically incorporate a strength-based approach in its service delivery. The main purpose of Hawaii Healthy Start was to incorporate early identification of at-risk families of newborns based on screening, offer home visitation services that aimed to promote child health and development, and prevent child abuse and neglect by improving family functioning in general and parenting in particular (Duggan, Windham, McFarlane, Fuddy, Rohde, Buchbinder, & Sia, 2000).

Mykota (2008) used qualitative data collection for this evaluation study of a strength-based home visitation program, which included semi-structured in-depth interviews with health care practitioners and focus groups with birth mothers participating in Parenting Plus. Through inductive analysis of data collected as a result of the in-depth interviews with the health care

practitioners, Mykota (2008) presents evidence demonstrating that the ineffective partnership building and communication challenged the development of Parenting Plus. The screening and assessment checklist relevancy, the confidentiality of information obtained from participants, and the informed consent by the health care practitioners were questioned. In addition, the paraprofessionals lacked formal training that affected the credibility of the early intervention.

Mykota (2008) also presented evidence showing that the transferability of the Hawaii Healthy Start model presented ongoing challenges for the paraprofessional home visitors. The rural or geographically isolated areas in which the Parenting Plus served affected family participation and dosage. Home visitors faced struggles reaching families in their homes and by telephone, encountered difficulties with travel costs, and used excessive time involved in trying to engage some families.

In the analysis for the focus group data, however, Mykota (2008) presents evidence demonstrating that the birth mothers confirmed that a strength-based approach was being utilized and was viewed as an important feature. The birth mothers highly valued relationship building and familial well-being. They appreciated that the FSWs were nonjudgmental and that they provided emotional support. The birth mothers learned to recognize their strengths, which helped them increase their self-esteem, self-reliance, and self-sufficiency.

Teixeira De Melo and Alarcao (2013) conducted a mixed-methods, single-case, systemic study design to evaluate the process and outcome of the implementation of the Integrated Family Assessment and Intervention Model (IFAIM), a strength-based, in-home, collaborative family-centered program in Portugal that conducts child protection assessments and provides integrative support to families with at-risk, abused, or neglected children. Teixeira De Melo and Alarcao (2013) present evidence demonstrating that at the end of the IFAIM intervention the parents

were: more capable of meeting the child's needs and positive development; stronger and more confident about the future relying not only on a priori love and hope but also on their joint recent achievements and celebrated successes; and more able to use their strengths to look for help when needed and to continue to learn and grow.

Heaman, Chalmers, Woodgate, and Brown (2006) conducted a qualitative evaluation study on the factors they considered important for the success of an early childhood home visitation program, which was defined as positive changes in families that were seen as directly related to participation. Heaman et al. (2006) found that the components contributing to the success of the *BabyFirst* programme included a strength-based philosophy, voluntary enrollment of parents, regularly scheduled home visits, a curriculum to structure the home visitor's interventions, and careful attention to the selection, training, and supervision of home visitors.

Home visiting and reflective supervision

Similar to strength-based supervision, reflective supervision is a shared exploration of the parallel process that may be useful for both supervisees as well as clients (Bernstein, V., 2002-03; Franklin, 2011; Lietz & Rounds, 2009; West Virginia Infant/Toddler Mental Health Association, 2016). According to Franklin (2011), reflective supervision asks clinical supervisors to form collaborative relationships with supervisees that encourage reflective thinking and analysis throughout the supervision process. Reflective supervision, a relatively new practice for non-clinical settings, is now commonly required for home visitation program staff (Alliance for the Advancement of Infant Mental Health, 2015; Gilkerson, L., 2004; Tomlin, Weatherston, & Pavkov, 2014). Tomlin et al. (2014) conducted a Delphi study designed to identify critical components of reflective supervision as "there has been no consensus around the elements that are essential to effective reflective process" (p. 70). Academicians and master clinicians skilled

in providing reflective supervision participated in this study. Based on the results of the study, Tomlin et al. (2014) identified the critical components that define reflective supervision: 1) trust, safety, and confidentiality or security in the supervisory relationship; 2) supervisee's supportive learning through focused attention on the supervisee and the supervisee's experience; 3) focus on understanding what is happening rather than solving problems; and 4) state of being open, collaborative, and self-aware. Moreover, "participants of the study rated as "always essential" and with high agreement that reflective supervision sessions should be regular and consistent and conducted in a private, quiet space (Tomlin et al., 2014, p. 77).

Although the literature about the use of reflective supervision and the effectiveness of its use in clinical practice is growing, there is a dearth of scholarship on the use of reflective supervision in non-clinical settings such as home visitation. According to a report, *Alliance for the Advancement of Infant Mental Health* (2015), "West Virginia is committed to building the capacity for delivering support for reflective supervision across disciplines and around the state" (p. 40). The West Virginia Home Visitation Program reported that it requires supervisors to facilitate reflective supervision with home visitors monthly (Alliance for the Advancement of Infant Mental Health, 2015). In addition, the West Virginia Home Visitation Program holds quarterly reflective supervision meetings with Maternal Infant Health Outreach Workers (MIHOW) program supervisors, where they and other West Virginia home visiting program leaders support and learn from each other and implement and strengthen reflective supervision practices (Alliance for the Advancement of Infant Mental Health, 2015).

Women as Leaders

Women's ways of leading

The leadership studies literature that attends to identifying differences in how women and men lead presents mixed findings. Meta-analyses of research on women's leadership styles suggest that there are few behavioral differences between the ways in which women and men manage and lead (Kolb, 1999; Powell, 1990). More recent scholarship, however, suggests that women perform leadership in ways that are different from men. Women use more nurturing, inclusive, and collaborative strategies that encourage participation and create egalitarian environments (Chin, 2004; Greenberg, & Sweeney, 2005). Further, Greenberg and Sweeney (2005) found that women leaders more easily rebound and learn from setbacks; take a more inclusive, team-oriented approach to making decisions; and are more persuasive and willing to take risks in the face of change. Moreover, women leaders bring distinct personality and motivational strengths to leadership roles that differ from men (Greenberg & Sweeney, 2005).

Leadership experiences of women

The literature on leadership historically has been articulated from the dominant representations of men based on men's experiences (Dahlvig, 2013; Fine, 2009). It has only been in recent years that the literature includes studies on the experiences of women as leaders.

To determine whether there are differences between men and women leadership behaviors depending on the work environments, Gardiner and Tiggemann (1999) investigated the impact of leadership style, stress levels, and mental health men and women experience while working in comparable positions in either male- or female dominated industries. Gardiner and Tiggemann (1999) present empirical evidence demonstrating that 1) women in male-dominated industries were equally interpersonally oriented compared to men in those industries, in contrast

to managers in female-dominated industries where women were more interpersonally oriented than men; and 2) women in male-dominated industries were more task oriented than men in those industries, whereas in female-dominated industries men and women were equally task oriented. According to Gardiner and Tiggemann, these findings suggest that “women in male-dominated industries display a more stereotypically masculine style of leadership” (p. 311).

Additionally, Gardener and Tiggemann (1999) found no overall difference between the mental health between men and women, but found differences in the pattern of relationships between leadership style and mental health. Women reported more pressure and stress from their jobs irrespective of whether the industry was female or male dominated. These women felt they had to perform better at their jobs, as well as believed they were treated less favorably and advanced more slowly than men. Men reported better mental health when they used an interpersonally-oriented leadership style in the male dominated industry, whereas women reported worse mental health. Because this study was the first to match and directly compare women and men managers in male- and female-dominated industries, Gardiner and Tiggemann (1999) assert that “there is, for women (and men), a relationship between being in a male-dominated industry and leadership style” (p. 311). Madden (2005) further supports the idea that leadership is contextual and that it involves identity issues and power relationships.

Fine (2009) conducted a narrative study to see if the voices of women could provide new directions for defining and theorizing leadership. The participants of this study consisted of 15 women leader participants from a range of private, non-profit, and government organizations representing diverse industries. Three themes emerged from the analysis of the data gathered from the narrative interviews: 1) leadership motives; 2) leadership behaviors; and 3) expectations of others' behavior. The results of the study suggest that the impetus for these women's decisions

to lead include believing they have the personal skills and characteristics to lead and they want to make a positive contribution in the world (Fine, 2009). Moreover, the evidence suggests that “the women leaders of this study believe that leadership and service go hand in hand; without service, leadership has no purpose” (Fine, 2009, p. 190). Additionally, Fine (2009) presents evidence showing that these women exhibit leadership behaviors that value the importance of building a team, building consensus, getting and accepting others’ points of view, and communicating by not only sharing but also by listening.

Fine (2009) also investigated the women’s perceptions of situations in which they believed they did not exercise leadership well. In response to this inquiry, one-third of the women leaders described situations in which they were “blindsided” by other women, which was disappointing to them (Fine, 2009). Fine concludes that the analysis of these data “point toward the centrality of ethical considerations in the conceptualization and exercise of leadership, with particular emphasis on an ethic of caring” (p. 194).

In another narrative study, Dahlvig (2013) explored the leadership experiences of five women leading within the Council for Christian Colleges and Universities (CCCCU) and connected their experiences to existing research “to give voice to the realities faced by women who may be marginalized due to the historically oppressive structures in higher education” (p. 96). Dahlvig (2013) presents evidence showing that the women leaders in this study practiced transformational and androgynous leadership yet simultaneously experienced the imposter syndrome – self-deprecating beliefs about themselves as leaders. Dahlvig (2013) attributes the latter part of this finding to the idea that “the imposter syndrome is entangled with the Christian virtue of humility” (p. 101).

In addition, Dahlvig (2013) presents evidence demonstrating that these women leaders highly value interpersonal connections; however, their overlapping connections with work, family, church, and friends complicated their relationships. These women expressed that they did not have an appropriate venue to bounce ideas, gain feedback, or obtain emotional support from others aside from their spouses and family, which for some of these women presented negative implications (Dahlvig, 2013). Also, these women leaders expressed concern with the proper balance between personal and professional commitments (Dahlvig, 2013).

Feminist leadership

Although not all women are feminist, feminist leadership is a “women-centered” model of leadership (Chin, 2004; Christensen, 2011; Lazzari, Colarossi, & Collins, 2009; Madden, 2005; Vetter, 2010); hence, feminist leadership is a segment of scholarship that is worthy of review. There is significant scholarship on feminism and on leadership, but there is little study of the coalescing of the two. Moreover, Vetter (2010) claims that there are no feminist theories on leadership, but rather “a substantive amount of work on feminist theories of power, autonomy, citizenship, representation, and ethics, which are related to but not simply synonymous with feminist leadership” (p. 3). Nonetheless, several scholars define and describe feminist leadership.

Given the paucity of literature on feminist leadership, Jean Lau Chin (2004), president of Division 35, the Society for the Psychology of Women, undertook an initiative to define and understand feminist leadership by involving approximately 100 women who were led by teams of psychologists to discuss dimensions of diversity, collaboration, and leadership. The women who led the discussions, as well as the women who participated in the initiative, were feminists, many of whom were in positions of leadership in higher education.

To understand feminist leadership, the participants deconstructed the principles of feminism and leadership. They drew on existing theories and principles of leadership, which included: 1) “Great Man” theories – a trait approach; 2) competencies of leadership – a skills approach; and 3) leadership styles – a process approach. Next, they examined how these approaches relate to feminist theories and principles and then sought to understand how feminist women use these in their leadership.

The results of this initiative reveal that the literature has clearly omitted “feminine” traits from the definition of “Great Man” theories (Chin, 2004). The skills approach focuses on the skills and competencies to be acquired to become leaders, and according to Chin (2004) “has promise for women” (p. 4). The feminist leaders participating in this initiative felt that the style approach to leadership best characterizes feminist leadership because it focuses on the process of leadership – the how and what leaders do – with a strong emphasis on collaboration (Chin, 2004). According to Chin (2004), the use of a collaborative process attempts to level the playing field of leaders and followers, thereby creating more egalitarian environments. Moreover, Chin (2004) posits that a collaborative leadership style is inherent among egalitarian and relationship-based leaders.

In addition, Chin (2004) found that there is a complexity of issues faced by women leaders demonstrating feminist leadership styles – the continuing perceptions and expectations often limit their roles and behaviors. Also, often women are “feminized” in ways that suggest weakness or incredulity when women behave as decisive and effective leaders (Chin, 2004). These findings suggest that it is necessary for women “to move toward a context that celebrates women’s strengths in gender equitable work environments” (Chin, 2004, p. 6).

Chin (2004) concludes by defining feminist leadership as an empowerment approach that emphasizes effective transformational leadership that promotes a social agenda. Hence, leadership as empowerment from a feminist perspective requires an agenda that promotes feminist principles: family-friendly policies within the workplace, gender-equitable organizational cultures, and social advocacy and change.

Madden (2005) echoes these sentiments by identifying the key descriptors of feminist leadership in the context of higher education as empowerment of others, encouragement of broad participation, shared decision making, and an appreciation of diverse workstyles. In the context of community organizations, Lott (2007) describes feminist leadership as a process of encouraging the voices of those who are vulnerable and promoting skills needed to effectively question authority and end social injustice.

Feminist leadership is being defined and investigated in the social work context as well. Lazzari, Colarossi, and Collins (2009) identify key anchoring principles and practices of feminist methodology and ethics and apply them to possible contexts and functions of leadership and social justice: 1) critical analysis of power, domination, and patriarchy; 2) essentialism, gender, sex, and difference; 3) the personal is political – social ecology of feminist leadership; 4) participation, representation, and intersectionality; 5) nonviolence, relationality, and growth; and 5) praxis and reflexivity.

Lazzari et al. (2009) suggest numerous ways in which these feminist principles can be applied to leadership practice in social work settings as well as other contexts. According to Lazzari et al. (2009), this can be accomplished by leaders keeping the task at hand in the forefront with the intent of bringing the talents and skills of all to address the task; aiding those in less powerful positions within the group to have a voice by providing specific opportunities to

express opinions and ideas; and assuming a “working with or beside” relationship, rather than a “power-over” role.

Lazzari et al. (2009) posit that “defining feminism must include multilevel analysis of male domination by sex, through gendered processes, of women among men” (p. 353). Lazzari et al. (2009) assert that men can be feminist leaders and should be held to the same standards as feminist leaders as there is no biological essentialism in feminism or leadership. But this stance is particularly challenging in the field of social work, a female-dominated profession, because more men than women hold formal positions of power in this profession (Lazzari et al., 2009). Hence, Lazzari et al. (2009) stress that any person “must be willing and able to step outside the dichotomies that perpetuate difference and power-over relationships, such as male/female, old/young, leader/follower, White [sic]/nonwhite, gay/straight/transgendered, student/professor, untenured/tenured, and staff/faculty” (p. 354).

According to Lazzari et al. (2009), individual behaviors have political implication and either support hierarchical structures or call them into question. Lazzari et al. (2009) challenge persons to “consider ‘the personal is political’ and locate feminism in the persona, social, and political struggle to change the domination and oppression of women and others who are marginalized by patriarchal structures and ways of being” (p. 354). Lazzari et al. (2009) caution however, that “the personal is political” also requires context analysis because political power may play out differently in the contexts of home, community and work environments. Accordingly, realizing the interrelatedness of the person, the family, community, and organization, Lazzari et al. (2009) posit that feminist leaders should share the power and privilege of their positions by acting proactively through collaboration to come up with the best possible solutions for creating sustainable futures for both the staff and the organization.

According to Lazzari et al. (2009), in order to avoid simplifying the complexities of how various aspects of human diversity intersect (e.g., gender with class, ethnicity, age, sexual orientation and so forth), it is also important to advocate feminism rather than label oneself a feminist. Shifting to this way of thinking “will result in shared experiences and responsibilities and include the diversity of input from all social groups” (Lazzari et al., 2009, p. 356). Further, Lazzari et al. (2009) stress that it is critical for social workers in leadership positions to work toward system change by educating clients, students, and colleagues, and providing service that build communities of support for nonviolence, survival, growth, and self-transformation. In order to do this, social work leaders must be open to feedback and able to self-reflect, and have intention, vigilance, and humility (Lazzari et al., 2009).

Finally, Lazzari et al. (2009) assert that despite the duality of two worlds – that of the dominant culture and that of a reality informed by feminist principles resulting in a tension of often not being able to truly be oneself – feminist leaders in social work must continue to explore through praxis and reflexivity ways to achieve a more just and equitable social order. Lazzari et al. (2009) define praxis as “the dynamic, reciprocal interplay of action, reflection, and theory construction grounded in the experiences of women” (p. 356). Lazzari et al. (2009) also explain that “reflexivity is introducing the subjective position of the leaders or leaders into the analysis of the process and goals” (p. 356).

Lazzari et al. (2009) conclude that practicing feminist principles in both formal and informal leadership roles requires courage because those who attempt to alter the dominant power structures intact may experience the effects of backlash. Nevertheless, Lazzari et al. (2009) believe that feminist leadership perspectives should be and can be shared – not alone, but

rather together with support “to dismantle oppressive systems and then to rebuild a more just society” (p. 357).

Literature Summary

An examination of the literature about the strength-based approach allowed me to gain some understanding of the research evidence and knowledge on strengths and how it can be used by persons individually and collectively to create interventions in a variety of contexts. Although much has been written about the role of the strength-based approach in different settings and a variety of contexts, there is limited scholarship about the efficacy of teaching, learning, and applying the strength-based perspective. This study investigated how rural Appalachian women (mothers, home visitors, and program leaders) participating in a strength-based home visiting program recognized and used their strengths.

According to Sweet and Appelbaum (2004), home visiting programs tend to be multifaceted and complex and therefore it is difficult to both qualify and quantify development and implementation of individual home visiting programs; therefore, the utility of home visiting programs, as a whole, cannot be stated. In addition, because home visitation is both multifaceted and complex, the findings are mixed. Although the research on home visitation is growing, there is a dearth of scholarship on home visitation programs that are strength-based. This study contributes to the paucity of literature on home visitation that is strength-based by explaining what influence, if any, a strength-based home visiting program – West Virginia MIHOW – has on enabling women to take lead and to achieve life aspirations.

Also, although there is some literature that focuses primarily on identifying differences in how women and men lead, largely absent from the academic discourse on leadership are women’s voices and experiences. This study provides new knowledge about the leadership

experiences of women participating in a female-dominated program serving other women. In addition, using servant leadership philosophy as a frame, this study constructs additional knowledge about the potential of university-community partnerships to enable positive social change for women and their communities.

Chapter Three: Methods

Qualitative research methods were used for the purpose of understanding the lived experiences and perceptions of women living in rural West Virginia who have different roles within the Maternal Infant Health Outreach Worker (MIHOW) program. Qualitative research allows the researcher to explore the world in terms of people, situations, events, and the processes that connect these, and the explanation is based on an analysis of how some situations and events influence others (Maxwell, 2013). A major strength of qualitative research is that its process orientation provides an understanding of how and why things happen within specific contexts from the perspectives of the participants, which in turn, generates results and theories that are understandable and experientially credible (Maxwell, 2013).

Design

A qualitative case study design was used for the study. Qualitative case study designs facilitate the exploration of a phenomenon within its natural context using a variety of data sources and allows for multiple facets of a phenomenon to be revealed and understood (Baxter & Jack, 2008). According to Yin (2013), a qualitative case study design should be used when the focus of the study is to answer “how” and “why” questions, and the aim is to include contextual conditions because they are relevant to the phenomenon under study. In this study, I examined how women play leadership roles in a strength-based home visiting program in which women serve other women, as well as how these women came to recognize and use their strengths in key areas of family, health, education, employment, and community. For purposes of this study, the case includes two West Virginia MIHOW program sites.

Setting

Two MIHOW program sites located in rural West Virginia were the primary settings for this study. The Blue Lake (pseudonym) site is located in a family health center in a small coal

town. The Mountain Ridge (pseudonym) site is located at a nonprofit faith-based agency that supports low-income families. Both the Blue Lake and the Mountain Ridge sites serve mothers from several counties within the southern and south central regions of West Virginia. In addition, although my study focused primarily on the two West Virginia MIHOW sites, the Vanderbilt University School of Nursing in Tennessee was also included, as this is the university base that provides support, as well as program structure for the MIHOW program across four states in the Appalachian region. The Appalachian region includes all of West Virginia and parts of 12 other states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia (Appalachian Regional Commission, 2016).

Compared to the United States as a whole, residents within the Appalachian region on average have lower income levels, higher prevalence of poverty, lower rates in the civilian labor force, and lower educational attainment (Pollard & Jacobsen, 2013). Comparative studies of Appalachia versus the United States as a whole tell only a part of the story. West Virginia ranks fourth in the nation with the highest rate of individuals who live beneath the poverty level; more than half the population of West Virginia lives in rural areas (U.S. Census Bureau, 2016). For women, the situation is even worse.

Appalachian females, particularly in the state of West Virginia, face many challenges during their lives including the gender wage gap, limited access to child care, and adverse health conditions (Hess et al., 2013). Within West Virginia itself, there are distinct differences in the opportunities and outcomes of women compared to their male counterparts. Women in West Virginia face stubborn disparities in opportunities and outcomes related to employment, earnings, and education (Hess et al., 2013). Women in West Virginia are more likely than men to

live at or below the federal poverty line (Hess et al., 2013). West Virginia women have lower labor force representation than women in any other state and face a higher gender wage gap than women in all other states in the nation except for Louisiana and Wyoming (Hess et al., 2013). In West Virginia, for every dollar men earn, women earn only 69 cents, and women earn less than men at every educational level (Hess et al., 2013). For example, women with some college education or an associate’s degree on average earn less than men with a high school diploma. Also, West Virginia ranks last in the nation for its proportion of women with a four-year college degree (Hess et al., 2013).

Below is a summary chart of the demographic characteristics of the full set of mothers participating in the West Virginia MIHOW program at both sites (Amerikaner, M., Spatig, L., LeGrow, C., O’Keefe, S., Conner-Lockwood, D., Knell-Carlson, A., . . . Colagrosso, M. (p. 34 , Table 9a, 2016):

WV MIHOW: Blue Lake and Mountain Ridge Sites Demographic Characteristics (N = 197)	
Age	Mean = 24.43 years (Range = 14 – 42 years)
Race	White (95%); African American/Black (3%); Asian/Other (2%)
Marital Status	Married (41%); Single (35%); Live-in Partner (24%)
Employment Status	Unemployed (64%); Employed (36%)
Education	Less than HS (28%); HS/GED (36%); College (36%)
Health Care	Medicaid (66%); Private Insurance (19%); Uninsured (15%);
Housing	Stable (80%); Temporary (20%)
Children in Home	Mean = .99 children (Range 0 – 7)
Monthly Income	< \$1,000 (37%); \$1,001 - \$2,000 (29%); \$2,001-\$4,000 (17%); > \$4,001 (11%); Unsure/Refused (6%)

The demographic characteristics of the women receiving MIHOW services at the Blue Lake and Mountain Ridge sites corroborate Hess’s et al. (2013) findings. Hess et al. (2013) indicate that uneven development in West Virginia, particularly in the central and southern part

of the state [those regions where the MIHOW sites are located], affects the provision of services and access to resources for many people, especially women.

Participant Selection

I used my affiliation with the MIHOW program evaluation study research team to access the contact information of the participants, as well as information on the participants' roles in the program. From these groups of women, I purposefully selected the participants of this study to provide information that was particularly relevant to my research questions and goals (Maxwell, 2013).

Because Hesse-Biber (2014) recommends a minimum of three to five participants for qualitative case study design and at least ten interviews for phenomenological qualitative research design, I ensured that the study sample met these requirements. The study sample consisted of four administrators/consultants, three home visitors (outreach workers), and five mothers. The study sample was a subset of participants involved in the larger West Virginia MIHOW random control trial, mixed-methods evaluation study.

Because of the nature of my research questions, I interviewed MIHOW staff members with the greatest tenure. In addition, my target was to interview mothers who received MIHOW services close to or for the maximum time frame as specified in the MIHOW Standard of Practice, which is up until their children reach age three. Administrators and consultants interviewed for this study were employed by MIHOW between 10 and 30 years and home visitors between four and 25 years. Mothers selected for the study sample had been receiving MIHOW program services between two and three and a half years at the time of their final individual interviews. I had proportionate participant representation from both the Mountain Ridge and Blue Lake sites for this study.

Data Collection

Continuing the work already in progress for the qualitative part of the larger West Virginia MIHOW random control trial, mixed-methods evaluation study, most data for this study were generated from individual telephone interviews. I telephone interviewed four MIHOW administrators/consultants, three MIHOW home visitors (outreach workers), and five mothers receiving MIHOW home visits. Of the 12 participants interviewed, six participants were from the Blue Lake MIHOW site, four participants were from the Mountain Ridge site, and two participants were from both sites. I interviewed seven of the participants twice and five of the participants once. Each of the five mothers interviewed received home visitations from five different outreach workers from the two West Virginia MIHOW program sites. In addition, I facilitated a face-to-face focus group interview with seven MIHOW staff persons during a training/staff meeting observation.

In-depth, semi-structured interviews were conducted to explore the research questions of this study. Yin (2013) posits that “interviews are an essential source of case study evidence because most case studies are about human affairs or actions” (p. 113). Each semi-structured interview was conducted with a specific interview guide that has a list of written questions based on the informant’s role in MIHOW, but the sequence in which I asked or how I worded those questions varied. (Refer to Appendix D for the Mother Interview Guide, Appendix E for the Home Visitor Interview Guide, and Appendix F for the Program Leader Interview Guide.)

With the semi-structured interview, “I was still open to asking new questions, ‘on-the-fly,’ throughout the interview” (Hesse-Biber, 2014, p. 187). The in-depth interviews took the form of conversations in which I attempted to probe deeply to secure vivid and detailed accounts of the personal experiences of the participants with the goal of answering my research questions

while allowing for the flexibility to respond to emergent insights (Maxwell, 2013). The interviews were audio-recorded and transcribed verbatim providing a more accurate rendition of the interviews than just taking notes (Yin, 2013).

Whereas interviewing is used to understand the perspectives of participants, observation is often used to describe settings (Maxwell, 2013). In addition to conducting numerous in-depth interviews, I participated in several observations: a Home Visitation Conference sponsored by the West Virginia Department of Health and Human Services in Charleston, WV; a Mountain Ridge MIHOW monthly staff meeting; a Blue Lake MIHOW on-site training event; and two home visitations facilitated by a Blue Lake MIHOW home visitor.

Participant observation is a data collection method that provides a direct and powerful way of learning about people's behavior. It also may illuminate aspects of the participants' perspectives that they may be reluctant to directly state in interviews (Maxwell, 2013). Further, participant observation provides the opportunity to perceive reality from the viewpoint of someone "inside" a case rather than external to it (Yin, 2013). Hence, these participant observations not only added texture to the interview data, they also provided me a fuller and deeper understanding of rural West Virginia women's lives as well as their experiences with the MIHOW program. Because this study was part of an ongoing mixed-methods program evaluation study of the West Virginia MIHOW program, extant data, in the form of interviews, observations, and documents, were also part of the data collected for this study.

Data Analysis

Data collection and analysis occurred concurrently enabling me to focus and shape the study as I proceeded (Glesne, 2011; Yin, 2013). The initial step I took in data analysis was to think about what I heard and saw during the interview or observation. As Maxwell (2013)

recommends, I analyzed data immediately following an interview making reflective and analytical comments. During fieldwork I jotted down notes about what I saw and perceived, and converted these into formal field notes immediately following the observation.

These analytical comments and field notes identified patterns and issues as they emerged and provided insights about how the interview and participant observation data extended my prior understanding of participants' experiences and perceptions in relation to the research questions (Maxwell, 2013). This analytical process allowed me to develop tentative ideas about categories and relationships (Maxwell, 2013). Also, as recommended by Glesne (2011) and Yin (2013), I created relevant specific folders (both paper and electronic) as I collected data to organize these analytical files.

Bogdan and Biklen (2007) describe the data analysis process as working with the data, organizing them, breaking them into manageable units, coding them, synthesizing them, and searching for patterns. After the process of developing coding schemes, I conducted thematic analysis of the data; the goal was to find the participants' stories. Thematic analysis, which involves coding and segregating data for further analysis and description, allowed for the organization of what was observed, heard, and read enabling me to effectively figure out and make sense of the data generated (Glesne, 2011).

Data from the multiple sources were then converged during the process of analysis contributing to my understanding of the whole phenomenon. One important practice during the analysis phase was to use the theoretical propositions that led to the design of this study (e.g., theoretical orientation, research questions, reviews of the literature), to guide the analytic priorities (Yin, 2013). This process allowed for a focused analysis when the temptation was to analyze data that are outside the scope of the research questions, as well as an engagement in the

iterative process of exploring rival propositions that may provide alternate explanation of a phenomenon (Yin, 2013). Moreover, I used cross-case analysis as the technique for analysis (Yin, 2013). This technique allowed for the aggregation of findings across both the Mountain Ridge and the Blue Lake MIHOW program sites.

Validity

In the case of qualitative research, the equivalent terms for validity are credibility and trustworthiness (Glesne, 2011). There were numerous procedures I followed to strengthen the study's validity. I have been a qualitative research assistant for the larger program evaluation study of the West Virginia MIHOW program for more than three years. Prolonged engagement and extended time in the field afforded me the ability to develop trust, learn the culture, and check out hunches (Glesne, 2011). This prolonged engagement with the program and participants provided me more complete data about specific situations and events helping to rule out forged associations and premature theories and offered a greater opportunity to develop and test alternative hypotheses during the course of the research (Maxwell, 2013).

A hallmark of case study research is the use of multiple data sources (Yin, 2013), a strategy that also enhances data credibility (Bogdan & Biklen, 2007; Glesne, 2011; Hesse-Biber, 2014; Hesse-Biber, 2010; Maxwell, 2013). Moreover, the case study research design allows the phenomenon be viewed and explored from multiple perspectives, which promotes data credibility (Baxter & Jack, 2008). To strengthen the validity of my findings, I performed data triangulation by using multiple forms of data collection: numerous in-depth individual telephone interviews, a focus-group interview, several observations in different settings and situations, and extant data from the larger West Virginia MIHOW program evaluation study. I also interviewed individual participants representing a broad range of roles across two MIHOW program sites, as

well as participated in several observations across both MIHOW program sites and in a neutral location.

The use of multiple sources of evidence in case study research allows a researcher to develop what Yin (2013) calls *converging lines of inquiry*. Converging lines of inquiry is a desired triangulation whereby the case study's findings will have been supported by more than a single source of evidence (Yin, 2013). The development of convergent evidence helps to strengthen the construct validity of a case study because multiple sources of evidence provide multiple measures of the same phenomenon (Yin, 2013).

Peer review and debriefing, as well as external reflection and input on my work, also contributed to the trustworthiness of this study (Glesne, 2011). The collaborative work arrangement with the other West Virginia MIHOW program qualitative team researchers offered a sort of "inter-rater reliability" to the analysis of data for the study. Moreover, an external audit of the research process contributed to reliability (Glesne, 2011). My doctoral committee chair audited the research process by examining my field notes, interview transcripts and analytical comments, and analytic coding scheme. I also strengthened the validity by performing "member checking," which involved feeding findings of the analysis back to the participants and assessing the extent to which they considered them to reflect the issues from their perspectives (Maxwell, 2013).

Research bias, the correctness or credibility of a description, conclusion, explanation, or interpretation of an account, is a potential validity threat to research (Maxwell, 2013). Because of my personal experience and goals, there is a chance that I could interpret data in terms of the conceptual framework excluding important data or incorrectly interpreting them in an attempt to make the findings fit with my preconceived ideas and convictions. To address researcher bias, I

examined my motives as a researcher. For example, I have a strong interest in studying the role of empowerment in helping women succeed in their lives. Hence, I consistently acknowledged this throughout the study so that I would not overly influence an interviewee or distort my analysis of data. To address this, I wrote out my thoughts and reactions to an interview experience to illuminate multiple perspectives of the interview and to raise more questions.

Reactivity is another validity threat that could affect this study. Reactivity is the influence the researcher may have on the setting or individuals studied (Maxwell, 2013). I worked diligently toward not asking leading questions that could potentially influence the participants' responses to my interview questions, and instead considered presupposition questions. I also avoided "knowledge" questions. Patton (2002) cautions researchers about using knowledge questions because these may give participants the impression that they are being tested, and possibly make them feel uneasy or even embarrassed if they don't know the "correct" answer.

Furthermore, to address reactivity, I was also reflexive. Glesne (2011) defines reflexivity as the critical reflection on how a researcher, research participants, a setting, and a phenomenon of interest interact and influence each other. In other words, researchers are reflexive when they are critically reflective of the multiple influences they have on research processes and on how research processes affect them (Maxwell, 2013). I maintained self-awareness of my own preconceived and evolving ideas about the West Virginia MIHOW program and about disadvantaged rural Appalachian women. As an inquirer, I not only accounted for the personal and professional meaning of the topic of study, but I was reflexive about the perspectives and experiences of persons involved in the study. I was also reflexive about the audience to whom my research findings will be directed. My audience included my doctoral committee, my fellow research team members, the West Virginia MIHOW program participants, the West Virginia

Department of Health and Human Resources, and the MIHOW Program at Vanderbilt University.

Ethical considerations

I not only abided by the Behavioral and Social Science Institutional Review Board (IRB) codes, but also conducted my research rooted in respectful, caring human relations and with an awareness of social-historical context – in the case of my study – 21st century rural Appalachia. Although the West Virginia MIHOW participants of the program evaluation larger study have given written consent to take part in the study, I reminded them each time during inquiry that their participation was voluntary and that they could stop the interview or participation in the study at any time. Also, I always ensured that the West Virginia MIHOW participants were not subjected to harm, such as emotional stress or feelings of inadequacy. For example, when a participant hesitated or could not easily answer an interview question, I did not dwell or insist on an answer. On the contrary, I reassured the informant that it was all right and told her that we could get back to that question later if it came to mind.

Chapter Four: Description of Settings and Participants

This chapter provides the description of the Vanderbilt MIHOW program, the administrative center of the MIHOW program, and the two partnering West Virginia MIHOW sites, the main settings for this study. General information describing the participants who were interviewed for this study is also provided. In order to maintain confidentiality, I have used pseudonyms for the participants of this study, as well as for the names of two West Virginia MIHOW program sites.

Vanderbilt MIHOW Program

The MIHOW program is centered at the Vanderbilt University School of Nursing, which is located in Nashville, Tennessee. The Vanderbilt University School of Nursing partners with community-based organizations to develop, maintain, and sustain MIHOW programs serving economically disadvantaged and geographically or socially isolated families with children birth to age three in various geographic areas located in the states of Kentucky, Mississippi, Tennessee, and West Virginia (Vanderbilt University School of Nursing, 2016). Since MIHOW's inception in 1982 (Vanderbilt University School of Nursing, 2016), the program has served more than 15,000 families (Elkins et al., 2013). The Vanderbilt School of Nursing MIHOW team consists of a director, two regional consultants for West Virginia, one regional consultant for Kentucky and East Tennessee, and an assistant to the director (The Vanderbilt University School of Nursing, 2016).

MIHOW uses trained lay women indigenous to the community to mentor and teach parents about healthy and positive pregnancy and parenting (Elkins et al., 2013). The Vanderbilt MIHOW program provides connections established within the MIHOW network and technical assistance in the form of training and site evaluation to the 16 partnering MIHOW programs

(Vanderbilt University School of Nursing, 2016). According to the Vanderbilt MIHOW director, the MIHOW program aims to improve the life outcomes of mothers and their families by providing nonjudgmental mentoring, supporting the emotional well-being of the mother, building the mother's knowledge, skills, and self-esteem, and enhancing child-development and mother and child interaction. Mothers' participation in the program is voluntary, and there is no cost to the families participating in the MIHOW program (Vanderbilt School of Nursing, 2016).

The Vanderbilt MIHOW director views the MIHOW program supportive as it provides her the circumstances to balance family and work. She stated:

The standards of practice for MIHOW are that agencies are family-friendly and support you in your role as parent, so for me it's been extremely helpful just to know that it's important to my supervisors that I find balance and so that I'm not constantly warring between, you know, is this going to affect my job if do something I need to do for my family?

West Virginia MIHOW

There are four West Virginia MIHOW program sites (Vanderbilt School of Nursing, 2016). Blue Lake and Mountain Ridge MIHOW programs, the two primary settings for this study, are located in rural areas of West Virginia. These two MIHOW programs predominantly serve women in the southern region of West Virginia and a couple of counties in the south central region of West Virginia. Many areas in West Virginia, including the areas in which these two MIHOW program locations serve, grapple with high unemployment, poverty, and population loss (Hess et al., 2013; Mistich, 2015; U.S. Census Bureau, 2016).

During the period of the West Virginia MIHOW randomized control trial, mixed-methods evaluation study, the Blue Lake site enrolled 124 families and Mountain Ridge site

enrolled 73 families (Amerikaner et al., 2016). Demographic information gathered about the mothers being served by the two West Virginia MIHOW program sites during the course of the randomized control trial mixed-methods evaluation study reveals that 64% of the mothers (N=197) were unemployed, 66% had incomes of less than \$24,000 annually, and 28% had not earned a high school diploma or a General Equivalency Diploma (GED) (Amerikaner et al., 2016). These demographics validate Hess's et al. (2013) findings, which demonstrate that women in West Virginia are less likely to be employed, are more likely to be living in poverty, and have lower levels of education compared with other women as a whole in the United States.

Blue Lake MIHOW

Blue Lake Health partnered with Vanderbilt MIHOW in 1983 to establish the Blue Lake MIHOW program. Blue Lake Health, led by a board of community members, is an association that promotes the health, human and economic development, and well-being of individuals in the Blue Lake community. Blue Lake Health is located in a very small coal town in southern West Virginia. The Blue Lake MIHOW program serves families in Fayette and Raleigh counties and bordering communities in Nicholas and Greenbriar counties. The Blue Lake MIHOW program team is led by a MIHOW site director, who also serves as the state-wide MIHOW leader and a Vanderbilt MIHOW regional consultant for West Virginia. According to the site director, the Blue Lake MIHOW team includes two coordinators/home visitors and six home visitors/group leaders. The Blue Lake MIHOW site director and one MIHOW coordinator/home visitor work full time; all others work part time.

Having observed an on-site training event at the Blue Lake MIHOW site, I was able to receive a tour of Blue Lake Health and the Blue Lake MIHOW program office. Blue Lake Health is a rather small health care facility that is nestled on a small hill off a quiet road. The

MIHOW program office is inside the Blue Lake Health building, adjacent to its health care offices. Blue Lake Health, where the Blue Lake home visitor typically introduces pregnant mothers to the MIHOW program, is a quaint setting that appears to be conducive for referring pregnant women to the MIHOW program.

Blue Health also seems to be an ideal place for the MIHOW home visitor to track down mothers with whom she has had difficulty connecting. I observed this to be the case first-hand. While receiving a tour of Blue Lake Health and the Blue Lake MIHOW program office, the coordinator/home visitor spotted Julie, a 14-year old mother at Blue Lake Health, whose home she had visited (and I observed) earlier in the day. Julie was not expected to be home during that visit because she was supposed to be at school. The “extra” home visit to Julie’s home was intended for Julie’s mother. At the home visit, we were told that Julie had skipped school. During that home visit, I also learned that Julie was suffering from depression.

Seeing Julie with her baby at Blue Lake Health gave the coordinator/home visitor the opportunity to talk to her, gain additional rapport, give her attention, and encourage her to follow through with submitting paperwork to her high school administration so that she could receive counseling on the school premises to help her with depression. According to the coordinator/home visitor, receiving counseling at school was the most viable option for Julie to obtain routine mental healthcare because her family did not own a car. The conversation between the coordinator/home visitor and Julie was handled discreetly and was not one in which the coordinator/home visitor gave Julie directives, but rather asked questions and offered encouragement. The unplanned conversation at Blue Lake Health between the coordinator/home visitor and Julie appeared to set the stage for the teenage mother to act upon a plan that may be helpful to her health her baby’s well-being. Hence, it seems that the Blue Lake MIHOW office is

positioned well to effectively reach mothers who could benefit from participating in the MIHOW program.

The Blue Lake MIHOW program not only provides in-home visitation, but also group visitations at a substance abuse treatment center and a juvenile detention center. Blue Lake MIHOW home visitors also lead parent/child group events throughout the neighboring communities. As explained by the Blue Lake MIHOW site director:

Our parent/child groups are socializations/playgroups for children, a time for parents to connect with other parents of young children, and discussion about parenting issues. They include a light healthy lunch, usually a take-home craft that parents and children create together, and other activities such as seasonal activities, story time, field trips to local parks and libraries, blueberry picking, etc. Parent discussion happens naturally and is guided by the trained home visitor to ensure that information is accurate. The home visitor models positive interaction and encourages parent/child interaction.

The Blue Lake MIHOW site director also explained that the parent/group events allow for parental involvement as parents “often take responsibility for some of the planning/activities.” The Blue Lake MIHOW director stated: “We had a group a few years ago that did fundraising and went on a family outing to Pittsburgh – some had never been outside of Fayette County.” Hence, it seems that the parents’ involvement in Blue Lake MIHOW-sponsored group activities gives families who live in isolated areas opportunities and experiences that they otherwise would not have.

Mountain Ridge MIHOW

In 1998, Mountain Ridge partnered with Vanderbilt University to establish the Mountain Ridge MIHOW program. Mountain Ridge is a nonprofit faith-based agency located in a rural

area of northern Mingo County, West Virginia. Mountain Ridge's aim is to support families (primarily women and children) stricken with poverty so that these families can make positive changes in their lives. In addition to the MIHOW program, Mountain Ridge also provides an after school program, a nutrition education program, summer camps for children, and adult education that offers a General Education Diploma (GED) preparation program and adult literacy training. Mountain Ridge MIHOW serves families in two rural regions in West Virginia, Mingo County and southern Wayne County. According to the Mountain Ridge MIHOW site leader, the Mountain Ridge MIHOW team consists of a site leader and six home visitors. The MIHOW site leader works full time and all the MIHOW home visitors at the Mountain Ridge site work part time.

The Mountain Ridge MIHOW site leader explained that in addition to visiting mothers in their homes, her “girls” – MIHOW outreach workers – facilitate community events including health fairs, pregnancy groups, playgroups, and baby “safety” showers. At each health fair, the home visitors set up a display with the information the MIHOW program provides. The home visitors speak with persons attending the health fair answering any questions they may have and use the opportunity to recruit mothers who may want to participate in the MIHOW program. A Mountain Ridge MIHOW home visitor spoke passionately about the kinds of outreach activities the Mountain Ridge MIHOW program does for families in the community:

The program is wonderful. You meet families. You have a one-on-one with the family. You have that one-on-one with the child with the family. You meet other family members, and mostly in this rural area everybody knows everybody. And here I don't see any unsafe things to go to. . . . We do Mom's Day Out. We do playgroups, and the playgroups consist of bringing the families in with children, letting them [get] to know

one another. We also do activities. We do reading the book, and we do songs. We do rhymes. They play. Children learn through play. Getting other parents acquainted with other parents. And the Mom's Day Out, it just happened. We just took six girls out ... and got their hair washed and dried, and cut. They got an eye wax. They got dinner on us. We just had fun with those six parents.

Similar to the Blue Lake MIHOW program, the parents' involvement in the Mountain Ridge MIHOW-sponsored activities seems to give families opportunities that they would not experience otherwise. It also appears that the Mountain Ridge MIHOW program sponsors various programs such as "Mom's Day Out" with the intent to give mothers special attention and care.

According to the Mountain Ridge site leader, at the pregnancy group held once a month, the home visitors provide healthy food, discuss pregnancy issues, and answer any questions the mothers may have. Pregnant mothers and the mothers (or care givers) from the community who have children up to age three are invited to the baby "safety" showers. The baby "safety" shower is like a typical baby shower in terms of having food, games, and prizes, but emphasis is put on child safety. For example, according to the Mountain Ridge MIHOW site leader, a fire fighter from the community is available to speak about fire safety measures inside and outside of the home.

The home visitors facilitate safety training as well. The Mountain Ridge MIHOW program takes pride in having a home visitor who is an expert on baby seat installation and car passenger safety. This home visitor, after earning an "A" in a passenger training course, passing the passenger training test, and using her expert car seat installation skills with families and at formal trainings, was recognized as an expert by the State of West Virginia and was encouraged

to open up a baby car seat station in her community. With excitement the home visitor explained what this recognition entailed:

My Lord! They said we'll supply you with seats. . . . Now I've been invited in February for a great big dinner to be recognized, okay? Oh yeah, Nora . . . wants to go with me. They want to recognize me in front of the state and give me something. She said [they will] have a big dinner.

According to the Mountain Ridge site leader, home visitors facilitate playgroups twice a month. During one of the Mountain Ridge MIHOW staff meetings I observed, discussion ensued about the planning of upcoming playgroups. Each home visitor reported on the dates she would hold the playgroup in her respective community, and there was a lot of back-and-forth discussion on who would partner with whom. I learned that when a home visitor plans the playgroup in her community, she always partners with another home visitor to facilitate it. During the discussion, the site leader talked about each home visitor's budget for purchasing food for the upcoming playgroups and emphasized the importance of purchasing only healthy food items.

The Mountain Ridge MIHOW site leader explained that during the pregnancy group meetings and playgroups, the home visitors facilitate discussions on topics such as self-esteem and positive parenting, and on some occasions they "bring in a guest speaker, such as a local bank worker, who may speak about money management."

According to the site leader, the home visitors also visit the local drug treatment center and facilitate group meetings with pregnant women who are substance abuse users trying to conquer their addictions. In addition, one of the Mountain Ridge home visitors facilitates a routine parenting group at the local Women, Infant and Children (WIC) Office, which is a "federal program designed to provide food to low-income, pregnant, postpartum and

breastfeeding women, infants and children until the age of five” (WIC Program, 2016, para. 1). The Mountain Ridge MIHOW site leader also visits two high schools in the county and has group meetings with expectant teens and teen mothers. These teens are provided information about various resources and are strongly encouraged to complete high school.

A unique service feature of the Mountain Ridge MIHOW program is that it provides transportation for the MIHOW mothers and their children to enable them to attend MIHOW program community events. This service is provided because many families participating in the Mountain Ridge MIHOW program struggle with owning a car or having reliable transportation. According to the Mountain Ridge MIHOW site leader, a major purpose of these MIHOW-sponsored events is to educate community members, connect them to community resources that may meet their needs, and encourage positive parenting.

Participants

There are three categories of individuals who were participants for this study: MIHOW program leaders, home visitors (outreach workers), and mothers. The participants of this study included proportionate representation from both the Blue Lake and Mountain Ridge MIHOW sites in West Virginia, as well as representation from the MIHOW headquarters at the Vanderbilt School of Nursing.

Program leaders

Ursula. Ursula became involved in the MIHOW program in 2003 as a site leader, and during that year she became pregnant. At the time of this study, Ursula had a total of three children: a stepson, her first-born son, who was age eleven, and a daughter, who was age seven. Ursula transitioned into the position of MIHOW program director at the Vanderbilt School of Nursing in 2007. According to Ursula, she and her Vanderbilt MIHOW program team members

provide training and technical assistance to MIHOW partnering agencies. In addition, they provide an evaluation system that monitors MIHOW partnering agencies' program progress and outcomes.

The Vanderbilt MIHOW director stated that she has “had a lot of support in [her] role as a parent in [her] job and [she] really appreciate[s] that.” The Vanderbilt MIHOW director explained that she was able to pump milk at her job while she was breastfeeding her children, not because the law said she could, but because she was encouraged to do so. Ursula also talked about her ability to bring her children (and childcare provider) with her when she had to travel to MIHOW sites in different states to perform accreditation reviews. The director stated: “I can get my work done, I can still be a mom, and I don't have to decide between the two for that period.” According to the Vanderbilt MIHOW director, “It's always been very clear that whatever I need to work out as far as family arrangements, to be able to do my job, has been fine.”

Ona. Ona, who is employed by Vanderbilt MIHOW, is a regional consultant for West Virginia. She became involved in the MIHOW program in 1992. Ona was originally hired at Blue Lake Health to work with pregnant women and new mothers and babies, and Linda Stein, who at the time was in charge of the Blue Lake MIHOW program, “just gave the program [to Ona] and [she's] been working with MIHOW ever since.” When I asked Ona the title of the MIHOW position she inherited from Linda Stein in 1992, she humbly replied:

I guess it would've been director. But I don't think we really had a title then. I don't think we really looked at in that way. It was more there had to be somebody in charge and so I was the person in charge.

Ona also provided an explanation of her current role of regional consultant for West Virginia with the MIHOW program:

I do a lot of training with MIHOW home visitors all around the state and I help them prepare for their accreditation with Vanderbilt and then once they get accredited they have a two-and-a-half-year evaluation and the two-and-a-half years later they have to be reaccredited. And so I work on those things, make sure that they keep their accreditation.

Ona believes that MIHOW is successful because it “helps [mothers] see what they do well and how they do that well and how they can use that in their lives to move ahead in their lives in everything else they do.” Ona explained how the MIHOW program has affected her own life:

I think that when I started working with the MIHOW program within months. . . It really changed the way I looked at parenting and instead of, and not that I think I was a mean mother because I wasn't a mean mother, but the things that my kids did wrong weren't near as important to me as the things they did right. And looking at their strengths, you know, recognizing how creative one of my sons was and how sweet natured my other son was and how strong and powerful my daughter was, and then helping them own those things and be able to use those things to their benefit. . . That's how they grew up.

The MIHOW program has been such strong force in Ona's life that her own daughter, Kimberly, has chosen home visiting as her profession. Kimberly, who was present at the focus group interview, stated that Ona is able to cope and handle the responsibilities caring for her ailing father extremely well because of her experience with MIHOW. At the time of this study, Ona had just moved in to live with her father while still maintaining her own residence.

Emily. I initially met Emily at a West Virginia Department of Health and Human Services Home Visitation Conference on April 30, 2015. The very first time I spoke with Emily, I found her to be friendly and easy going. She is married and has two grown daughters.

Emily has multiple roles in the MIHOW program. She serves as the Mountain Ridge site director, the West Virginia MIHOW state-wide leader, and a Vanderbilt MIHOW consultant for West Virginia. Emily is responsible for leading the MIHOW program at the Blue Lake site and for providing MIHOW training state wide. Emily, as a mother of two young children, became involved in MIHOW in 1983 as a home visitor. Just as Ona, Emily was recruited to work for MIHOW by Linda Stein, the “original director at Blue Lake Health,” who “worked closely [with Vanderbilt University] to develop the [first West Virginia MIHOW] program.”

Emily says that research shows and [MIHOW] believes that pregnancy is a time in a woman’s life when she is most willing and open to change for the sake of her babies. She further explained that MIHOW believes “everybody no matter who they are or their experience that they have strengths and that if we can help mothers recognize that and build on that – those strengths that they have – we’re much more likely to make an impact in their choices and how they parent.” MIHOW, a program that uses a strength-based approach, according to Emily, is “a way of life; it is what we do in our work and it is how we live our lives.”

I observed first-hand that Ona and Emily are extremely knowledgeable about the strength-based approach and use it when they facilitate MIHOW training for supervisors and home visitors. Nora, the Mountain Ridge MIHOW executive director, credits Ona and Emily, as well as her predecessor, as persons who have helped facilitate her leadership growth enabling her to assume progressively responsible positions within the MIHOW program.

I also observed during an on-site Blue Lake MIHOW training event that Ona and Emily, as well as the entire Blue Lake MIHOW team, are passionate about their work, eager to learn, and work collaboratively. The information gathered from the individual interviews and the focus group interview with the Blue Lake MIHOW team further affirms this.

Nora. Nora, who is relatively new in her role as executive director at the Mountain Ridge MIHOW location, has had extensive involvement in the MIHOW program. Nora originally became involved in MIHOW 17 years ago when she was pregnant with her second child. She remained involved in the program receiving MIHOW home visitations until her son turned age three. Then about a year later, Nora was approached by a MIHOW program staff person and was asked if she would be interested in working as a home visitor. Because Nora's son was attending the Head Start program, which gave her the flexibility to work, she agreed to accept the position. She worked as a home visitor for several years until she became pregnant again with her third child, who at the time of this study was age nine. She took a brief break from working during that time, but came back to her position as a home visitor and subsequently became a MIHOW program supervisor. After serving in the role of MIHOW program supervisor for three years, Nora became a MIHOW site leader. At the time of Nora's fourth interview, she was promoted to the position of Mountain Ridge executive director.

Although Nora has a significant amount of administrative and supervisory responsibility in her capacity of executive director, she still continues to facilitate home visitations. Nora is passionate about home visitation, especially for teenage mothers because of her own life experience. Nora explains why she has not given up home visiting completely despite her new responsibilities as site leader:

There are certain things that are just near to my heart like the teen; I was a teen mom myself. I have a daughter who is almost 20 right now, and so I had her like five days before my senior year in high school. So I still go see the teenaged moms in the high schools....I think it's just because I've been there and I just really, I know how hard it is, so I know how judged teen-aged moms seemed to be.

Having had a conversation with Nora for almost an hour in person and observing her facilitate an all-day staff meeting at the Mountain Ridge MIHOW location, I learned that she is considerate, extremely accommodating, confident, and takes lead of her team while emphasizing inclusivity and teamwork. Overall, I observed that Nora and her entire team of home visitors are passionate about their work, are considerate, have great compassion for one another and the families they serve, and work well together.

Nora is extremely flexible and juggles many things at once. During a meeting break, I observed her carrying out a baby mattress for a family in need, as well as making arrangements with a caterer for a farewell retirement event being planned for the departing Mountain Ridge executive director. Aside from her MIHOW leadership position, Nora is enrolled as a college student, and she and her husband are still rearing their youngest son.

Home Visitors (Outreach Workers)

Carrie. Carrie, a full-time Blue Lake MIHOW coordinator/home visitor, has been serving families for ten years in Fayette, Raleigh, and Greenbrier County, West Virginia. Carrie was also a mother who was served by MIHOW with two of her three children. Carrie stated: “I don’t know which one I enjoy more. I really enjoyed having my home visitors, but I also really enjoy being a home visitor.” Carrie greatly appreciated having her first home visitor who provided her information about pregnancy during a time in which she was extremely busy and preoccupied with her life circumstances. During her pregnancy, Carrie was caring for her ailing mother who passed away just after her first child was born. Carrie praised her first home visitor for providing her “so much information [she] had no knowledge about that enabled [her] to get through her pregnancy.” Carrie stated:

I depended more on my home visitor actually than I did my OB doctor to ask questions and to just learn about the aspects of being pregnant and delivering a baby, and then once my baby got here my home visitor was able to guide me through that process of...taking care of a baby and challenges with little sleep and how to...get through those times of adjustment.”

Carrie felt that her second home visitor with her third child was just as helpful even though she viewed herself as an experienced mother. She explained that several years had passed since the births of her two other children; her oldest child was ten years old and her second child was six years old when her third child was born. Carrie stated: “It was nice with my last home visitor just to keep me in tune, refresh me with all the things that I hadn’t done or experienced for a while. And I breastfed too, so wonderful breastfeeding support.”

In her current role of Blue Lake MIHOW coordinator/home visitor, Carrie usually makes the first visit with families who decide to participate in MIHOW in order to meet them and acquaint them with the MIHOW program. Through this first visit, Carrie matches them up with one of the home visitors she believes is the best fit for the family based on personality, circumstances, and the location of family. Carrie described her MIHOW role as “being a resource for other home visitors.” Carrie provides initial trainings with new staff orienting them to the MIHOW program, the role of home visitation, and what home visiting entails; she also facilitates a process called reflective supervision.

Laura. Laura is also a Blue Lake MIHOW coordinator/home visitor, but unlike Carrie works part time. Laura has been involved in MIHOW as a home visitor for approximately 24 years. Laura was introduced to MIHOW initially because she was invited by Linda Stein, who is

referred by Laura and others as “mother MIHOW,” to a meeting about the MIHOW program, which at the time she “didn’t know a whole lot about.” Laura explained:

I went to a meeting of this wonderful group of women who were working with the MIHOW program, and so I kind of, I guess I kind of came through the back door, and she just kind of identified me as a good resource for breastfeeding, and she identified me as a person that might work as a MIHOW visitor.

Laura is extremely knowledgeable of the history of MIHOW and the Blue Lake MIHOW site, which was the second MIHOW program location established nationally and the first in the state of West Virginia. Laura eloquently explains what the MIHOW program is:

It’s a support program for families. It’s not going in there to tell a family that they need to do it differently or they need to change this or they need to clean their house or any of those things at all, ever. It’s to go in there and listen, observe, and help that family use their strengths that do exist in every family, to the best of their needs. And that’s really, that’s the kind of magic of MIHOW, to watch that happen.

Having spent a day with Laura observing two home visits, I saw her perform “the kind of magic of MIHOW.” I found her to be an excellent listener, respectful, pleasant, trustworthy, and flexible. In her humble way she lifted the spirits of those with whom she had contact and helped them engage in actions aimed toward meeting their own needs.

Laura spoke fondly of her family and community. She spent all of her life in the Fayetteville area except when she went to college. She said that her parents had come to the area when her father and uncle decided to relocate from another state to open a floral shop business. Laura said she had a wonderful childhood growing up as an only child. Her mother was a stay-at-home mom, while her father ran the family business. She said that coal mining was booming at

the time of her childhood, and as a result her family's floral business was highly successful.

Laura attended West Virginia University in Morgantown, where she earned a bachelor's degree in Editorial Journalism and a double minor in psychology and English.

Unlike the earlier times described by Laura, at the time of my observation, it seemed that the Fayetteville area was not prospering as it once did. As Laura transported me to the home visits with her, she pointed out her children's former high school indicating that it was recently condemned due to an unsafe structure and that there are no public funds to fix it.

Laura is married and has three grown sons, one of whom is married. She recently became a grandmother to a baby girl. Laura's eldest son, daughter-in-law, and granddaughter live in the Washington, D.C. area. Laura felt sad about her son living a distance away but tried to rationalize her feelings stating that her son and his family must live where the jobs are. At the time of this study, Laura's youngest son was enrolled in college in Morgantown, West Virginia.

Trisha. Trisha is a home visitor at the Mountain Ridge MIHOW location. At the time of this study, of the six Mountain Ridge home visitors, Trisha was the most tenured having served in the role of a MIHOW home visitor for four years. Prior to working at Mountain Ridge MIHOW, Trisha worked at another community agency for 18 years. She left her prior position to work for MIHOW because her commute to work was over an hour each way.

Trisha, a middle-aged spunky woman, does not hold back from saying what she thinks and feels. She was humorous, yet talked seriously about the wonderful impact the MIHOW program has on mothers and their families. She cares deeply for her families, perhaps too deeply. Trisha is a strong advocate for her mothers and wants to make sure that they and their families are given the attention she believes they need. Trisha indicated that she often spent two hours at each visit with her families instead of the prescribed time of one-hour. Trisha also believes that

the home visits should occur more than once a month. She appears to get extremely attached to her families. She expressed how difficult it has been for her to end home visits when the child turns three. She stated:

Oh man. First of all I feel really bad, to tell you the truth. Because once they turn three, within that month I lose them.... I have a pregnancy with that mom. I have each year with that mom with that child till it turns three.... That last visit is heart-aching to me because I know I'm not going to see them [any] more.... Throughout the whole four years she understands what to do without me, but me leaving them after getting used to them is like the momma told me, she said, "You mean I'm not going to see you [any] more?" I said, "No. You know coming to your home was precious," and we give them exit letters . . . but at the end of that letter I say: "It was wonderful to get to know you and your family, spend time with you and your children, and I know you'll move on to be better ... And through the resources and all that we've [gone] through together, I have no problem of letting you go, but in my heart I still yet love you."

Mothers

Dawn. Dawn joined the Blue Lake MIHOW program in 2013 when she was seven months pregnant. At the time of my last interview with Dawn, she had been participating in MIHOW for approximately two- and-a-half years. She was married and was 34 years of age. She and her husband had three children: a 12-year old son, a six-year old daughter, and a two-year old son who was enrolled in the MIHOW program. Dawn spoke proudly of her children:

My son is six-foot-one now. It's amazing. He is so tall and it's like he's not [stopped] growing at all. And my daughter's pretty tall too for her age. She's going to be seven this month and she looks just like me and acts like me and she's so smart and does really

[well] in school. I'm proud of her. And [my younger son], he's learning so many words and sentences. It's hilarious; I just love it.

Dawn seemed to balance family and work very well. She juggled caring for her children and being a wife while being a full-time student. When I initially interviewed Dawn, she was working toward her Associate Degree in healthcare administration at a college that provides online course delivery. By the time Dawn was interviewed a second time, she had earned her Associate Degree and was thinking of returning to college to earn a Bachelor Degree. When I interviewed Dawn the third time, she was pursuing a Bachelor Degree in accounting and was proud to inform me that she "got a 4.0." Aside from wanting to earn a Bachelor Degree, Dawn "want[ed] to go back to work immediately," but unfortunately transportation is a major obstacle.

Nancy. Nancy joined the Blue Lake MIHOW program in 2014 when she was two months pregnant with her second child. Nancy, who was 25 years old at the time of our second interview, had two daughters, one age seven and the second, who is part of the MIHOW program, just turned age one. During the time period Nancy was receiving home visits, she was having marital problems. By the time I interviewed Nancy a second time, she and her husband had divorced.

Nancy informed me that she receives visits from her home visitor every month, but could not schedule the last one. She explained: "I missed my last appointment but I had been working six days a week, [was worn] out, trying to keep the house caught up." Nancy was employed by a fast food chain restaurant, but was laid off from her job. She was also displaced from her home because "the guy ended up selling [her trailer] out from underneath [her] because [she] was a few months behind on rent." Nancy told me that her pregnancy went well, except for one situation.

She explained: “It went great except for when I went in labor. I went in labor...and on my way to the hospital the car broke down.”

Despite her challenges, I found Nancy to be upbeat and optimistic during our conversations, especially during the second interview. She had spoken proudly of her children’s achievements, and informed me that she has recently enrolled in college and is pursuing a short-term program in the medical field. Nancy seems to have endurance, determination, and perseverance. In other words, Nancy has “true grit.”

Haley. At the time of Haley’s last interview, she was a 26 year-old divorced mother of two children. Haley entered the New River MIHOW program in 2012 when she was pregnant with her first son. She would have aged out of the MIHOW program because her first child turned age three, but she became pregnant again and gave birth to another son. When I interviewed Haley in 2015, she had been receiving MIHOW services for three and half years.

Because Haley was interviewed four times over a several year period of being involved in the MIHOW program, I was able to obtain an in-depth understanding of her challenges and triumphs and how the MIHOW program was playing a significant role in facilitating a process that enabled her to gain a new self-awareness. In addition, she learned to recognize her strengths and how to use those strengths, and met several goals she had established for herself and children.

Haley endured a divorce, was evicted from her home, and dealt with managing depression. She also experienced a huge void in receiving family support. At the time of Haley’s first interview, she initially seemed agitated. According to Haley, more than a month had gone by since she had received a MIHOW visit. But what was detected as the interview progressed was that Haley was more scared than irritated, and she felt alone. During the second interview, it

was difficult to obtain much information about Haley's experience with the MIHOW program, yet she spoke happily about her son, and shared a few details on his sleeping patterns and growth. The challenge with getting information during the second interview may have been because Haley was experiencing child custody issues and was being evicted from her home, which was not revealed until her third interview.

By the third interview, Haley and her two children had moved from living in an attic into her own apartment with the father of her second son. Haley had been working 16-to 18-hour shifts at a job, but decided to quit working after her second son was born due to complications from having a C-section. Haley also provided additional reasons she decided to quit her job:

I want to make sure I bond with this one because where I was having problems with [Nicholas] talking because I was never around, because I was working. I don't want to have that problem with this one too. And I'm back on my depression meds just waiting for them to kick in.

Haley's state of mind during her fourth interview seemed to be much different than when she was interviewed previously. It was apparent that Haley had been making incremental changes that demonstrated numerous positive outcomes for her and her children. Haley credits her home visitor for helping her change the way she thinks about herself, as well as the way she provided for her children. She recognized and acknowledged the changes and improvements she and her children were making. Haley seems to be a mother whose "way of life" has become strength-based.

Nan. Nan joined the Mountain Ridge MIHOW program in 2013 when she was three months pregnant. One of Nan's main reasons for enrolling in the MIHOW program was "so that [she] could try to quit smoking." At the time of our second interview Nan was 26 years old; her

oldest son was almost six years old and her youngest son, who is involved in the MIHOW program, was almost two years old. When I first interviewed Nan, she was reticent about speaking with me, particularly about herself. When we began to speak about her baby son, however, she seemed to open up more to share some of his developmental milestones. I also learned during this interview that Nan was dealing with post-partum depression.

At the time of Nan's first interview, she said that her favorite part of the MIHOW program is that "you have somebody to talk to." Nan seemed to have been experiencing loneliness at the time because she indicated that "when you're pregnant pretty much you lose your friends." For this reason, Nan highly valued the companionship she had with her home visitor. When I interviewed Nan the second time, she had a much different tone compared to the first time we spoke. She opened up right away, was upbeat, and seemed genuinely happy.

Nan had come a long way since her first interview. At the time of our second interview, I learned that she married her second child's father. She had developed a few goals and achieved them. She informed me that she smokes a lot less. She got a driver's license and a vehicle, which enabled her "to take the boys to their doctors' appointments and stuff like that." She also enrolled in a vocational program that certified her to become a certified home health nurse. Nan is not without challenges, however. The car she purchased needed repair and at the time of our second interview was not drivable. Nan would like to take "extra high school classes to [be able] to go to college online," but currently is unable because there is no childcare available nearby.

Elizabeth. Elizabeth enrolled in the Mountain Ridge MIHOW program in 2012 when she was approximately three months pregnant. At the time of our fourth interview, Elizabeth was 34 years old. Elizabeth was married and had four children: a 13-year old stepson, two daughters, ages nine and ten, and a son who just turned three years old. Because Elizabeth was interviewed

four times over the entire period she was enrolled in the MIHOW program, I was able to obtain incremental and vivid explanations from Elizabeth of her and her family's experiences with the MIHOW program spanning from the time she initially enrolled until her very last home visit. When I interviewed Elizabeth in 2015, she had just received her final home visit only a few days earlier because her son had just turned age three.

Elizabeth is a vivacious person who knows herself well. By the time of her fourth interview, she was able to easily articulate what she is good at and what is important to her:

I'm a mom and I'm a wife and I've done it for, I've been with my husband for 13 years. That's what I do. I do [well] with kids, my coaching, like I coach two cheerleading squads, ages five to nine, you know what I'm saying? I mean I'm good with those kids. I mean I'm good with people, parents, I'm good with people and stuff like that in general, and just at home with my kids, wife, mom, you know, that kind of stuff. That's just me all around. And I [won't] be shy about it. I mean I've got into pictures and I'm doing really well with my little business that I've got going. So I can't complain there either.

Each time Elizabeth was interviewed, she confirmed that "[her home visitor] is here every month and she's here for at least two hours." Although Elizabeth is an experienced mother of four children, she values the MIHOW program as it has exceeded her expectations. She appreciates the value of MIHOW so much that she stated that the home visits "should be a twice month" instead of just once. Elizabeth is sad that her MIHOW visits have ended now that her son had reached age three. She stated: "I hate it, because I mean for three years of his life she's been around every month for three years of his life. And just now all of a sudden she's gone....So that's a big adjustment."

Chapter Five: Findings

To obtain results from this study, I analyzed fieldwork and interview data as they relate to answering the research questions central to this study. What follows is a phenomenological examination of how West Virginia MIHOW program leaders, home visitors, and mothers from the Blue Lake and Mountain Ridge sites have recognized their strengths, and in what ways the West Virginia MIHOW program has enabled these women to achieve life aspirations. This chapter also includes the case findings on the leadership perceptions of the women participating in the West Virginia MIHOW program and how their leadership experiences contribute to positive social change for these women and their communities.

In this chapter, the following four research questions key to this study are addressed:

1. How are rural Appalachian women participating in a strength-based home visiting program (mothers, home visitors, and program leaders) recognizing their strengths?
2. What influence does a strength-based home visiting program – West Virginia MIHOW – have on enabling women (mothers, home visitors, and program leaders) to achieve life aspirations in the key areas of family, health, education, employment, and community?
3. In what ways do participants (mothers, home visitors, and program leaders) of a strength-based home visiting program perceive themselves as leaders in various areas of their lives?
4. How does servant leadership in a university-community partnership contribute to positive social change for women and their communities?

The findings have been grouped for organizational purposes into three emergent categories or themes: (1) *being explicit about strengths*; (2) *achieving life aspirations*; and (3) *leading to make a difference*. The first category or theme aligns with research question

one, the second theme aligns with research question two, and the third theme aligns with research questions three and four.

Being Explicit about Strengths: “It’s all about the strengths”

In this section, I address the first research question, which asks how MIHOW program leaders, home visitors, and mothers recognize their strengths. Before discussing the findings, however, it is important to explain the relevance of recognizing strengths as it relates to the MIHOW program. One home visitor who described MIHOW as “mothers helping mothers” stated that the program is “all about the strengths.” A second home visitor explained that a lot of the mothers they serve “just think they’re nothing and part of our job is to make mothers understand that they are important. There is always some strength about every individual person.” A third home visitor echoed this sentiment and further explained the significance of using the strength-based approach: “We want to find the strengths. Everybody has skills and talents, [but] sometimes they [mothers] don’t see that because they don’t have that self-value, that self-worth, and that’s a lot of what we do. We help them see that.”

“The idea of the MIHOW strength-based approach is to see something that the mother is doing well and then figure out the underlying strength that allows that to happen,” according to one program leader. Another program leader further explained MIHOW’s strength-based approach:

Despite people’s living conditions or life circumstances, every person has a strength and every family has a strength, and it’s our job to go into the home, point out those strengths that maybe no one has ever pointed out to them, help them use those strengths to make them better people and to be . . . better parents. . . .And when you walk out of that home

you've [given] them skills, [which they can use] to stand on their own feet because . . .
you're not with them forever.

I have organized the findings related to the first research question into two parts. The first part addresses how MIHOW program leaders and home visitors recognize their own strengths and the strengths of the mothers they serve; the second part addresses how the mothers participating in the MIHOW program recognize their strengths.

Program leaders and home visitors

Recognizing strengths is a complex process that involves several aspects. One part of the process includes finding and encouraging staff to be open-minded and nonjudgmental. Another part of the process is the training people get and practice so that they can learn what strengths are and how they can recognize them. A third part of the process is supporting each other. The fourth part of the process is realizing that recognizing strengths is not a simple formula; it is an art. Hence, the findings related to how MIHOW program leaders and home visitors recognize their strengths and the strengths of the mothers they serve are presented by discussing the following four themes: (1) *being open-minded and nonjudgmental*; (2) *learning to recognize strengths through training and practice*; (3) *supporting one another to find strengths and overcome obstacles*; and (4) *realizing that recognizing strengths is an art*.

Being open-minded and nonjudgmental: Finding a “good fit” for the MIHOW strength-based program. MIHOW program leaders are explicit about their desire to effectively implement the MIHOW program as they purposefully select individuals for hire who have the basic personality and skills to perform the work of a home visitor in a strength-based way. A program leader explained:

As we're interviewing people, we talk a lot about the fact that we serve people who maybe don't live the way we choose to live and don't have the same values. And we talk to people about how they deal with that. And if we had someone who said, "I would just tell them they had to do this," then we know that we probably don't have a good fit.

One home visitor explained that MIHOW "look[s] for visitors [who] are able to listen and be nonjudgmental," who "could be open to other families" and would "not go in and inflict convictions" on families. Another home visitor affirmed this by speaking about her personal experience as she was being interviewed for that position. She explained that she had been asked to provide how she would handle the scenario of a 15-year-old pregnant woman who asked for information on abortion. She replied to this question by stating, "You have to help [her]." She further asserted that "with MIHOW you have to go in with an open mind. . . . You've got to be an accepting person." Moreover, according to another home visitor, in order to assess whether a candidate is a "good fit" for the position of home visitor, she is also asked to identify her own strengths.

Other MIHOW program leaders and home visitors spoke about the importance of being nonjudgmental and being able to take an open-minded stance. Absent of these basic personality traits, they believe that a home visitor would not be able to connect and build a relationship with the mother. According to MIHOW program leaders and home visitors, forming a strong positive relationship with the mother is paramount to MIHOW's successful implementation of the strength-based approach. Hence, MIHOW program leaders recognize that home visitors from the onset must have the basic personality and skills – being able to be open-minded and nonjudgmental – in order to perform the work of a home visitor in a strength-based way.

Learning to recognize strengths through training and practice: “Training on strengths is the core of what we do.” Although MIHOW program leaders seek to hire individuals who have the inclination to be nonjudgmental and open-minded, they also acknowledge that in order for home visitors to effectively work in a strength-based way, they must receive ongoing training that provides them the ability to practice the strength-based approach. A home visitor described the importance of training: “I don’t care if you’ve worked for MIHOW for 15 years; you’re continually trained on the strength-based approach because it’s just the core of what we do.” Yet another home visitor said, “We’re taught that we change behaviors by talking about the strengths.”

During training, home visitors practice the strength-based approach with one another. The home visitors are paired up and asked to “look at themselves to try to identify their own strengths and what they do well.” A program leader further explained:

There is a talker and listener. The listener has to listen for what got [her] through and then be able to put those things into words that are strengths, strength kind of words. And so they’re looking at strengths of relationships, and they’re looking at strengths of character, and they’re looking at like resources. So they start just by doing that, by listening to each other and looking at those things within each other.

The information exchanged within the pairs is subsequently shared with the entire group of home visitors, who then “‘brainstorm’ a list of strengths found in one another as they heard the stories.” Another exercise practiced during training is “defining, carefully defining the word ‘strength’ . . . so that [home visitors] come up with true strength words and not just ‘feel goods’.” When “it’s just hard to see past the chaos to see what the [families’] strengths are,” a program leader suggested the home visitor “review the whole long list of strength words . . . before she

even goes into a home visit so that she'll recognize some of those things as she's talking to a mom."

An additional way in which the MIHOW program helps home visitors recognize their values and strengths and the strengths of others is through values clarification training. A program leader explained:

Values clarification training . . . helps folks recognize their own values. . . . Maybe their perception of someone else is usually viewed through their value system. . . . If we can recognize our own values, know what they are so we don't allow [those] to impose . . . on [others] as we're hearing their stories or we're working with them in their life situations, then it's easier to see the strengths in a person if we aren't looking at it from our value system.

Although significant time and effort is put into training the strength-based approach, a program leader stressed that learning to recognize strengths could be challenging, especially for new home visitors. One of the home visitors validated this by stating: "I had a hard time when I first [came] to the program of telling [mothers] their strengths. To say the words . . . crafty, incredible or enthusiastic – a label, a name – I couldn't think. But now I can." She stated that the strength-based MIHOW training has enabled her "to use the word 'strength,' to [identify] what strength is, and to help the moms see their strengths."

The extensive role playing that the home visitors practice using real examples, over and over, seems to help them recognize their strengths. When asked to identify their strengths, home visitors and program leaders alike were able to do so. In response to this question, one home visitor replied:

I'm a really good listener. I can really sit there and listen sometimes until I hear a lot more stuff, more information than I need. . . . I can be very nonjudgmental. I don't think anything surprises me now. . . . I can really feel empathy for that family. I really can . . . just . . . go into their shoes and think, "Wow, you are amazing. How can you do this? How can you get through each day?"

Other MIHOW program leaders and home visitors spoke about the importance of being trained on and practicing the strength-based approach. Although home visitors may have the disposition to be open-minded and nonjudgmental, it is apparent that training on and practicing the strength-based approach is necessary in order to fully acknowledge one's own strengths, as well as recognize the strengths of others.

Supporting one another to find strengths and overcome obstacles: "One-on-one."

Another explicit way in which the MIHOW program seems to help staff find strengths and overcome obstacles is through monthly one-on-one meetings during which reflective supervision is practiced. Based on my observation of a training session on reflective supervision, I understand it to be a formalized strength-based activity that offers a period of time in which the supervisor provides a nonjudgmental ear to the home visitor, helps the home visitor answer her own questions, and provides the support, resources, and knowledge necessary to guide collaborative decision-making and problem solving. Based on the interview data, I also learned that reflective supervision is a parallel practice. A program leader explained that what the supervisor and home visitor do during reflective supervision is what is happening during the home visits. She said: "I think [reflective supervision] is what our home visits are."

Analysis of the interview data reveals that the one-on-one meetings have provided MIHOW staff positive, supportive, and non-threatening time when they have heard about their

own strengths and how they can use those strengths to overcome obstacles in their lives and in their work with mothers. It also has provided home visitors the opportunity to talk freely without any judgment about their concerns and challenges. As one home visitor described, “It’s a chance to rant and rave about what we have problems with, what’s going on, what we need help with, anything like that.”

Both MIHOW program leaders and home visitors seemed to treasure the one-on-one meetings. One program leader expressed great appreciation for receiving reflective supervision from her supervisor over the years. She said that her supervisor provided her encouragement and helped her use her strengths to get through many life challenges and obstacles. Moreover, she expressed the value of receiving both the one-on-one meetings and reflective supervision training as those experiences prepared her to take on progressively responsible positions within the MIHOW program. When asked to give an example of how a one-on-one meeting went with her supervisor, she replied:

I [went] to her [my supervisor] and I [said]: . . . “I [sat] up all night [studying].” . . . being in tears . . . “I got a C . . . I can’t do this anymore.” And so she [said] to me, “You know you have three kids and you have a full-time job. . . . It’s okay that you got a C. Everybody else in that class is not carrying the load that you’re carrying.” . . . So she [used] that time to encourage me and by the time we finished talking, it would kind of make me not be so hard on myself. It would make me recognize that I deserve to give myself more credit than what I had.

She went on to say that “I just try to use . . . that whole method of what she [did] for me, with my girls [home visitors]” during reflective supervision.

MIHOW program leaders also facilitate monthly staff meetings similar to the way one-on-one reflective supervision is handled. One home visitor stated: “Every time we meet we have a positive check-in. We do our business. We have appreciations at the end of our meetings. It’s just a lovely way to work.” A second home visitor explained that the positive check-in is strength-based because “[we’re] looking for the good, and when we do that at a check-in at our meetings and reflective supervision, then it helps us to . . . add that to our personal lives and then also to our families.” A third home visitor stated that “We have meetings and [reflective] supervisions with our supervisors where our own strengths are identified and we are able to move on and make ourselves better or stronger.” A fourth home visitor further asserted, “When we’re told what our strengths are . . . then it must be true on some level.”

Realizing that recognizing strengths is an art. Recognizing strengths and helping mothers use those strengths to address their needs in life “is an art,” according to a program leader. She also emphasized that “Recognizing strengths is a process; it’s a long process. And then it’s also being creative in how you suggest things to moms.” Another MIHOW staff person, a home visitor, similarly described recognizing strengths as a process. She stated that “once you can identify your own, it’s a lot easier to identify the mom’s strengths on the home visit.” She further explained that at “every visit we comment on a strength. And it could be a really tiny thing. It just depends on that mom.”

Another program leader explained that “it is easier for [her] now [to recognize her strengths] because [she has been] with the program so long and [her] strengths developed” over time. She indicated that “The program has made [her] stronger in listening, in being strength-based, and being able to see beyond the chaos into what might be good.” She further stated: “I see strengths in everybody. I’m dependable. I think one of my greatest strengths is I believe in

the program.” It is evident that recognizing and building on strengths is a process that develops over time with practice and training.

MIHOW program leaders and home visitors are explicit about wanting to carry out the strength-based approach on a day-to-day basis. Nonetheless, some home visitors acknowledged that recognizing and conveying strengths to mothers is challenging. Perhaps that explains why there seems to be some confusion amongst home visitors distinguishing between strengths and behaviors. One home visitor described a behavior as “anything they [mothers] do really, but strengths . . . come from within.” Similarly, a program leader defined strength as “the things that somebody uses to get through life.” She further explained:

We don’t want home visitors saying things like, “Oh, she’s a good mom, or her house is clean, or she really loves her kids.” We want them to, if her house is clean, what allows her to do that? If she’s a good mom, what specifically do you mean by that? What is it that she’s good at? What are the things about motherhood that she does well with? So we want to really define it so that we come up with true strength words and not just feel-goods.

One home visitor seemed to understand and use “true” strength words when she described how she would speak to a mother about her strengths in the context of the mother’s situation. She stated:

We’re going to say for example, a mom [who] is very organized and . . . maybe looking to return to school, “Gosh what other interests do you have? You may be interested in an accounting job. You are so organized and exact on things, this is something you might want to look into.”

Yet when a different home visitor told a story of how she pointed out a family's strengths, she seemed to compliment the family on their positive behaviors rather than speaking to them about their underlying strengths that enabled them to carry out the positive behaviors.

She said:

They have these fights that are terrible, [but] they've stayed together for three years, that's a huge strength. . . . Well the kids were dressed up one day and I said, "Well that's really nice" and one complimented the other on picking it out. I said, "Well you guys make good decisions together for your kids about that."

Mothers

The finding related to how mothers recognize their strengths is presented by discussing the theme: (1) *Using compliments to point out strengths.*

Using compliments to point out strengths: "She's a big complimenter." Three mothers I interviewed pointed out their strengths, but their acknowledgment of these was limited. One mother said, "I'm good at understanding things;" the second said, "I'm determined;" and the third said, "I don't give up on others." A fourth mother acknowledged that her MIHOW home visitor has taught her "patience," but the mother did not explicitly say that "patience" was one of her strengths. When asked directly about the things she was good at, she proudly said, "I'm good with people and stuff like that in general, and just at home with my kids . . . I [won't] be shy about it." She then went on to speak about her own little photography business. When asked whether her home visitor pointed out those strengths to her, the mother replied:

Oh yeah. . . . Every time she comes, she's like, "I [have] seen those pictures you [have] done. Those are fantastic." And she always compliments on my house and things of that nature. You know, she's like, "Your floors are pretty." . . . She compliments my kids.

She's like, "I love the way you do their hair" and just stuff like that. She's a big complimenter.

Based on this mother's response, it appears that her home visitor may not be using "true" strength words, but rather "feel goods" by complimenting her on what is fantastic and pretty. This home visitor seems to articulate the mother's positive behaviors to her, not her strengths. After asking a fifth mother twice whether her home visitor has pointed out her strengths or what she is good at, she replied: "No; she usually tells me about the programs she's doing for us and stuff like that."

It is evident that the strength-based approach is the core of the MIHOW program for MIHOW program leaders and home visitors. Whether it is core for the mothers, however, is less clear. When mothers were asked directly about their strengths, they did not seem to be able to speak knowledgeably about their strengths or how their strengths were pointed out to them. Yet during the two observations I made at home visits, I saw the home visitor pointing out the mothers' strengths. I observed the transforming reactions these mothers made in response to the home visitor's approach to working with them.

It seems that most mothers' recognition of strengths comes out in less explicit terms. Mothers' recognition of their strengths seems to manifest itself in the way these women are learning and growing and how they feel about themselves, which in turn, seems to have enabled them to dream, aspire, and set goals, as well as carry out their plans to achieve individual life aspirations. The mothers' implicit acknowledgment of their strengths and how they are using those to achieve life aspirations will be discussed in the next section, which addresses research question two.

Achieving Life Aspirations: “Maybe I think I can”

In this section, I address the second research question, which asks: What influence does the MIHOW program have on enabling those persons involved in the program to achieve life aspirations in the key areas of family, health, education, employment, and community? The observation and interview data suggest that the West Virginia MIHOW’s highly supportive, encouraging, and nonjudgmental strength-based approach not only has helped MIHOW program leaders, home visitors, and mothers to aspire and to meet life goals, but also has helped them to get through difficult times. In addition, the MIHOW program has provided significant learning opportunities for these women, who recognize that without their MIHOW involvement, they never would have reached various achievements in their lives.

I have organized the findings to the second research question into two parts. The first part addresses what influence the MIHOW program has had on enabling leaders and home visitors to achieve their life aspirations, and the second part addresses what influence the program has had on enabling mothers to achieve their life aspirations.

Program leaders and home visitors

The findings related to what influence MIHOW has on enabling leaders and home visitors to achieve their life aspirations are presented by discussing the following three themes: (1) *balance*; (2) *job satisfaction*; and (3) *new visions*.

Balance: “MIHOW is a very family-friendly employer.” One prevailing aspiration of both the program leaders and home visitors was to have the ability to balance both family and work. One program leader explained that she has had the freedom to bring her children with her when she is required to travel out of state for her job, and said she is “appreciative of that.” She

further stated: “I can still get my work done; I can still be a mom, and I don’t have to decide between the two for that period.”

The program leader also explained that “We’ve had outreach workers who bring their kids to conferences, and that’s encouraged, or bring their husbands because . . . they [home visitors] don’t want to drive on a long trip by themselves.” I observed this to be the case. Not only were MIHOW staff able to bring their children with them to the West Virginia Home Visitation Conference, they also were provided child care while the training sessions were in progress. At yet another observation, a MIHOW site meeting/training event, I noticed that a home visitor’s teenage daughter was present. While the site meeting/training was taking place, this young lady was working on what appeared to be school work in an area adjacent to the meeting room.

Another staff person, a home visitor, further reinforced that MIHOW is a supportive and flexible employer that is accommodating when it comes to family matters. She said, “To have a boss [who] understands that you have a family and that things come up and you can’t suddenly be there or something, to understand that takes a lot of stress off you.”

A program leader who worked her way up from being a home visitor to a high-level leader in the MIHOW program expressed great appreciation for MIHOW being a family-friendly employer. While this staff person has been promoted into progressively responsible positions within the MIHOW program, she believes she has simultaneously been able to meet one of her greatest life aspirations, which is “to be a good mom.” She explained:

I’ve always wanted to be like a good mom at the end of the day and just to feel like I’m giving my kids all of me. . . . And this job has always allowed me to do that . . .

[Mountain Ridge] is very, very family-friendly and understanding about things. . . . I

mean I'm the executive director so I do make my own schedule, but [the job] is very time consuming. So I just want to make sure that I can balance things and never make them [my children] feel like they're in second place. So I'm just really careful with that to just make them know they're number one. So that's the thing that I keep on my mind the most.

It is apparent that the MIHOW program has supported program leaders and home visitors both professionally and as parents. The MIHOW program provides a supportive, family-friendly work environment that enables MIHOW program leaders and home visitors to achieve the life aspiration of balancing both family and work.

Job satisfaction: "MIHOW makes a big difference." While job satisfaction may not appear on its face to be a life aspiration, for most human beings a desire to be satisfied in their employment is important. For MIHOW women, this certainly is the case. MIHOW program leaders and home visitors generally experience high levels of job satisfaction because they believe that "MIHOW makes a big difference." Staff attributed their high levels of job satisfaction to MIHOW's focus on strengths, which provides on-going training and opportunities for learning, highly supportive and collaborative working conditions, and the rewarding experience of serving mothers in their own communities. Coping with families' hardships, however, seems to be an aspect of the MIHOW program that for some is affecting their emotional well-being.

On-going training and learning opportunities: "MIHOW gives me everything I need to do my job." On-going training and learning are two major elements that provide MIHOW staff job satisfaction. When one home visitor was asked whether the MIHOW program was what she

expected when she joined the staff, she replied: “It’s everything I expected and more” because “you’re constantly learning on a daily basis.” She went on to say:

MIHOW trainings are as much for me as a home visitor as they are for the families. I’ve never walked away from training . . . feeling like I haven’t learned something new, each and every time. . . . I really feel like MIHOW gives me everything I need to do my job.

Another home visitor similarly stated: “One of the best parts about [training] is you learn something new all the time to take back to your families.” Other MIHOW program leaders and home visitors expressed the same sentiment about the high level of job satisfaction they get from participating in MIHOW trainings as they view the trainings highly valuable both on the job and in their personal lives.

Supportive and collaborative working conditions: “Somebody’s got your back.” The observation and interview data reveal that the MIHOW strength-based approach influences relationships among home visitors and between home visitors and supervisors. West Virginia MIHOW staff have close, trusting relationships with each other, including those in leadership positions. Their strong relationships appear to contribute to MIHOW’s highly supportive work environment which, in turn, provides MIHOW staff a high level of job satisfaction. One home visitor described what her supportive and nonjudgmental relationships meant to her:

It’s very rewarding. . . . I have a wonderful support system, I mean with MIHOW. I mean if you’ve got a problem . . . you’ve got your other ladies there you can talk to. . . . We have this one-one-one thing with [Nora]. . . . To have someone as wonderful as [Nora] be your boss and to go in and she’s always there for you and to help you, that’s one bonus that I have with this job. [Nora] does so well with helping you get to your strengths and she’ll talk to you no matter how long it takes. . . . Just being able to have somebody

[whom] you can talk to openly and not have to worry about being judged or screamed at or say you can't do that. I mean just having someone [who's] there for you, knowing that they're there for you is a big support, you feel like somebody's got your back.

Similarly, another home visitor spoke about her high level of job satisfaction because of working in a supportive working environment. She said: "They [MIHOW supervisors and co-workers] help you so much both with work and outside of work. I have learned from them. And just having someone there you can talk to about anything is comforting. And they are good listeners." The supportive working environment seems to have also enabled MIHOW staff to get through difficult situations and challenging times. Several home visitors spoke about how their co-workers and supervisors had supported them in their personal lives. One situation included the death of a spouse. One home visitor said, "When my husband died twelve years ago . . . they were there for me just on a personal level. . . . They gave me time to grieve without the pressure of jumping back to work. They helped me and my kids and let me work around my kids' schedule since I was now a single parent."

Rewarding experience of mothers serving mothers in their own communities: "It gives you that intense feeling of giving back." The interview data reveal that the MIHOW staff's work helping other women to recognize their strengths is a rewarding and humbling experience that in effect alters the way program leaders and home visitors live, as well as how they view their lives and the lives of others. A program leader explained: "[MIHOW] work is helping other women recognize what their strengths are and that in itself changes you. It gives you a whole different perspective on life. . . . It humbles you." MIHOW program leaders and home visitors overwhelmingly felt rewarded by the work they do with mothers because it makes a "big difference." One program leader explained that working for MIHOW gives you "that intense

feeling of giving back, of being part of something great, of making a difference in people's lives." One home visitor, who said, "I love my job," explained:

I use the strength-based approach in my own life and I find myself thinking everyone has strength[s]. I love that I get to help out women who live around me and who really need that help. They want to do right by their kids and they just don't always have the best people around to help them do that. But if I can be there with MIHOW then I can be that person for them. And it is only a little bit but it makes a big difference. I like that being a home visitor. It makes a big difference. There really isn't anything better than that.

MIHOW home visitors also feel rewarded by their work because they believe that the mothers teach them as much as they teach the mothers. One MIHOW home visitor said, "People I visit teach me as well. . . . I come away from visits and I think they schooled me . . . They teach . . . the importance of life I think, and value, family values." Another staff person explained this notion further:

We get so much more from the people we visit than we are ever able to give to them. We're the ones who have received all the training and all the information and we're going into people's houses and we're helping them understand all this very important information about pregnancy and about raising children. . . . But they are turning around and teaching us about life. And there's so many, many more life lessons than there are pregnancy and childhood development lessons. . . . So it's a pretty amazing journey.

It is evident that MIHOW program leaders and home visitors have achieved job satisfaction due to their rewarding experiences working with mothers and families.

Coping with families' hardships: "We carry so much." Although MIHOW staff have high levels of job satisfaction, some aspects of home visitors' jobs are less than satisfactory. One

home visitor said, “We carry so much.” Situations including “a family whose electricity was cut off,” “a family whose dog was run over,” and “a mother whose baby will be born with a serious physical abnormality” seemed to make her feel powerless. She frankly expressed the negative effect that these situations have had on her:

You may go into one home and they’re very unhappy. You can’t change them; you just worry about them. And then it’s just like you can’t shake it off. Are there any things out there that we can get help from for our own selves? Because there [are] a lot of times I carry stuff for a long time.

MIHOW program leaders acknowledged that home visitors often must cope with situations that take a significant emotional toll on them. Given the stressful nature of home visitors’ work, they emphasized the value of reflective supervision and the importance of creating a supportive work environment. One program leader explained: “There are times when it can just be overwhelming . . . because of substance abuse or . . . domestic violence or . . . terrible poverty. So being part of that with those families can take a real emotional toll.” Yet another program leader shared stories of especially difficult circumstances are “hard for the workers [home visitors] to have to deal with.” She explained that home visitors sometimes have to deal with watching drug-dependent babies suffer. She further spoke about a time that a mother “rolled over on [her] baby and killed it. You know that’s traumatic for that worker because she questions like, ‘Could I have done something?’” Despite the acknowledgment, the data suggest that the one-on-one meetings and other efforts to support home visitors may not be sufficiently meeting the needs of all home visitors.

Compensation and staff turnover also appear to be affecting the job satisfaction of MIHOW staff. According to one home visitor, working for MIHOW “is a labor of love.” She

explained: “It’s not a way to get rich. . . . If you stuck around it was because you really loved it.” Home visitors expressed that they would like to work full-time and have higher wages, benefits, and other resources such as access to vehicles for making home visits. Program leaders are also challenged with funding limitations. According to one program leader, in the past few years MIHOW has experienced “more turnover with home visitors because people [home visitors] get . . . full-time jobs.” As a result, according to the leader, “It seems [MIHOW is] constantly in the process of hiring.”

Despite the limitations with compensation and the emotional toll the job sometimes takes on home visitors, MIHOW staff spoke with deep appreciation, and in emotional and glowing terms, about their rewarding experiences working for MIHOW. The high level of job satisfaction of MIHOW staff seems to be a result of their training and learning opportunities, their nonjudgmental, positive and supportive working environment, and their rewarding experience enabling them to meet their aspiration of job satisfaction by “making a big difference” in the lives of the mothers and their families.

New visions: “MIHOW, that’s where I got the confidence.” When the program leaders and home visitors were asked how the MIHOW program has affected them in terms of achieving life aspirations, rather than speaking about themselves, most spoke about how the program affected the lives of others. One home visitor described her colleagues as “amazing people who have done beautiful things and used MIHOW as a steppingstone to go on to do other really great things for themselves, for their communities, [and] for their families.” MIHOW staff often mentioned that home visitors have left the MIHOW program and moved on to become teachers, nurses, and so on. A program leader said:

Their confidence is built. They feel accomplished. They recognize that they have . . . been through training and . . . they [realize] that they're supporting other people to move on in their lives. We have one home visitor who recently came back. She worked with us about seven years ago and decided to go finish her degree and is now a teacher in Greenbrier County but lives right over the border of Fayette County and came back and said, "I want to come back and just do a few home visits. This is where my heart is."

Though this home visitor succeeded in achieving her aspirations of obtaining a college degree and becoming a teacher, she most likely did not envision that she would return to the program again. Nonetheless, it seems that because of the MIHOW program, this home visitor has been successful in achieving several of her life aspirations, including her yearning to return to the program to work once again as a home visitor.

Yet another program leader spoke about a major life achievement of a different home visitor, a single mother of two children, who had been working three part-time jobs including her MIHOW job. Although the home visitor had been working several jobs, she was not earning enough income to eliminate her need to receive public assistance. The program leader explained that she discreetly and unobtrusively asked the home visitor to consider working more hours for the MIHOW program. The program leader knew that if the home visitor agreed to work more hours for the program, she could possibly work fewer hours at her other jobs and eliminate her need for public assistance. The program leader understood that "the thought of going off public assistance scared her [the home visitor]." Realizing this, the program leader said that she "didn't push her because [she] felt . . . that [was] a big deal" for the home visitor.

Nonetheless, the program leader observed that "the more the home visitor went to MIHOW trainings and the more she was around us [the home visitors], she saw that maybe . . .

independence wouldn't be so scary." Then the day came when the home visitor requested to work additional hours. The program leader stated that "she [the home visitor] came to me and said, 'I feel comfortable and confident now. . . . I could do this and not live on assistance [anymore].'"

It seems that the MIHOW strength-based approach set the stage for this home visitor to gain the confidence to make a significant change in her life. This newly gained confidence enabled her to establish and meet a major life goal. It is also apparent that without the MIHOW training and the nonjudgmental, positive, and supportive MIHOW work environment, this home visitor may not have ever achieved the accomplishment of being able to fully support herself and her family without public assistance.

In another case, a home visitor spoke about an achievement she accomplished specifically because of her work with the MIHOW program. She was offered the opportunity to attend training on car passenger safety. The home visitor explained the reasons she did not want to attend:

I thought . . . I will never do this. [Nora] reassured me. She said, "[Trisha], didn't you drive a bus?" I said, "Yes. But to sit there and say these things and do all of this?" She said, "You'll have no problem. You'll pass". . . . I doubt myself a lot you know.

The home visitor continued to express doubt about her abilities, but then she explained that she garnered the courage to go Parkersburg "by [herself] for a whole week" to attend the training. She explained that the training was "intense;" they learned about "different car seats, the weight, the height, the measurements, how old you have to be" and so on. She then said with excitement:

And after doing that, well honey I made an A, and guess what? . . . I did my tests. I [did] my trainings out in the public [and] went to speak about it. Well, listen to this. . . . The state of West Virginia has recognized me on car seat safety and stuff and you know fixing people's car seats!

The home visitor acknowledged that she “worked hard for that.” She went on to say proudly: “You know, there were six state police in there with me with training almost four years ago. And I'm beating them.” The MIHOW program not only provided this home visitor the opportunity for training, but also gave her the emotional support to believe in herself, and once her confidence was built, she strived for an A on the car passenger safety exam. It appears that the MIHOW program inspired and empowered this home visitor to establish a goal and to achieve it. Furthermore, it enabled her to reach an even higher achievement – to be recognized as the top car passenger safety technician by the state of West Virginia – an achievement she had never envisioned.

When I asked one program leader about her future goals and aspirations, she very easily replied because she “just had that same question asked by the Mountain Ridge Board of Directors.” She went on to say:

I grew a lot through MIHOW. I'm not even sure that I ever even envisioned myself being the executive director. I . . . thought MIHOW site leader . . . would be the top for me. I wasn't even thinking of running the whole place. So, the board has offered to pay all the way up to a master's degree. . . . So I think they've just opened up doors or possibilities for me that I never thought [were] possible, financially . . . or that I could even do it.

As the program leader discussed this, she was contemplating the decision to assume the Mountain Ridge MIHOW Executive Director position on a permanent basis. She said:

I know the place, and I'd been helping Sister [Frances] for over a year . . . as she was transitioning out so she was kind of teaching me some things to be able to teach the new person so it wouldn't be all on her trying to get the new person ready. So then the more she kept training me, the more she kept saying, "[Nora], you could do this job." And then I would be like, "Um, no I can't."

As the program leader talked to me about the prospect of taking on the executive director position permanently, she reflected upon how MIHOW helped prepare her for this position and said, "I was just thinking, yeah, maybe I can. Here I am telling everybody else that they can do this. . . . And then I thought, well am I truly doing that myself? Am I putting limits on myself?" She reminisced about one of the fears she overcame by working for the MIHOW program over the years and went on to say:

I can just remember being nervous about even having to get up and speak in front of ten people and now they're sending me to parishes . . . to speak at . . . and different places that have hundreds of people. And I still get nervous but I mean not to the degree I want to throw up. So yeah, so I'm just going to take this job.

The program leader's decision to accept the executive director position on a permanent basis seemed to come to a culmination as she talked with me about this. She also clarified that "it was never really [her] intention to be executive director." She emphasized again, "I guess I never even envisioned myself doing that is what I'm saying."

It is evident that MIHOW program leaders and home visitors have been successful in achieving numerous accomplishments in their lives. Moreover, the evidence seems to demonstrate that the MIHOW program has served as a catalyst for home visitors and program leaders to establish new visions, as well as achieve many life aspirations, some of which they

never considered possible. As one home visitor put it, “I’ve watched a lot of home visitors just grow and do things they never really thought they would do.”

Mothers

The findings related to what influence MIHOW has on enabling mothers to achieve their life aspirations are presented by discussing the following two themes: 1) *self-efficacy development through strengths*; and 2) *transformation through strengths*.

Self-efficacy development through strengths: “I feel self-worth and all kinds of goodness at once.” The observation and interview data suggest that the way in which the home visitors related with mothers helped these mothers increase their self-efficacy, which seems to be the force behind mothers’ desires to achieve higher life aspirations. MIHOW program leaders and home visitors expressed belief that the strength-based approach “builds relationships” and “builds people’s confidence, which motivates mothers to establish and carry out their goals. As one home visitor explained:

I think the strength-based approach is when people are told what their strengths are and when they identify them then they [say]: “Oh, I really do have those strengths.” I think it just motivates them to change. I think it gives them self-confidence. It helps them with being able to cope with things that have been going on in their lives. It gives them a whole new outlook of the future. It just gives them the tools they need. It’s just a simple thing but gives them that motivation.

One mother acknowledged that her home visitor has been her reinforcement, a “kind of side view,” who has helped her increase her self-awareness and self-esteem, which seems to be the impetus for this mother to believe that she is capable of establishing and achieving life goals. The mother explained:

I don't have a lot of self-confidence and I don't do anything for me. I need to take care of me or fulfill one yearning, to go back to work or to school, to feel like I'm worth something either in the community or from family. . . . She's [my home visitor] taught me to rebuild myself.

The mother praised her home visitor for facilitating a process in which the mother achieved her goals of becoming "more aware and . . . a better mom." After participating in MIHOW for about three and a half years, the mother confidently stated, "I feel like I can actually do the whole parenting thing." When asked how that makes her feel, she replied: "Like appreciated and self-worth and all kinds of goodness at once." As a result of this mother "rebuilding herself," she has overcome numerous life challenges and has developed optimism leading her to aspire and to carry out life goals she has established for herself and children.

Other mothers spoke as well about their increased sense of confidence and competence. "I'm well-informed now." "It gave me confidence." "I'm determined. "I'm stronger than I thought." Mothers also spoke about feeling more in tune with themselves and their own strengths as a result of their MIHOW experiences, which seems to have increased their self-efficacy. They spoke of being respected, feeling encouraged and prepared, being informed about their rights, being more knowledgeable and aware, and having an increased sense of confidence that enables them to achieve aspirations that benefit themselves, their children, and others. The achievement of higher levels of self-efficacy appears to be essential to the mothers' beliefs in their own abilities to aspire and to achieve life goals. In other words, their strengthened belief in themselves seems to have set the stage for these women to face challenges more competently and to achieve goals they established for themselves and their families.

Transformation through strengths: “If I don’t take care of myself, then I can’t take care of kids properly.” The types and kinds of life aspirations mothers had for the future for themselves and their children varied depending on where these mothers were in terms of their self-efficacy. A program leader explained that the MIHOW program provides home visitation for a “broad spectrum of women.” She further explained that “money makes a huge difference in people’s lives” and “when we have moms who aren’t as poor, we see even more happening in a family.” The observation and interview data suggest that the longer mothers were involved in MIHOW, the more positive they were with looking at their future and setting goals, as well as more successful in achieving those goals.

For one mother, participating in the MIHOW program for three and a half years has served as a powerful catalyst for ongoing positive change in her life. Since this mother became involved in MIHOW, she has significantly increased her self-awareness, self-esteem, and confidence. She changed her way of thinking about what she needs to do and be in order to achieve her life aspirations. Her story presents evidence that the MIHOW program facilitated a process that helped increase her self-efficacy, which in turn gave her the ability to achieve many family and educational aspirations while facing serious life obstacles.

At the time of the mother’s first interview, she initially seemed agitated. According to the mother, more than a month had gone by since she had received a MIHOW visit, which at first seemed to be what was irritating the mother. But as the interview progressed, it was detected that the mother was more scared than irritated, and she felt alone. The mother’s explanation of the MIHOW handout materials revealed her state of mind and attitude toward not having a home visit as expected:

[The MIHOW handout materials explain] everything pretty much from conception to birth and what to expect. It's like if you put all of it together it's pretty much like a free book. That's about it. What to expect in your body changes and how people around you should help you, which never works out. But whatever.

Having subsequently learned about this mother's life challenges, it became apparent that the front of indifference the mother put up, saying "whatever" during this conversation, was merely the way she was coping with what she perceived to be yet another life disappointment.

Despite this mother's perceived disappointment with not receiving a recent visit from her MIHOW home visitor, after only having had three home visits she expressed admiration for her home visitor, who "doesn't beat around the bush." The mother described her as someone who is "fun to a point," but isn't afraid to tell family members: "Hey, you're supposed to be here for her and help her out, and no smoking in the house."

The mother appeared to recognize very early that her MIHOW home visitor was her supporter. The mother quit smoking once she became pregnant and wanted her fiancé to quit smoking as well. The mother stated:

I quit [smoking] months and months ago and I'm trying to get him to quit . . . and [my home visitor] brought me signs to put up outside on the doors, "No Smoking. There's a Growing Baby Inside," and then some other window signs.

This mother wanted and needed the support and advocacy of her home visitor to help her achieve her desire to have people in her life care for her and care about what is healthy for her and her baby. Early on in her involvement with the MIHOW program, she described her home visitor as someone who could perhaps help her achieve one of her aspirations – get those persons around her to start caring. She stated:

I [have] nobody to care for me or help me out or care about anything. So somebody has got to step in and say, “I’m here for you. I’m going to care for you, you know, and this is how you do this, and there [are] different techniques.” You’ve got to develop your own techniques.

The mother went on to say that “She [my home visitor] is a voice that you wish you had. But she gives you that in the end, you know” suggesting that her home visitor facilitated a process that appears to have enabled the mother to achieve the goal of having her “own voice.”

At the time of this mother’s second interview, she had given birth to her son, Nelson, who was three months old. Without hesitation, the mother shared her life happenings. She stated that she had been evicted from her home because she was “late for the court date.” The mother further explained that she refused to pay her rent the last month because the landlord “just let it go to crap . . . The hot water heater was broken [and] leaking everywhere. [It] ruined three walls and mold was everywhere.” She said, “I just, I wasn’t having it. I got the health department on her.” On top of this major life obstacle, the mother revealed that she was also dealing with child custody issues. She said that she was on her way “to drop off the papers at the courthouse for full custody” and explained that “things [aren’t] working out with me and the dad.” Despite the challenges and chaos the mother was facing at the time of this interview, she spoke happily about her son, and shared a few details on his sleeping patterns and growth.

By the third interview, this mother had given birth to another child, Timothy, who was two months old. Her first son, Nelson, had just turned two years old. The mother’s living arrangement changed from living in an attic to living in an apartment with her two children and Timothy’s father. Along with MIHOW home visitations, the mother had been receiving other interventions for her first-born son, Nelson, to help with his developmental needs. She talked

about those and emphasized “kids learn through play.” She also talked about matching up the early interventionist’s milestones with “Miss [Laura’s] milestones.”

During this interview, it was apparent that the mother was eagerly working on goals established for her son’s developmental progress, and expressed a great sense of accomplishment as she worked toward meeting those goals. She said:

I’m like, okay what’s the next step? He’s trying, we keep doing this, and [then] I introduce him to something else. So we’re taking it easy and she [my home visitor] is awesome. She gives a lot of information.

Although this mother was diligently working with her son to help him reach his developmental milestones, she blamed herself for her oldest son’s developmental delay. Nevertheless, she had established yet another goal, to quit her 16- to 18-hour shift job in order to spend more time with her children. She explained the basis of her decision:

I want to make sure I bond with this one. . . I was having problems with [Nelson] talking because I was never around . . . I was working. I don’t want to have that problem with this one too. And I’m back on my depression meds just waiting for them to kick in. . . . I really let him down. Like where I wasn’t talking to him, I wasn’t reading to him. I was just taking care of him and just sitting there holding him, I was really not myself.

At the time of this interview, it was evident that this mother had established and had been achieving a number of goals that provided numerous positive outcomes for her and her children. This mother also began to think about her future goals. She mentioned that she wanted to return to school to become an “LPN or an RN,” but not for a little while yet because of her children.

At the time of the mother’s fourth interview, her oldest son, Nelson, had just turned three years old, and his younger brother, Timothy, was one year old. Throughout the interview, the

mother exuded happiness and exhibited optimism and hope for herself and children. There were obvious changes in the life of this mother. Throughout the interview she credited her home visitor for the positive changes she had made in the way she thought about herself and provided for her children. She demonstrated that she was tuned in with her children. This mother also gained a new awareness. She said: “If I don’t take care of myself then I can’t take care of kids properly.” This mother clearly recognized that she had to take care of her own health and her essential needs before she could take care of anyone else.

This mother had begun attending a local college and was proud to share her accomplishment of earning a “100 in [her] first class and a 98 in [her] second class.” She talked about wanting to work to gain some experience after she completes her Medical Credential Assistant program and then later possibly to pursue a degree in nursing. When talking, she beamed with even more excitement when talking about her sons. She said: “I read to them more. Their speech has been better than it was last year.” She talked with confidence about the way she balances family and school:

Well the little ones take an afterschool nap or . . . when they’re doing their snack . . . I’ll start my homework. And then when they’re in the bath, I’ll sit on the toilet and do it while they’re right there in the bath. Sometimes they go to bed earlier and then I’ll do it then.

It appears that the MIHOW program helped this mother to recognize her strengths and use those to help her stabilize her health and living conditions. As a result, she has increased her sense of self-efficacy, which seems to have enabled her to make incremental changes and improvements in her life and put forth a strong effort to achieve her life aspirations.

The evidence appears to demonstrate that the MIHOW mothers believe they are stronger individuals and better parents because of their participation in the MIHOW program. Most mothers interviewed attribute their involvement in MIHOW to their successful pursuit of achieving many of their life goals, but not necessarily all of their life goals. The pervasive focus on strengths, combined with MIHOW's emphasis on learning, seems to be transformative for these mothers. As a result, mothers have strengthened their ability to overcome obstacles, as well fortified their commitment to establishing and meeting many of their life goals. As one program leader put it:

If I had to say what . . . really makes MIHOW a successful program with . . . mothers, it's that we help them see what they do well and how they do that well and how they can use that in their lives to move ahead in their lives in everything else they want to do. And when you think about that [it's] a pretty amazing thing.

Leading to Make a Difference: “Family is important, community is important”

Because research questions three and four both pertain to leadership and the findings for these overlap, I address the findings for both in this section. Research question three asks: In what ways do the participants of a strength-based home visiting program perceive themselves as leaders in various areas of their lives? And research question four asks: How does servant leadership in a university-community partnership contribute to positive social change for women and their communities?

The West Virginia MIHOW program provides a highly respectful, supportive, encouraging, collaborative, and egalitarian work environment, which in turn, has fostered the leadership growth of many program staff and mothers. The West Virginia MIHOW program seems to facilitate a process that helps women advocate for themselves, their children, and families, as well as enables these women to blossom into community leaders.

Whereas prior sections separated the perceptions of program staff and mothers, this section does not as the findings for research questions three and four are interwoven. I believe organizing the findings for this section in this manner more accurately presents them. The data related to the ways MIHOW program leaders, home visitors, and mothers perceive themselves as leaders in various areas of their lives and how the MIHOW program contributes to positive social change for women and their communities are presented by discussing the following five themes: (1) *leading by example*; (2) *leading from beside*; (3) *advocating for self and others*; (4) *blossoming into community leaders*; and (5) *promoting community wellness*.

Aside from these themes, there was an ancillary finding that resulted from analyzing data related to the two aforementioned research questions. When MIHOW program leaders and home visitors were asked how they view leadership, they always hesitated before replying to this question. Analogous to this finding was that MIHOW staff appeared to speak more easily about the leadership of others involved in the MIHOW program including mothers than they spoke about themselves. In other words, women in the study – program leaders, home visitors, and mothers – seemed to feel uncomfortable talking about themselves as leaders.

Leading by example: “Caught not taught.” Observation and interview data suggest that MIHOW staff view themselves as role models; they lead by example. A program leader noted that leadership skills are “caught not taught.” In other words, through modeling, “you do what somebody else is doing, what seems to be working, and not necessarily what someone tells you to do.” A second program leader stressed that supervisor training “is a big piece” of helping consultants, site leaders, and supervisors build their leadership skills, but more important than that is role modeling. She credited the MIHOW strength-based approach for fortifying her leadership. She said she “feels competent” and “knows how to . . . lead others to think about

solutions” because of practicing and using the strength-based approach when facilitating training, meetings, and reflective supervision. She went on to explain:

By providing reflective supervision, we’re providing what we hope they [home visitors] provide to the moms. It’s a parallel process and we’re modeling that all the time through training . . . and every interaction.

A third program leader expressed a similar sentiment. She identified role modeling as one of the most valuable ways she developed her leadership skills as it prepared her to assume progressively responsible positions within the MIHOW program. She went on to explain:

I’ve learned a lot obviously in classes, but I learned a lot from [my supervisor] just doing it [reflective supervision] with me, and then me turning around and doing that with the girls [home visitors]. . . . I’ve watched [my supervisor]. I’ve watched my regional consultants. They just lead by example. I guess of how they interact with their staff and when we’re at trainings. . . . Our regional consultants . . . are awesome and are good examples of the way you treat people.

One home visitor believes that she is viewed as a leader by her peers because she has trained them through modeling. Her peers have observed her during home visits where she has shown them how to approach the mother as well as the child. This home visitor presumes that her peers seek her leadership and guidance in working with MIHOW families because of her experience. The home visitor went on to say, “[They look at me as a leader] because of how I can relate to parents and how you cannot overwhelm yourself in a home visit. I just role model for them I guess.” Other home visitors expressed similar sentiments about serving as role models for one another, the families they serve, and their communities. One home visitor stated, “You have to always be that good role model . . . not [just] when you’re doing home visits.”

Observation and interview data suggest that MIHOW home visitors perceive mothers as “the leaders in their homes.” One home visitor said: “They’re the first and foremost leaders in their own homes.” She further stated:

They have the experience of [running] a home. They’re the ones who make sure day-to-day [things] run in that home. And they’re also leading the development of their children with the activities that we’ve [home visitors] left.

Some mothers have similar perceptions of themselves as role models for their children. One mother who was asked how she perceives herself as a leader responded by saying: “I lead my children. I’m a decent leader. I’m still learning.” She explained that her leadership role as a disciplinarian “is not always easy but you do have to hurt their [children’s] feelings sometimes to get them to behave the way you want them to behave and the way you know that they should and can behave.” This mother of three children acknowledged:

I’m still learning . . . and I try to pass that down to my children. I just try to explain things the best that I can so that they understand. You just can’t tell them not to do something. You have to explain why they shouldn’t do it and what the consequences are going to be if they do it.

This mother believes that her leadership skills as a parent have been strengthened from her MIHOW program experience. She said, “When she [my home visitor] comes and gives me refreshers about what activities I can do with the kids and things like that – that helps with leadership.” The mother gave an example of how she used the information and knowledge she had acquired from her home visitor to teach her children age-appropriate responsibilities, as well as how to delegate those responsibilities:

[Ivan] can do dishes. He can cook food. He can sweep and take out the trash. . . .

[Lindsey], where she's six, she can help with the pasta, but I don't want her right over top of the boiling pot either, so I let her break it open in a bowl and then I place it in the pot. That way she doesn't get burned. But she can help serve ingredients. She can help wash dishes, sweep the floor, and help take out the trash. And [Conner], he can probably play in the water a lot. I don't think it would get any further than that. But he can sweep.

One program leader believes that "Kids are going to look at what their mom is doing. And if we [the MIHOW staff] can help her do that in a way that's healthy, that's going to impact her kids." In this example, it appears that this mother is leading her children by example. By encouraging parents to be role models, the MIHOW program is engaging mothers to develop and grow as leaders of their children and household, which in turn, is contributing to the education and development of their children.

It is evident that MIHOW program leaders and home visitors view themselves as role models who lead by example. It also evident that home visitors perceive mothers to be roles models for their children. Moreover, home visitors believe they are viewed as role models by the mothers they serve, their supervisors, one another, partnering agencies, and members of their communities. They have honed their skills in leading by example, by attending strength-based supervision training, practicing reflective supervision, and by building and maintaining supporting and trusting relationships with one another. Whereas in some formulations leading by example is leading from in front (e.g., Betkowski, 2013), in MIHOW, leading was practiced in a way that involved working collaboratively.

Leading from beside: "There's no 'I'm the boss.'" Observation and interview data suggest that MIHOW staff members are team players who take a collaborative and egalitarian

approach to leading. MIHOW program leaders and home visitors seem to lead from beside. One program leader stated: “There’s no ‘I’m the boss.’ It’s a much more, ‘let’s all figure out how to work together to make this thing work.’” She further explained:

I work hard to make sure that everybody has an opportunity to speak and if people don’t speak on their own, I invite them to speak. And if they don’t want to, they don’t have to. But I want to make sure that people are given the opportunity.

This program leader believes that “everybody has something to offer.” She also believes the best way to lead is by “looking at what people’s strengths are and getting them to use those strengths for the benefit of the group, the project, the training . . . or whatever it is you’re working on.”

Another program leader said that “Sometimes you see leaders who just want to be bossy.” This program leader does not view her leadership role this way. She believes that leaders should not “just walk around and delegate out jobs. . . by putting things on a piece of paper and telling people what to do.” Rather, this program leader feels that it is extremely important that the “home visitors understand that [she] values their opinions.” She said, “If we have certain events and things may go wrong . . . I always open it up to them . . . Like hey, if anybody has better ideas throw them at me and we’ll see what we can do.” This program leader appears to demonstrate that she values inclusivity and works collaboratively.

She further explained that a leader should not portray greater importance than her subordinates. She said, “I would never, ever want to come across as that type of person.” She further explained that “MIHOW has taught me that good people sometimes make poor decisions and that people who know better will do better. People just need the confidence, encouragement, support, and the resources.” Similarly, a home visitor spoke about how during home visits she

“does not put [herself] above other people:” “I always sit on the floor. And the reason why is because I’m at the child’s eyesight. I’m no taller than the child. That child could look at me as somebody too. . . . I’m on their level.”

Although there are hierarchal lines between MIHOW site leaders, supervisors, home visitors, and mothers, MIHOW staff members view leadership as a collaborative effort where individuals’ strengths are leveraged. Moreover, it seems that MIHOW program leaders and home visitors view themselves and mothers equally in fundamental worth regardless of position. This stance seems to have, at least in part, created an egalitarian environment where each person is respected and valued.

Advocating for self and others: MIHOW empowers women to “become the leaders they want to be.” Observation and interview data suggest that the MIHOW program helps both MIHOW staff and mothers to learn how to speak up for themselves, make decisions about their own lives, learn how to get information in order to understand things that are relevant to their needs, know about their rights and responsibilities, and have the opportunity to participate in decisions that are being made about their lives. In other words, the MIHOW program helps mothers learn to be advocates for themselves, their families, and the communities in which they live, which in turn, empowers them to take lead in their lives in a variety of ways. From a program leader’s view, the MIHOW program “creates leaders.” She said, “We just try to help them be the leaders they want to be.” She further explained:

I think part of [MIHOW] is helping women learn to be advocates for themselves and their families . . . and part of that I think is helping women figure out how to do that in a way that’s helpful. That starts even in pregnancy when the outreach worker is helping her figure out what questions she is going to ask the doctor at the prenatal visit. It hasn’t

occurred to some moms to ask questions or to think in advance about what questions that they have. And so then it kind of starts helping them form habits that I would say improve their lives because they feel more in control of their lives and they take more control of what's going on.

Other MIHOW staff expressed the same sentiment. One staff member noted that the MIHOW program “makes parents feel stronger and more confident in what they're doing, [which] makes them more apt to become involved or to understand how to . . . advocate for themselves and relate to agencies and the school system.” One program leader spoke about how the MIHOW program “totally changed [a mother's] life just [by] having someone recognize something in her.” The program leader explained that the mother “had some mental disability” and dropped out of school in the seventh or eighth grade because she had such a terrible experience in school. The program leader went on to explain:

She dreaded school [so she] did not want her child to go to school. We dealt with it for about a year before he went to school, and by the time this little boy went to school, this mom was so happy to take him to the bus. She went into the school and talked to the teacher, and then later both of her children were in school. . . . I actually saw her on TV at a Board of Education meeting [years after her participation in the MIHOW program].

Home visitors believe that MIHOW's strength-based approach enables mothers to feel more powerful because they come to realize their importance in affecting what will happen with themselves and their children. According to one home visitor, “We have some moms who become really strong leaders in their families, who go from feeling like . . . they are just living . . . to being the leaders of their families, being able to feel more confident about setting rules and boundaries.” One mother, for example, said: “I'm more aware now what I can and cannot do,

with sugar, and brushing their teeth all the time after they're done eating. . . . I read to them more [and] their speech has been better than it was last year."

Another home visitor spoke about how they [home visitors] teach mothers "about the options they have in the delivery room" and that gives them "empowerment to say, 'No, I really would like it this way,' or to question it at least until she feels validated in what her cares and concerns are." One first-time mom spoke about this sense of empowerment after learning about her rights. She explained that before her involvement in the MIHOW program, she "had no idea of any rights." In addition to being informed about them by her home visitor, she also learned that those rights might be challenged:

[My home visitor] gave me information that you can stand up during labor. You can watch yourself in a mirror. You can pull the baby out yourself. I didn't know any of this. . . . [She] told me . . . that just because [the hospital workers] say you have to do one thing, you don't have to do that. It's your time. You do it how you want to. . . . If you want to cut the baby's cord, you can do it instead of daddy. You don't have to go by what they say.

Similar sentiments were expressed by other mothers interviewed. They spoke of being respected, feeling comfortable and prepared, knowing what to expect, being informed about their rights, and of having an increased sense of confidence in their abilities to have successful birth experiences, function effectively as parents, and take lead in their lives. In the words of one mom, "I feel more confident and secure about things." A home visitor attributed these kinds of changes to the program's focus on strengths. She said:

A whole lot of the impact we have is that we are the first people who help them recognize how important they are to their children, that what [they] do really impacts what happens in the child's life and that they really are their child's first teacher.

One home visitor said: "My boss has helped me to focus on what I have that helps me be a good home visitor." She went on to say, "My strength is: 'I will advocate for my parents.' That is my own personality [to speak my mind], but the job brings out the good parts of that. I did it myself, but my boss made me realize I did it." The MIHOW strength-based approach seems to have strengthened the self-advocacy beliefs of mothers and home visitors, which has had an empowering effect on these women taking lead in their lives. The personal transformations of mothers and home visitors taking lead went beyond childbirth and parenting.

Another home visitor spoke about how she advocates for the MIHOW program in the community. She said: "I'm out in the community . . . getting our name out there. [Because] we feel family is important and community is important, we're very active and do a lot of community events." These home visitors' recognition of the power of their strength of advocacy is what the MIHOW program seems to bring out in all the women – program leaders, home visitors, and mothers – involved in the MIHOW program. Hence, it is apparent that the MIHOW program helps facilitate a process of change for the women involved in the program, which enables them to advocate for causes they view important to themselves, their families, and communities.

Blossoming into community leaders: MIHOW develops "movers and shakers" in communities. The observation and interview data suggest that the MIHOW program enables those participating in the program to "blossom into neighborhood leaders," which according to one program leader, "makes the community stronger" because "parents are more engaged with

the community.” She said: “We have kids who are going to school more prepared, because we do a lot of literacy and language. We do parenting groups with . . . parents and children, and so a little bit of socialization.”

According to one home visitor, these parenting groups develop leadership. She went on to explain: “We give women the opportunity to help make plans for the group. She’ll take some responsibility and . . . feel powerful enough . . . [to] lead the group.” Likewise, another home visitor believes that the parenting groups help mothers and fathers develop into leaders. She spoke about a time that she had to cancel a scheduled “parenting group,” but one parent, a MIHOW father, objected. According to the home visitor, the father said: “Well, that’s unacceptable. We have to have a group today. Can I hold my own group please?” The home visitor described what happened:

They marched off into the group room and had a group without me because that was not okay for him to not have a group that week. He needed it and decided to go do it himself. He felt competent to do that.

Another program leader shared a similar viewpoint. She said that MIHOW families “really flourish when home visitors are in their lives.” She went on to explain:

We . . . see children flourish. Children [are] much better prepared for school and [they are] moving into the school system in a better way. We see moms who join the PTA or who become involved in different service projects with their church or who take on issues like . . . the [recent] bond levy in Fayette County.

If those mothers “had not been part of the MIHOW program, they probably would not have gotten involved [in this community issue],” said the program leader. She further explained

that “when moms [do] not have to concentrate on how to survive each day, they are able to then have more time to get involved in other things in the community.”

In the case of one mother, it was apparent that the MIHOW program helped her blossom into a leader she could be and wanted to be. This mother faced severe life obstacles including a child custody battle and eviction from her home. After participating in MIHOW for three years, she claimed to have become more confident, which enabled her to take the lead in facilitating the positive development outcomes of her two sons, as well as to take charge of some of her own life outcomes. She stated: “I [now] volunteer for my school . . . and I just made student council. . . And we go to church, my family.” This mother expressed her yearning to finish her program of study in college and to “go back to work.” She said: “I want to feel like I’m worth something in the community.”

Another mother and her husband were involved in their children’s sports and subsequently became coaches for the cheerleading squad and football team for other children in the community. This MIHOW mother’s home visitor believes that the MIHOW program inspired and empowered these parents to become leaders in their communities as she asked them, “[Do you] want to see a difference and make a difference in those children in the community?” After ongoing encouragement from the home visitor, the parents decided to pursue these community leadership responsibilities. The mother also talked about another endeavor she was undertaking: “I’m going to school for a digital photography [program]. It’s something I’ve always wanted to do. . . And with the photography, I hope to have my own business.” This mother’s home visitor commented that “If it weren’t for the MIHOW program, I don’t believe she would have ever [become a cheerleading coach, gone back to school, and started her own little photography business].”

It appears that the MIHOW program not only transforms parents into feeling competent to take lead in their lives and in their communities, it seems to do the same for MIHOW staff, some of whom began as MIHOW mothers, later moving into staff positions. The MIHOW program was described by one program leader as a “launching point” for home visitors.” The program leader said that “mothers’ connection with the MIHOW program make them really fantastic mothers.” In addition, “Lots and lots of home visitors [have gone] back to school and are now in professional careers. [They are] nurses, school teachers, social workers, [and] business owners,” said the program leader. She went on to explain:

[Home visitors] come on board and just blossom into real community leaders. They are volunteers in their children’s schools and they are Sunday- school teachers and they are Girl Scout leaders. . . . They are definitely the movers and shakers in their communities, and often they are that because they have been part of the MIHOW program. They realize what they’re capable of. . . . So often it’s just people who aren’t necessarily doing other jobs, aren’t necessarily working, but are the . . . leaders in their little neighborhoods.

Likewise, another home visitor stated: “I say all the time that MIHOW saved my life and I believe that. . . If you look at our other home visitors, it’s made a huge difference historically in the lives as well.” She further stated: “Home visitors [are] amazing people who have done beautiful things, and used MIHOW as a stepping stone to go on to do other really great things for themselves, for their communities, for their families.” One program leader elaborated on this by stating:

As she is blossoming as a home visitor, she’s also blossoming within the church, and now you have a baby pantry in your church. Or now you have a young children’s program that you didn’t have before. Or now you have a children’s choir. . . . When you have

those moms who are becoming the leaders, their skills are popping up in lots of different ways.

Based on the recognition of their strengths and their participation in the MIHOW program, home visitors seem to have developed leadership skills that have enabled them to become leaders in their communities, as one home visitor explained:

Our MIHOW bosses have recognized in us that we have leadership ability. . . . We are leaders in our communities . . . in our churches . . . with our other jobs . . . [and] with our schools. And [in] all those different things, we are leaders in our own little communities even within our larger community.

The MIHOW program has facilitated a process that has enabled participants of the program – MIHOW program leaders, home visitors, and mothers – to bloom into community leaders who are making a difference in their individual and family lives, and in the lives of others in the community. Perhaps that explains MIHOW’s long history in the state. Home visitors were very proud to say that MIHOW is the oldest home visiting program in West Virginia:

We’ve built one of the strongest [home visiting programs] and [we are a] model program. . . . That takes leadership from not just because of the titles but from every person in this program. We go to state trainings and we go to state meetings and we are recognized as [experts]. “Oh, you do that in your area. Come and help us figure out how to do that in our area.”

Promoting community wellness: “We’re looking down the road for a forever healthy lifestyle.” It appears that the MIHOW program has promoted social change for women and their communities. According to a program leader, MIHOW is a “community health program” which “contributes to the economic health of the community” as the MIHOW program adds jobs to

communities that have high unemployment. She also believes that MIHOW contributes to the wellness of families and their communities overall:

We're promoting breastfeeding in the community . . . and talking about safe sleep practices. [We're] promoting reading and nutritional workshops and stuff that hopefully are not just impacting this mom and baby at this small point of their life, but providing education and support in the community that can last longer than just the amount of time that they're in the program.

One home visitor expressed a similar view. She explained that the MIHOW program contributes to positive change for women and their communities because the program just does not look at the immediate, but rather "looks down the road forever a healthy lifestyle." She went on to explain:

For a lot of families that's a lot of different things. [MIHOW] can be a [positive force against] horrible diets or . . . [bad] habits [such as] sleeping all day and staying up all night. . . . For a mom who has a tiny glimmer of "I wish I did this or that," we're going to pick up on that. . . . Everything we do is . . . toward a positive end.

This home visitor said that the MIHOW program helps mothers understand the importance of the "simple things" in life that help with parenting, which "do not cost anything." She explained that simple things such as "reading" or "giving that child full attention," often get lost because "the world is so technological and there are so many distractions." Moreover, this home visitor believes that improvements in the lives of mothers and their families ultimately spread into the community. She explained:

Parents take a bigger interest in education, like the importance of going to meet the teachers that their children have each year. The importance of them to go to those PTA

meetings or to be involved in their children's extracurricular things with school, and the importance of physical activity if they can be involved in a sport.

One program leader noted that MIHOW contributes to positive change for women, their families, and communities because “[MIHOW] gives them . . . just that little crack in the door . . . to see that there's more out there.” She said, “MIHOW gives them opportunity.” She further explained that “Some people just try to get through the day and make sure their kids are fed and clothed, and I'm not sure [they] even dream any bigger than that.”

The MIHOW program is not just about home visitation. The program offers a number of community events that have enabled mothers, including those not enrolled in MIHOW, to become active in their communities. These events have allowed families to learn and connect with other members of the community. One MIHOW mother expressed appreciation for being able to get involved in various MIHOW-sponsored activities including “playgroups,” “dinner in a sack,” safety baby showers,” and “Easter egg hunts for kids,” especially since this mother's community “does not have a whole lot of [activity] options [for families].”

One program leader spoke about writing a grant for funding to sponsor additional community events that would bring former MIHOW mothers to activities to mentor currently enrolled MIHOW mothers. She said:

We're going to have a coupon class and some different classes. . . . We thought by having past MIHOW moms . . . there to mingle with the ones who are just now getting started with the program to let them see some people who have been successful through the program [would be advantageous to the community].

Even if the grant is not obtained, the program leader said that they “could always try to integrate [the mentoring idea] into the other [MIHOW community] events.” The program leader was

confident that the former MIHOW mothers would participate as mentors for the additional community events as these mothers “are still in contact [with the MIHOW program].”

The MIHOW community-sponsored events are appreciated by participating mothers as a source of opportunities for learning and community connections, as well for the development of leadership skills. Hence, the MIHOW-sponsored community events seem to promote individual and community wellness, which contributes to positive social change for women, their families, and communities.

Chapter Six: Conclusion

The purpose of this research was to examine how women involved in the West Virginia MIHOW program came to recognize their strengths and use their strengths to achieve life aspirations. In addition, this study was conducted to explore how MIHOW program participants – program leaders, home visitors and mothers – perceive themselves as leaders in various areas of their lives and how the MIHOW program contributes to positive social change for women and their communities.

Chapter four provided the context for this study. It contained information about the Vanderbilt MIHOW program headquarters and the West Virginia MIHOW program including descriptive information about the two primary West Virginia MIHOW sites for this study: Blue Lake and Mountain Ridge. Chapter four also provided descriptive information about the participants of the study – MIHOW program leaders, home visitors, and mothers. Chapter five featured the case study findings based on observations and interviews with MIHOW program leaders, home visitors, and mothers affiliated with the two West Virginia MIHOW program sites involved in this study.

Three overarching themes emerged from the findings: (1) *being explicit about strengths*; (2) *achieving life aspirations*; and (3) *leading to make a difference*. This chapter features the interpretation of the findings in relation to current literature on the strength-based approach, home visitation, and women as leaders. In addition, using feminist social justice theory and servant leadership as a frame, theoretical implications of the findings are discussed. In conclusion, this chapter discusses the study's implications for future research, its significance, and provides recommendations for practitioners and the MIHOW program.

Analysis and Interpretation

Theme One

Being Explicit about Strengths: “It’s all about the strengths”

It is one thing to articulate a strength-based approach in program materials, but it is another matter to actually implement such an approach. What came through loud and clear from the observation and interview data was the authenticity of the West Virginia MIHOW program’s focus on strengths. West Virginia MIHOW program leaders and home visitors “walk the walk” of the strength-based approach. They are not superficially implementing the strength-based home visitation program; they are living it, loving it, and believing in it. Because the West Virginia MIHOW staff members genuinely believe in the strength-based MIHOW program, they have come to believe in themselves and what they can do for mothers and families of their communities. MIHOW staff members’ strong belief in the strength-based approach was perhaps the most important factor behind the successful implementation of the program.

Strength-based approaches are used by practitioners, in such programs as MIHOW, to create positive interventions and outcomes. Although there is considerable scholarship on the theoretical topic of strengths (Ennis & West, 2010; Greene, Lee, & Hoffpauir, 2005; Heyne & Anderson, 2012; Lee, 2003; Saleebey, 2006) and ways in which practitioners can work with their clients from a wide range of disciplines to develop strengths (Biswas-Diener, Kashdan, & Minhas, 2011; Blundo, 2001; Cox, 2001; Probst, 2010), there is limited scholarship on how the strength-based approach is implemented in non-clinical settings (Douglas, McCarthy, & Serino, 2014; Keller & Helton, 2010; Probst, 2010; Saint-Jacques, Turcotte, & Pouliot, 2009), and there is even less evidence about how the strength-based approach is implemented in home visitation programs (Heaman et al., 2006; Mykota, 2008; Teixeira De Melo & Alarcao, 2013).

The strength-based approach is one of the major elements that provides the framework for the implementation of all MIHOW services (Vanderbilt School of Nursing, 2016) including those which take place in the West Virginia MIHOW programs. West Virginia MIHOW is explicit and deliberate about carrying out the strength-based approach. “Even just selecting home visitors [over] the years . . . we don’t really advertise. It’s just finding that person [who’s] going to be that right fit,” said one home visitor. From the onset, West Virginia MIHOW program leaders have sought to hire individuals who are able to listen and have the inclination to be open-minded and nonjudgmental as they believe that those personality traits are essential to perform the work of a home visitor in a strength-based way. Absent of these basic personality traits, MIHOW program leaders believe that a home visitor would not be able to connect and build a relationship with the mother, which, according to MIHOW program staff, is paramount to MIHOW’s successful implementation of the strength-based approach. Similar to Heaman’s et al. (2006) finding, the careful selection of home visitors was identified as one of the necessary components that contributed to the success of a strength-based early childhood home visiting program.

“Training on the strengths is the core of what we do,” said one home visitor. Because West Virginia MIHOW program leaders acknowledge that using the strength-based approach is a process that develops over time, the program routinely provides ongoing training. Similar to Heaman’s et al. (2006) finding, training and practice are critical to the successful implementation of the strength-based approach. During training, home visitors learn what a strength is partly by identifying their own strengths. Additionally, home visitors receive training on values clarification as they are taught not to impose their values on others. During training, home visitors use case-scenarios to practice the identification of strengths of families, which is

challenging to do especially when families' life situations are highly chaotic. Moreover, MIHOW program leaders acknowledge that ongoing training and practice are essential because "recognizing strengths is a process" that not only takes a long time to master, but also requires creativity to carry it out. As one program leader stated, [recognizing strengths] is an art." The process in which the MIHOW program provides training adds new knowledge to the ways in which a strength-based home visitation program teaches the strength-based approach.

The MIHOW program also practices the strength-based approach in the way staff meetings are facilitated and through the process of reflective supervision. Reflective supervision is now commonly required for home visitation program staff (Alliance for the Advancement of Infant Mental Health, 2015; Gilkerson, L., 2004; Tomlin, Weatherston, and Pavkov, 2014). Given that there is a paucity of scholarship on the use of reflective supervision in home visitation settings and no consensus about exactly what the process of reflective supervision entails (Eggbeer, Mann, & Seibel, 2007; Tomlin, Weatherston, & Pavkov, 2014), the findings of this study provide new knowledge about how the reflective supervision process is implemented in a strength-based home visitation program.

In the West Virginia MIHOW program, the process of reflective supervision offers a safe space in which the supervisor routinely provides a nonjudgmental ear to the home visitor, helps the home visitor answer her own questions, and provides the support, resources, and knowledge needed to guide collaborative decision-making and problem solving. These aforementioned aspects of the West Virginia MIHOW reflective supervision process align with what academicians and practitioners deemed necessary to practice reflective supervision effectively: trust, confidentiality, supportive learning, open-mindedness, collaboration, and self-awareness (Tomlin et al., 2014).

In addition to the aspects of reflective supervision discussed above, West Virginia MIHOW's parallel practice of reflective supervision also provides staff with a positive, supportive, and non-threatening time when they hear about their own strengths and how they can use those strengths to overcome obstacles in their lives and in their work with mothers. MIHOW's focus on strengths during reflective supervision was viewed as directly related to the close and supportive nature of the group. These additional strength-based aspects of the reflective supervision process align with what is called strength-based supervision, which builds supervision on the foundation of practitioners' achievements (Cohen, 1999) and provides a co-created supervisory experience in which collaboration and mutuality assist in the unfolding development of the supervisee (Berendsen, 2007). The findings that demonstrate the ways in which the West Virginia MIHOW program facilitates reflective supervision add new knowledge about how the reflective supervision process works in a home visitation program that is strength-based.

Concomitantly, the data reveal that the process of recognizing strengths is involved, difficult, and time consuming, including everything from interviewing individuals for home visitor jobs, to distinguishing between a strength and a behavior, to carrying out the strength-based approach during the home visits. Similarly, researchers found that teaching and learning strength-based approaches in social work is difficult (Blundo, 2001; Cox, 2001; Probst, 2010).

Nonetheless, it is evident that the strength-based approach is the core for MIHOW program leaders and home visitors. MIHOW staff members wholeheartedly practice it in their work and in their lives. Whether it is core for the mothers, however, is less clear. Mothers' recognition of their strengths could have been challenging for them for a variety of reasons. First, West Virginia MIHOW home visitors do not purposefully select mothers who are thought to

have the inclination to be open-minded and nonjudgmental, although mothers' participation in the program is voluntary. Next, recognizing and conveying strengths is done through deliberate staff training and practice. Home visitors are practicing using the strength-based approach during trainings, staff meetings, reflective supervision, and home visits, whereas mothers who are fully committed to participating in the MIHOW program are exposed to the approach only one hour once a month and only up until the child turns age three. It takes significant time for the home visitors who receive frequent training and practice to recognize strengths, so it is not surprising that the time it takes mothers to recognize their strengths is even longer.

Moreover, a review of the data showed that it was more difficult for the less experienced home visitors to tell the mothers about their underlying strengths – strengths of relationships, strengths of character, and strengths of resources – than those with many years of experience. Those with little experience appeared to compliment mothers rather than speak to them about the underlying strengths that enabled them to perform positive behaviors.

Nevertheless, mothers could be told by the home visitors what their underlying strengths are, but perhaps the mothers were not yet able to acknowledge their strengths. When home visitors were asked whether mothers are in the position to articulate their strengths, one replied: “It depends on the person.” Another replied: “Often initially . . . people don't recognize their own strengths. And [families] have so many people telling them what they're doing wrong that they're not even thinking they could possibly do anything right.”

Alternatively, perhaps mothers did not speak much about their own strengths because it would sound arrogant or self-aggrandizing. According to Fiene (1991), Appalachian women are “not a cultural group in which people ‘toot their own horns’” (p. 53). One home visitor, who had

been involved in the MIHOW program for over twenty years, implied this notion. When she was asked to point out her strengths, she replied:

That's one of the hardest things and it's hard for everyone. I think, well for most people.

There are Type A [people], tons out there, [who] just know and that's great. But most people are a little hesitant to think or just want to blurt out well I'm this or I'm that. And it's not really about trying to be pompous, but what are some [of my] strengths?

The home visitor then went on to explain that she is a “good listener, can be nonjudgmental,” and so on. The home visitor was clearly able to speak about her strengths, yet she felt the need to preface her statement of strengths by saying that it might sound “pompous.” Hence, mothers’ inability to articulate their strengths may not mean that they are not recognizing their strengths, but rather could be reflecting their values of humility and modesty, which are, according to Keller and Helton (2010), core values of Appalachian women.

Theme Two

Achieving Life Aspirations: “Maybe I think I can”

Three studies found that mothers’ self-esteem, self-reliance, and confidence increased by their participation in home visitation programs that applied the strength-based approach (Heaman et al., 2006; Mykota, 2008; Teixeira de Melo & Alacao, 2013). Similarly, this study presented evidence that MIHOW staff members’ and mothers’ belief in themselves shifted from “No, I can’t” to “maybe I think I can,” to “I will do [this],” demonstrating that MIHOW’s highly supportive, encouraging, and nonjudgmental strength-based approach increased their self-awareness, self-reliance, confidence, and self-efficacy. This finding contributes to the limited scholarship on the outcomes of mothers who participate in strength-based home visitation programs. Moreover, the findings about how MIHOW carries out the strength-based approach –

through ongoing staff training, monthly one-on-one reflective supervision meetings, and collaborative staff meetings – provide new knowledge about how the activities of a strength-based home visitation program affect those individuals who lead and implement such programs.

Many mothers recognized that without their MIHOW program involvement, they would not have overcome life obstacles nor would they have aspired to reach higher visions and achieved those. Mothers participating in the West Virginia MIHOW program believed they became more self-aware, stronger individuals, and better parents because of their participation in the program, as one mother talked about the program's influence on her as a parent: "I feel like I can do the whole parenting thing. Before I didn't feel like I was ready." These findings correspond with the results of Teixeira de Melo's and Alarcao's (2013) study of a home visitation program that applied a strength-based approach. The enhanced belief that the mothers had in themselves gave them the confidence to aspire and set new visions, as one mother explained: "I'm going to school. . . [My home visitor] has encouraged me. . . . I'm determined. I'm going back to school." This study provides new knowledge demonstrating that a strength-based home visitation program not only enables mothers to aspire to become better parents, but also encourages them to reach new goals such as achieving a higher education.

The types and kinds of life aspirations mothers participating in MIHOW had for the future for themselves and their children varied depending on the level of their self-efficacy and the external factors that affected their options. Nonetheless, the longer mothers were involved in the West Virginia MIHOW program and the more consistent their home visits were, the more positive they were in looking at their future and setting goals and the more successful they were in achieving those goals. This outcome is consistent with Heaman's et al. (2006) finding that

long-term involvement and ongoing, non-episodic home visits are contributing factors to the success of a strength-based early childhood home visitation program.

Similar to the mothers, MIHOW program leaders and home visitors were also successful in achieving numerous accomplishments in their lives, and they often attributed these successes to their MIHOW experiences, as one program leader who was recently promoted into a high-level MIHOW leadership position explained: “I think [MIHOW] is where I got . . . the confidence . . . that’s where it all went back to. . . . [I am] always telling everybody else, “[You] can do this Believe in yourself.”

A common thread in MIHOW staff members’ descriptions of achieving life aspirations was their ability through the MIHOW program to balance both family and work. Additionally, MIHOW program staff achieved a high level of job satisfaction, which they attributed to MIHOW’s focus on strengths. The program provided MIHOW staff on-going training and learning opportunities, as well as a routine supervision process that was reflective and strength-based, which they valued both professionally and personally. MIHOW program staff members asserted that MIHOW’s strength-based approach “makes a big difference” in mothers’ lives. They experienced first-hand the development, growth, and transformation of the MIHOW mothers and the families they serve. As a result, MIHOW program staff members were rewarded and humbled by helping other women recognize their strengths, as one program leader said: “It gives you that intense feeling of giving back.”

MIHOW’s practice of the strength-based approach – which includes ongoing training about healthy pregnancy and child development; routine supervision that includes both reflective and strength-based parallel processes; a collaborative, supportive, and positive working environment that values family and community; and belonging to a program that “makes a big

difference” in the lives of mothers – provides new knowledge about the factors that favorably contribute to the job satisfaction of women, and more specifically to program leaders and home visitors who are involved in a home visitation program that is strength-based. Moreover, these findings constitute new knowledge about how a strength-based home visitation program affects the lives of those persons who are leading and implementing it.

Although the evidence shows that MIHOW is an empowering program that enables program staff and mothers to achieve many life aspirations, some women were hindered from meeting life goals. The circumstances of many of the mothers being served by MIHOW are arduous and daunting, and some aspects of the MIHOW program were challenging and difficult for MIHOW staff. Moreover, there were internal and external challenges – some of which were outside the control and scope of the West Virginia MIHOW program – that affected whether these women were able to achieve some of their life aspirations.

Many of the mothers participating in the MIHOW program faced financial difficulties, housing challenges (Amerikaner et al., 2016), and lack of familial support. Lack of childcare and transportation were two additional challenges that the MIHOW mothers encountered, which according to Hess et al. (2013) are two of several factors that contribute to the low labor force participation of women living in rural West Virginia. A mother who did not own a car limited her education plans to attending college online rather attending a preferred university in the state. Another, whose home visitor had offered to serve as a job reference, spoke about transportation needs as a barrier to finding good employment. Mothers also expressed concerns about the lack of childcare available to them. When asked about anything that would be helpful in achieving her plans for the future, one mother said, “Some kind of daycare thing. I would love to have a daycare around here. . . . That would be nice [because] then I could actually go to work.”

Some MIHOW staff members acknowledged that the home visitor's job was difficult emotionally. One MIHOW staff person explained: "There are times when it can just be overwhelming . . . because of substance abuse or . . . domestic violence or . . . terrible poverty. So being part of that with those families can take a real emotional toll." In addition, home visitors, who mostly work part time with no benefits, would like to have higher wages and other resources such as access to vehicles for making home visits. Hence, while the West Virginia MIHOW program builds women's confidence and self-esteem and increases their self-efficacy, which empowers them to aspire and achieve many of their life goals, it does not alleviate all the factors that inhibit MIHOW program staff and mothers from achieving their life aspirations. These findings extend an understanding of how the local challenges and needs may affect the outcomes of those women who design, oversee, implement, and otherwise participate in a strength-based home visitation program. This study's finding further asserts that family engagement in home visiting is a dynamic process that is highly contextual as it is influenced by a variety of factors including the characteristics of participants, programs, and the community (Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, 2015).

Theme Three

Leading to Make a Difference: "Family is important, community is important"

Although the West Virginia MIHOW program cannot entirely influence the outcomes of MIHOW staff members' and mother's aspirations and life goals, the West Virginia MIHOW staff members firmly believe that the MIHOW program "makes a big difference" in the lives of mothers participating in the program, their children, and their communities. In other words, "making a big difference" in the lives of mothers participating in the MIHOW program was the major leadership motive of MIHOW staff. Similarly, the results of another study suggested that

the leadership motive for women's decision to lead includes believing they have the personal skills and characteristics to lead and they want to make a positive contribution in the world (Fine, 2009). The authenticity of MIHOW staff's belief in the strength-based MIHOW program was the major impetus for its successful implementation. This authenticity was a contributing factor to the leadership development of all those involved in the program – program leaders, home visitors, and mothers.

In addition to authenticity, strengths, listening, open-mindedness, collaboration, reflection, humility, and advocacy were key components to the effective leadership of the West Virginia MIHOW program. According to Chin, 2014; Dahlvig, 2013; Fine, 2009; and Greenberg and Sweeney, 2005, a primary characteristic of women's ways of leading is through collaboration. It was apparent that MIHOW staff valued collaboration, which for the West Virginia MIHOW staff involved connecting or forming relationships, building a team, and forming consensus. A core element of the success of MIHOW's strength-based approach is its focus on forming strong positive relationships with one another and with the mothers they serve.

Similar to Fine's (2009) findings in a study that attempted to theorize and define women's leadership characteristics and behaviors, the West Virginia MIHOW staff not only valued being open-minded – getting and accepting others' points of view, as well as communicating by not only sharing but by listening – they practiced it on a day-to-day basis. One program leader stated: “I want to make sure that everybody has an opportunity to speak.” Another said, “I want home visitors to understand that I value their opinion.” In describing the relationship a home visitor has with her mothers, she stated: “I am there to be somebody's listener, somebody's advocate.” Another noted that her role as a home visitor is “to go in there and listen, observe, and help that family use their strengths that do exist in every family.”

Another leadership characteristic that the MIHOW staff practiced was humility. Each time I asked program leaders and home visitors how they viewed themselves as leaders, they always hesitated before humbly replying. None of the MIHOW program staff, all of whom were women, seemed to feel comfortable talking about themselves as leaders. Analogous to this finding was that MIHOW staff appeared to speak more easily about the leadership of others involved in the MIHOW program than they spoke about themselves. MIHOW staff members' characteristic of humility may be indicative of their cultural identification (Keller & Helton, 2010), and this very characteristic could be a major contributing factor to their successful leadership. As Lazzari et al. (2009) posit, feminist leadership perspectives – being open to feedback, being able to self-reflect, and having intention, vigilance, and humility – are core values and beliefs necessary in the social work profession that will effect change by educating those being served and providing service that builds communities of support for survival, growth, and self-transformation.

Fundamental to the success of MIHOW's leadership is that program staff practiced leadership from in front (as role models) *and* from beside (as a collaborative team). MIHOW's practice of leadership from in front and from beside and the program's focus on learning, strengths, and reflection have fostered the leadership development of many individuals participating in the MIHOW program – program leaders, home visitors, and mothers. As a result, the self-advocacy beliefs of mothers and home visitors have been strengthened, which in turn has empowered them to be the “leaders they want to be.” This transformation has enabled them to advocate for causes they view important to themselves, their families, and their communities, as one home visitor explained: “My boss has helped me to focus on what I have that helps me be a

good home visitor.” She went on to say, “My strength is: ‘I will advocate for my parents.’ That is my own personality [to speak my mind], but the job brings out the good parts of that.”

Both MIHOW program staff and mothers believe they are stronger individuals and better parents, and program staff also believe they are more effective paraprofessionals and stronger community leaders because of their involvement in MIHOW. The personal transformations of mothers and home visitors taking lead went beyond childbirth and parenting, as one home visitor expressed how she advocates the MIHOW program in the community: “I’m out in the community . . . getting our name out there. [Because] we feel family is important and community is important, we’re very active and do a lot of community events.” Another home visitor said, “People look to you . . . to always be that good role model. . . . Families are looking to us for leadership.” It is evident that the programmatic focus on authenticity, strengths, listening, open-mindedness, collaboration, reflection, and advocacy were key in developing the leadership skills of women involved in the MIHOW program, which in turn developed these women into “movers and shakers” in their communities.

The literature on leadership historically has been articulated from the dominant representations of men based on men’s experiences, and only in recent years has the literature included studies on the experiences of women as leaders (Dahlvig, 2013; Fine, 2009).

MIHOW’s practice of leadership from in front and from beside contributes to the limited knowledge on women’s leadership experiences, as well as adds knowledge about how MIHOW’s ways of leading develop and transform others.

Although there is significant scholarship on the practical work with strengths that offers a potentially powerful avenue for improving the life outcomes of individuals (Elston & Boniwell, 2011; Keller & Helton, 2010; Linley, Nielsen, Gillett, & Biswas-Diener, 2010; McDowell &

Butterworth, 2014), there is a paucity of scholarship on the role of the strength-based approach in contributing to positive social change in communities. Whereas this study provides significant evidence how the MIHOW program has strengthened women's lives, the evidence also suggests that the communities have become stronger. MIHOW, a "community health program, contributes to the economic health of the community," said one program leader. One home visitor explained that the MIHOW program contributes to positive change for women and their communities because the program just does not look at the immediate, but rather "looks down the road forever a healthy lifestyle." The MIHOW community-sponsored events, such as playgroups and baby "safety" showers, are appreciated by participating mothers as they foster learning and community connections, as well as increase communities' capacity to solve problems through the development of individuals and groups. Perhaps that explains MIHOW's long history in the state. Home visitors were very proud to say that MIHOW is the oldest home visiting program in West Virginia.

Theoretical Interpretation and Implications

The previous section featured analysis and interpretation of the findings as they related to current literature. The interpretation within this section focuses on the theoretical implications that the findings may have for both research and practice. This is accomplished by interpreting the findings of this study in relation to Robert K. Greenleaf's (2002) servant leadership principles and within the theoretical frame of social justice feminism. Servant leaders put primary emphasis on the needs and desires of the followers before the needs of the leader, focus primarily on the growth and well-being of people, and take care to ensure that those being served become healthier, wiser, freer, more autonomous, and more likely themselves to become servant leaders (Greenleaf, 2002). Social justice feminism produces a framework that can provide more

complete understandings of the factors that perpetuate social injustices as well as the strategies for responding to such injustices through advocating collective action toward social change (Parry, 2014).

Servant leadership

The following section examines the ten principles or characteristics found in the practice of servant leadership: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community, and how they apply to the findings of this study.

Listening. Greenleaf (2002) wrote: “True listening builds strength in other people” (p. 3). Listening is the ability to listen receptively to understand. As we have seen, listening is a key component of the strength-based MIHOW program, as one home visitor explained: “It’s [our job] go in there and listen, observe, and help that family use their strengths that do exist in every family, to the best of their needs.” Listening receptively was also important to the leaders of the West Virginia MIHOW program. One program leader stated: “I want to make sure that everybody has an opportunity to speak.” Another said, “I want home visitors to understand that I value their opinion.”

Empathy. Empathy is the willingness to view a situation from another person’s perspective or point of view. Empathy is based on the need of people to be understood and not judged, and respected. One home visitor who said, “I can really feel, I can really feel empathy for that family,” explained that MIHOW “looks for visitors [who] are able to listen and be nonjudgmental,” who “could be open to other families” and would “not go in and inflict convictions” on them. Greenleaf (2002) wrote: “Leaders who empathize and who fully accept those who go with them on this basis are more likely to be trusted” (p. 35). Both MIHOW staff

and mothers valued their trusting, caring relationships with each other, often naming those relationships as their favorite part of being involved in the program. Empathizing, not judging, and respecting were key factors that attributed to the successful leadership of the MIHOW program.

Healing. One of the principles of servant leadership is the capacity for healing oneself and others. Greenleaf wrote: “There is something subtle communicated to one who is being served and led if, implicit in the compact between servant-leader and led, is the understanding that the search for wholeness is something they share” (p. 50). Healing starts within the individual, and as wholeness is found within oneself, then the individual is able to influence others. One home visitor who said, “I love my job,” implicitly explained Greenleaf’s (2002) principle of healing:

I love that I get to help out women who live around me and who really need that help. They want to do right by their kids and they just don’t always have the best people around to help them do that. But if I can be there with MIHOW then I can be that person for them. And it is only a little bit but it makes a big difference. I like that being a home visitor. It makes a big difference. There really isn’t anything better than that.

Awareness. Greenleaf (2002) wrote: “The opening of awareness stocks both the conscious and unconscious minds with a richness of resources for future need” (p. 41). One mother acknowledged that her home visitor has been her reinforcement, “a kind of side view,” who has helped her increase her self-awareness and self-esteem, yet when this mother was asked to identify her strengths, she was not fully aware of those. The only strength this mother identified is that she is “good at understanding things.” Three other mothers pointed out their strengths, but their acknowledgment of these was also limited. After asking a fifth mother twice

whether her home visitor has made her aware of her strengths or what she is good at, she replied: “No; she usually tells me about the programs she’s doing for us and stuff like that.”

Persuasion. “Leadership by persuasion has the virtue of change by convincement rather than coercion” (Greenleaf, 2002, p. 44). MIHOW home visitors’ nonjudgmental listening and focus on strengths enabled them to build rapport with mothers. Home visitors and mothers formed intense bonds after spending time together, which was key to mothers’ engagement in the MIHOW program. This trust was essential to mothers being persuaded to breastfeed their babies, as one mother explained:

I wanted to breastfeed, but the more that MIHOW would . . . bring the papers, the printouts, and show me all the benefits and ways that it helps the baby, [the more I knew that] there was no way . . . I [would go] with formula.

Conceptualization. Conceptualization requires the ability to formulate and share a vision, a better one. The servant leader needs to abandon his or her own preconception of how best to serve, then wait and listen until others define their own needs and can state them clearly (Greenleaf, 2002; Whetstone, 2002). A program leader’s comments exemplify how the MIHOW program staff practice Greenleaf’s (2002) servant leadership’s characteristic of conceptualization:

There’s the MIHOW program where if mom doesn’t hand it to me, if she doesn’t say, “Can you help me with this? I’m struggling with this,” or “This is something that’s hard for me.” . . . If she didn’t give it to me, then it wasn’t my job to point it out to her because it wasn’t her need. You know under those circumstances it’s *my* need.

Foresight. Foresight is a natural extension of conceptualization. It is an incessant connection between the past, present, and future. Greenleaf (2002) believed that leaders could be

considered unethical if they failed to utilize foresight and subsequently failed to act constructively when there was freedom to act. One program leader implicitly talked about the servant leadership characteristic of foresight when she spoke about the ways in which MIHOW contributes to positive change for women, their families, and communities:

Some people just try to get through the day and make sure their kids are fed and clothed, and I'm not sure people even dream bigger than that. . . . And so I think sometimes if you just give them a little . . . crack in the door, a little bit for them to see that there's more out there. I really think that's what MIHOW does, it just shows them.

Stewardship. A definition of stewardship is holding something in trust for another person. Servant leadership assumes, first and foremost, a commitment to serving the needs of others (Greenleaf, 2002). The characteristic of stewardship brings with it the weights of responsibility, perseverance, diligence, ownership, and accountability. The MIHOW program practices the servant leadership characteristic of stewardship as it uses the MIHOW Standards of Practice to “protect the integrity, quality, and consistency of the program” (Vanderbilt School of Nursing, 2016), as well as ensures those practices are carried out by conducting accreditation visits at MIHOW program sites such as Blue Lake and Mountain Ridge. A program leader explained:

We come for accreditation and we check their [MIHOW program sites'] files to see how often a family was visited in a year, and so they have to hit those requirements. . . . They're not going to keep people [mothers] on very long who aren't complying. A big portion of their budget for this program is on travel, and so if you [have] to drive all the way out to somebody's house and they're not there for their visit, you can't keep doing that too long.

Commitment to the growth of people. Servant leaders are committed to both the personal and professional growth of individuals. Because of MIHOW's pervasive focus on strengths and strong emphasis on learning, the program has served as a powerful catalyst for ongoing positive change for many of the MIHOW participants. The MIHOW program has facilitated a process that has, for many women, increased their self-awareness, self-esteem, confidence, and self-efficacy. Their strengthened beliefs in themselves seemed to have set the stage for these women to face challenges more competently and to achieve some of the goals they established for themselves and their families.

Building community. The ultimate goal of the servant leader is to build a community where mutual purpose and equality prevail. Greenleaf (2002) wrote:

Any human service where the one who is served should be loved in the process requires community, a face-to-face group in which the liability of each for the other and all for one is unlimited, or as close to it as it is possible to get. Trust and respect are highest in this circumstance, and an accepted ethic that gives strength to all is reinforced.

MIHOW, a "community health program, contributes to the economic health of the community," said one program leader. A home visitor explained that the MIHOW program contributes to positive change for women and their communities because the program just does not look at the immediate, but rather "looks down the road forever a healthy lifestyle."

The ten servant leader principles as they apply to the MIHOW program were presented as stand-alone characteristics or principles. Although each characteristic can stand alone, it is the combination of these that construct the principles of Robert K. Greenleaf's (2002) servant leadership philosophy. The aforementioned servant leadership characteristics were exemplified by the West Virginia MIHOW staff members individually as well as collectively. That said,

some servant leadership characteristics were weaker than others – such as healing, foresight, and building community – in terms of this study’s findings on leadership.

Social Justice Feminism

Whereas Greenleaf’s (2002) servant leadership principles seemed to easily apply to the way the program was implemented and led, the West Virginia MIHOW program had distinct characteristics that defined its leadership – authenticity, strengths, listening, open-mindedness, collaboration, reflection, humility, and advocacy. MIHOW’s leadership characteristic of “listening” was also identified as one of Greenleaf’s (2002) servant leadership principles; however, MIHOW’s leadership characteristic of “collaboration” was identified as one of the core leadership characteristics that is valued and practiced by feminist leaders (Chin, 2004; Christensen, 2011; Lazzari, Colarossi, & Collins, 2009; Madden, 2005; Vetter, 2010). Collaboration was fundamental to the success of the MIHOW program as leading from beside was identified as one of the key ways MIHOW practiced leadership. MIHOW leaders and home visitors shared the power and privilege of their positions by acting proactively through collaboration, together – side by side, to come up with the best possible solutions for creating positive, sustainable futures for individuals, groups, organizations, and communities. According to Lazzari et al. (2009), the “working with or beside relationship” (p. 353) is essential to the application of feminist leadership.

According to Chin (2004), feminist leadership is an empowerment approach that is transformative in its promotion of a social justice agenda. Leadership as empowerment from a feminist perspective includes promoting feminist policies such as family-oriented work environments within the workplace. The MIHOW program was highly successful in promoting family-friendly policies, which attributed to MIHOW staff’s ability to effectively balance family

and work. Moreover, MIHOW's leadership from beside *and* from in front, provided a highly respectful, supportive, encouraging, and egalitarian work environment, which in turn, fostered the leadership growth of other program leaders, home visitors, and mothers.

By leading from in front and from beside, the West Virginia MIHOW program exemplified what Hesse-Biber (2014) and Parry (2014) call "social justice feminism." Social justice feminism "seeks ways to change the material conditions of women's (and other marginalized groups) everyday lives" (Parry, 2014, p. 352) through an approach that uses positive psychology principles rather than focusing on deficits to effect positive change in communities (Hesse-Biber, 2014). The West Virginia MIHOW program, for some women, involved processes that helped them advocate for themselves, their children, and communities, and enabled them to blossom into community leaders. MIHOW staff members and mothers became "movers and shakers" in their communities.

The West Virginia MIHOW program aims to ignite the positive growth of mothers participating in the program. As one program leader explained, "We [MIHOW] help them see what they do well and how they do that well and how they can use that in their lives to move ahead in their lives in everything else they want to do." Although the data clearly show that the Virginia MIHOW program uses positive psychology principles rather than focusing on deficits, the study suggests that not all mothers' lives are positively transformed. Some mothers do not change, as one program leader explained:

I tell the girls [home visitors] . . . "If you're giving them [the mothers] . . . the confidence and the strength-based things that you're supposed to be doing and the resources and the means to do it, and they still don't do it, then that's on them. That's not a reflection on

you.” So we try to focus on that a lot because one girl [home visitor] may have 15 families she sees and maybe only five really excel.

Recommendations for Future Research

The current study explored a university-sponsored, community-based home visiting program that is strength-based. It examined how rural Appalachian women – program leaders, home visitors, and mothers – involved in two West Virginia home visiting program sites came to recognize and use their strengths to achieve life aspirations. In addition, this study examined how the home visitation program participants perceived themselves as leaders in various areas of their lives and how the strength-based home visitation program contributed to positive social change for women, their families, and their communities.

Three themes emerged from the study. One theme related to how the process of recognizing strengths was carried out in a home visitation program and whether those individuals participating in a strength-based home visitation program were able to recognize their strengths. There is limited knowledge about how the strength-based approach is carried out in home visitation programs. The results of this study contribute to this limited knowledge base. Although reflective supervision is valued by MIHOW home visitors and it is used to help them cope with the stressful nature of their jobs, the data suggest that the one-on-one reflective supervision meetings may not be sufficiently meeting the needs of all home visitors. A future qualitative study might explore how reflective supervision addresses the emotional stress that home visitors experience.

The second theme related to the impact the strength-based home visitation program had on the participants of the program – program leaders, home visitors, and mothers – achieving life aspirations. There is a paucity of literature about how strength-based home visitation programs

influence the outcomes of individuals involved in the program and more specifically how the program affects the life aspirations of individuals involved in the program. This study provides new knowledge about the influence a strength-based home visitation program had on enabling women involved in the program to achieve life aspirations. The results of this study contribute to an area of literature in which we have little knowledge. To gain further understanding of how a strength-based home visitation program may influence the life aspirations of women involved in such a program, a qualitative longitudinal study might be considered to explore this phenomenon.

The third theme that emerged from this study pertained to the leadership experiences of the participants of a strength-based home visitation program and how, through the combination of servant leadership and social justice feminism, the MIHOW program affected positive change in women, their families, and possibly the communities in which they live. A future qualitative study might explore how a strength-based home visitation program strengthens the community. In addition, another study might investigate how former participants of a strength-based home visitation program perceive their growth as leaders and how that affected their individual lives, the lives of their families, and communities in which they live.

Significance and Recommendations for Practitioners

The findings of this study add to the limited research on university-sponsored, community-based home visitation programs that are strength-based. Recognizing strengths is a long and complex process that involves several aspects from interviewing particular individuals for home visitor jobs, to practicing knowing the difference between a strength and a behavior, to carrying out the strength-based approach in home visits. This study contributes to the limited evidence about how the strength-based approach is implemented in home visiting programs. Moreover, reflective supervision, one of the major activities used to carry out the strength-based

approach in the MIHOW program, is a relatively new supervision practice in home visiting programs. This study provides new knowledge about how a home visitation program effectively implements the parallel supervision process emphasizing both reflection and strengths.

The program's strength-based approach was core for MIHOW program leaders and home visitors, but whether it was core for the mothers was less clear. Because recognizing strengths is a long and complex process that requires significant training, practice, and time, it is recommended that activities that specifically focus on strengths be incorporated into the existing MIHOW curriculum, perhaps by adopting some of the same training techniques that are used to help home visitors recognize strengths. The inclusion of training on strengths, however, may require additional home visiting time with families, as one home visitor implied:

I never got to spend . . . precious time with the mom, . . . talking to her about what all she's done throughout the four years, how I [saw] her grow, . . . all the strengths that she had, all of that. I didn't have time one-on-one with her.

Moreover, to enable mothers to recognize their strengths more easily, it is recommended that the MIHOW program incorporate a suggestion that was made by one of the home visitors. She recommended that home visitors prepare a cumulative list of strengths that they recognized in each mother and present those to the mother on a final home visit that is specifically dedicated to that purpose.

Aside from the recommendation to incorporate strength-based training into the MIHOW curriculum and dedicate a final visit with the mother discussing her strengths, it is recommended that the frequency and duration of home visits be increased. This study revealed that some mothers and staff believed that there was a need to increase the frequency of visits, as well as extend home visits to families beyond the time the child reaches age three. When one mother

was asked whether there is anything about the MIHOW program that she would suggest to improve it, she replied: “I would say more frequent visits.” Likewise, another mother replied to the same question: “Oh probably more frequent visits.” The data reveal that some home visitors were visiting with families more than one hour and perhaps without pay for the time that exceeded one hour demonstrating that some home visitors felt that this additional time was so crucial to the family that they provided it on their own time.

Based on previous research, we know that strength-based home visitation programs have helped increase mothers’ self-esteem, self-reliance, and confidence. In addition, similar to the results of another strength-based home visitation program, this study found that the longer mothers were involved in the West Virginia MIHOW program and the more consistent their home visits were, the more positive they were with looking at their future and setting goals, and the more successful they were in achieving these goals. The findings of this study and the extant literature further support the earlier recommendation that MIHOW visits should occur more frequently and perhaps beyond the time the child reaches age three.

This current study also provides new knowledge about how the strength-based MIHOW program influenced the aspirations of the women involved in the MIHOW program – program leaders, home visitors, and mothers. The evidence showed that MIHOW is an empowering program that has enabled program staff and mothers to achieve many of their life aspirations, but nonetheless some women, primarily mothers, were hindered from meeting some of their life goals. Part of this was due to challenges individuals faced that were outside the scope and purview of the MIHOW program, such as financial difficulties, housing challenges, lack of familial support, lack of or unreliable transportation, and absence of childcare facilities. Nevertheless, as one program leader suggested, if mothers were able to continue to receive

MIHOW services beyond the point in time the child reaches age three, they could receive the support they need “in looking at their future, making goals, and working toward those goals.”

She further explained:

If we can hang onto those families longer we can help those families learn how to dream again. And then we can help them figure out the steps they need to take to get to those dreams. And we see that when we are with families for a long time – when we have a mom who has a second child and a third child.

While there is some literature on how strength-based home visiting affects the outcomes of the mothers and children, there is a paucity of scholarship on how the strength-based approach influences the staff who are implementing the strength-based approach in home visitation programs. The results of this study provide new knowledge on the influence that a strength-based home visitation program has on program staff achieving life aspirations. Moreover, the finding on MIHOW staff’s aspiration of achieving job satisfaction, in and of itself, constitutes new knowledge on what components or elements of a strength-based home visitation program give individuals, particularly women, job satisfaction.

There is limited scholarship on the ways in which women lead, and there is even less scholarship on the ways women lead other women. This study provides additional knowledge that describes the ways women lead in a strength-based home visitation program that primarily serves women. Also, the findings that describe MIHOW’s women-centered leadership characteristics – authenticity, strengths, listening, open-mindedness, collaboration, reflection, humility, and advocacy – contribute to the limited scholarship on what defines or characterizes feminist leadership. As stated in the findings and themes found within the research data, the authenticity of the West Virginia MIHOW program and its strength-based approach, were the

core elements that led many of those involved in the program – program leaders, home visitors, and mothers – to believe in themselves, believe in others, and what collectively and collaboratively they could do to improve their individual lives, their families, and their communities.

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Appendix A: Institutional Review Board Approval



Office of Research Integrity
Institutional Review Board
One John Marshall Drive
Huntington, WV 25755

FWA 00002704

IRB1 #00002205
IRB2 #00003206

October 12, 2015

Martin Amerikaner, Ph.D.
Psychology Department

RE: IRBNet ID# 263395-11
At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Amerikaner:

Protocol Title: [263395-11] Randomized Control Group Evaluation of the Maternal Infant Health Outreach Worker (MIHOW) In-Home Visitation Program

Expiration Date: October 25, 2016

Site Location: MU

Submission Type: Continuing Review/Progress Report APPROVED

Review Type: Expedited Review

The above closed to enrollment study was approved for an additional 12 months by the Marshall University Institutional Review Board #2 (Social/Behavioral) Chair. The approval will expire October 25, 2016. Since this approval is within 30 days of the expiration date, the fixed anniversary date of 10/25 was maintained. Continuing review materials should be submitted no later than 30 days prior to the expiration date.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Bruce Day, ThD, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.



Office of Research Integrity
Institutional Review Board
401 11th St., Suite 1300
Huntington, WV 25701

FWA 00002704

IRB1 #00002205
IRB2 #00003206

February 14, 2013

Martin Amerikaner, Ph. D.
Psychology Department

RE: IRBNet ID# 263395-4
At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Amerikaner:

Protocol Title: [263395-4] Randomized Control Group Evaluation of the Maternal Infant Health Outreach Worker (MIHOW) In-Home Visitation Program

Expiration Date: October 25, 2013

Site Location: MU

Submission Type: Amendment/Modification APPROVED

Review Type: Expedited Review

The amendment to the above listed study was approved today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Chair. This amendment is to add Kathy Bialk as a research member to the study.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Michelle Woomeer, B.A., M.S at (304) 696-4308 or woomeer3@marshall.edu. Please include your study title and reference number in all correspondence with this office.

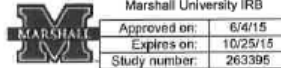
Appendix B: MIHOW Staff Consent Form

Page 1 of 3

Informed Consent to Participate in a Research Study

Randomized Control Group Evaluation of the Maternal Infant Health Outreach Worker (MIHOW) In-Home Visitation Program

Marty Amerikaner, Ph.D. Principal Investigator



Introduction

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You may or may not receive any benefit from being part of the study. Your participation is voluntary, and there will be absolutely no negative consequences if you decide not to participate. Please take your time to make your decision, and ask your research investigator or research staff to explain any words or information that you do not understand.

Why Is This Study Being Done?

The purpose of this study is to help determine the value of an in-home visitation program and to better understand the experiences of MIHOW staff, home visitors, and administrators.

How Many People Will Take Part In The Study?

Approximately 30 people will take part in this study. A total of 30 subjects are the most that would be able to enter the study.

What Is Involved In This Research Study?

In this study, all participants will be contacted up to 3 times. Each contact will either be by phone or in person at a time and place that is convenient for the participant. Participants will be interviewed about topics such as their own training, their experiences with MIHOW as a home visitor, their interaction with families, the support they receive from MIHOW, and how they experience and understand MIHOW's goals and mission.

Participants will be from one of the two selected WV Maternal Infant Health Outreach Worker (MIHOW) program sites. Participants will include MIHOW staff, home visitors, and administrators. By agreeing to be interviewed you are agreeing to being a part of the study.

How Long Will You Be In The Study?

You will be in the study until just after your final round of interviews. You can decide to stop participating at any time. If you decide to stop participating in the study we encourage you to talk to the study investigator or study staff as soon as possible.

Subject's Initials _____

The study investigator may stop you from taking part in this study at any time if he/she believes it is in your best interest; if you do not follow the study rules; or if the study is stopped.

What Are The Risks Of The Study?

There are no known risks to those who take part in this study.

What About Confidentiality?

We will do our best to make sure that your personal information is kept confidential. However, we cannot guarantee absolute confidentiality. Federal law says we must keep your study records private. Nevertheless, under unforeseen and rare circumstances, we may be required by law to allow certain agencies to view your records. Those agencies would include the Marshall University IRB, Office of Research Integrity (ORI) and the federal Office of Human Research Protection (OHRP). This is to make sure that we are protecting your rights and your safety. If we publish the information we learn from this study, you will not be identified by name or in any other way.

What Are The Costs Of Taking Part In This Study?

There are no costs to you for taking part in this study. All the study costs, including any study tests, supplies and procedures related directly to the study, will be paid for by the study.

Will You Be Paid For Participating?

You will receive no payment or other compensation for taking part in this study, other than the "thank you" gifts provided to all participants.

Who Is Sponsoring This Study?

This study is being sponsored by the West Virginia Office of Maternal, Child and Family Health. The sponsor is providing money or other support to help conduct this study. The researchers do not, however, hold a direct financial interest in the sponsor and have no financial interests in the outcome of the study.

What Are Your Rights As A Research Study Participant?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled. If you decide to stop participating in the study we encourage you to talk to the investigators or study staff first.

Whom Do You Call If You Have Questions Or Problems?

For questions about the study or in the event of a research-related injury, contact the study investigator, Dr. Marty Amerikaner at (304) 696-2783. You should also call the investigator if you have a concern or complaint about the research.

Subject's Initials _____

For questions about your rights as a research participant, contact the Marshall University IRB#2 Chairman Dr. Stephen Cooper or ORI at (304) 696-4303. You may also call this number if:

- o You have concerns or complaints about the research.
- o The research staff cannot be reached.
- o You want to talk to someone other than the research staff.

You will be given a signed and dated copy of this consent form.

SIGNATURES

You agree to take part in this study and confirm that you are 18 years of age or older. You have had a chance to ask questions about being in this study and have had those questions answered. By signing this consent form you are not giving up any legal rights to which you are entitled.

Subject Name (Printed)

Subject Signature

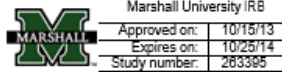
Date

Person Obtaining Consent (Printed)

Person Obtaining Consent Signature

Date

Appendix C: MIHOW Mothers Consent Form



Page 1 of 4

Informed Consent to Participate in a Research Study

Randomized Control Group Evaluation of the Maternal Infant Health Outreach Worker (MIHOW) In-Home Visitation Program

Marty Amerikaner, Ph.D. Principal Investigator

Introduction

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You may or may not receive any benefit from being part of the study. Your participation is voluntary. Please take your time to make your decision, and ask your research investigator or research staff to explain any words or information that you do not understand.

Why Is This Study Being Done?

The purpose of this study is to help determine the value of an in-home visitation program during pregnancy and infancy for the health and well being of babies and parents.

How Many People Will Take Part In The Study?

About 200 people will take part in this study. A total of 200 subjects are the most that would be able to enter the study.

What Is Involved In This Research Study?

In this study, all participants will be contacted up to 4 times. This will include once at the time they begin participating in the study, once about a month after the baby is born; once when the baby is around 1 year old, and one final time when the baby is approximately 18 months old. Each contact will either be by phone or in person at a time and place that is convenient for the participant. Participants will be interviewed about topics such as their own health, their babies development and their parenting behaviors.

Participants will be in one of two educational groups. Half of the participants will be enrolled in the Maternal Infant Health Outreach Worker (MIHOW) program; in this program, a specially trained community person will visit participants regularly to provide support, education, and assistance in preparing for parenting the new baby. The other half of the participant group will receive educationally oriented informational packets about babies and parenting in the mail. All participants will receive practical "thank-you" gifts (such as extra diapers) each time they participate in our data collection interviews.

Women who agree to participate will be randomly assigned to one of the two groups discussed above. This assignment is not made until after you agree to participate; neither you nor any project staff people know which group you will be in at this time, and it is not possible to change groups once the assignment is made.

Subject's Initials _____

How Long Will You Be In The Study?

You will be in the study until just after your baby reaches 18 months of age. You can decide to stop participating at any time. If you decide to stop participating in the study we encourage you to talk to the study investigator or study staff as soon as possible.

The study investigator may stop you from taking part in this study at any time if he/she believes it is in your best interest; if you do not follow the study rules; or if the study is stopped.

What Are The Risks Of The Study?

There are no known risks to those who take part in this study.

Are There Benefits To Taking Part In The Study?

If you agree to take part in this study, there may or may not be direct benefit to you. We hope that the educational materials are beneficial to all participants and that the information learned from this study will benefit other people in the future. The benefits of participating in this study for participants in the MIHOW program may include additional knowledge about parenting and about the development and health of infants. The benefits of participation in this study for participants who are not enrolled in the MIHOW program will include receipt of practical “thank you” gifts for participating, the opportunity to learn more about parenting as well as infant health and development from the written material we will send. All participants will benefit from receipt of thank-you gifts such as diapers or similar practical items.

What About Confidentiality?

We will do our best to make sure that your personal information is kept confidential. However, we cannot guarantee absolute confidentiality. Federal law says we must keep your study records private. Nevertheless, under unforeseen and rare circumstances, we may be required by law to allow certain agencies to view your records. Those agencies would include the Marshall University IRB, Office of Research Integrity (ORI) and the federal Office of Human Research Protection (OHRP). This is to make sure that we are protecting your rights and your safety. If we publish the information we learn from this study, you will not be identified by name or in any other way.

What Are The Costs Of Taking Part In This Study?

There are no costs to you for taking part in this study. All the study costs, including any study tests, supplies and procedures related directly to the study, will be paid for by the study.

Will You Be Paid For Participating?

You will receive no payment or other compensation for taking part in this study, other than the “thank you” gifts provided to all participants that were mentioned earlier.

Who Is Sponsoring This Study?

Subject's Initials _____

This study is being sponsored by the West Virginia Office of Maternal, Child and Family Health. The sponsor is providing money or other support to help conduct this study. The researchers do not, however, hold a direct financial interest in the sponsor and have no financial interests in the outcome of the study.

What Are Your Rights As A Research Study Participant?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled. If you decide to stop participating in the study we encourage you to talk to the investigators or study staff first.

Whom Do You Call If You Have Questions Or Problems?

For questions about the study or in the event of a research-related injury, contact the study investigator, Dr. Marty Amerikaner at (304) 696-2783. You should also call the investigator if you have a concern or complaint about the research.

For questions about your rights as a research participant, contact the Marshall University IRB#2 Chairman Dr. Stephen Cooper or ORI at (304) 696-4303. You may also call this number if:

- You have concerns or complaints about the research.
- The research staff cannot be reached.
- You want to talk to someone other than the research staff.

You will be given a signed and dated copy of this consent form.

SIGNATURES

You agree to take part in this study and confirm that you are 18 years of age or older. You have had a chance to ask questions about being in this study and have had those questions answered. By signing this consent form you are not giving up any legal rights to which you are entitled.

Subject Name (Printed)

Subject Signature

Date

Person Obtaining Consent (Printed)

Person Obtaining Consent Signature

Date

Subject's Initials _____

Appendix D: MIHOW Mother Interview Guide

I'm looking at the date you began participating in MIHOW. So you've been part of this program since _____, so that's been about _____ years/months. I'd like to talk with you about what has been going on in your life since you've been participating in MIHOW. I'm interested in knowing about some of the good things that have been happening as well as some of the challenges. Let's first talk about some of the good things happening.

1. What do you believe have been some of the good things happening since you've been involved in the MIHOW program? (Get stories and examples).
 - a. What do you believe contributed to these accomplishments you mention? (Refer specifically to the examples the mother provided).
 - b. Do you attribute any of these accomplishments to being in the MIHOW program? (Get the story).
2. Since you've been involved in this program, have you faced any challenges related to health, employment, or education? Have you faced any other challenges? (Get examples, stories).
 - a. How have you dealt with your challenges?
 - b. Have you still been seeing your home visitor each month?
 - c. Did you talk to your MIHOW home visitor about any of these challenges? If yes, what happened?
 - d. Were there any other persons or organizations that you dealt with about any of your challenges? If so, what happened?
 - e. Having had these challenges, what would you do the same or differently in the future to deal with them?
3. Has your home visitor talked to you about what you are good or strong at – your strengths? Can you talk to me about what your strengths might be?
 - a. Have you thought about on your own what you are good at or has your MIHOW home visitor pointed some things out to you?
 - b. What is it about you that you believe helps you meet your challenges and goals?
 - c. How have these strengths helped you with everyday life (meet challenges, solve problems, set goals, achieve them)?
 - d. Has anything else besides your strengths helped you to meet your challenges and goals?
 - e. Do you feel you have some things you would like to work on to help improve your situation?
4. Now I have a few questions about leadership.
 - a. How do you view leadership?
 - b. How do you see yourself as a leader? In your family? In your community?
 - c. What strengths help you as a leader?
 - d. Has the MIHOW program helped you in any way with being a leader? (Get examples).
5. I'm now wondering about your goals. If you look back to when you first got involved with MIHOW when you were pregnant and as you went through your pregnancy, childbirth, and then later having a little infant (*who is now a toddler*), did you set any goals for yourself? (Get examples, stories).
 - a. How are you doing with achieve those goals? How did you go about doing so? (If not mentioned, ask about goals in the key areas of family, health, education, employment, and community).
 - b. Did you talk to your MIHOW home visitor about your goals? If so, what happened?
 - c. Were there any other persons or organizations that you talked with about your goals? If yes, what happened?
6. I'm also wondering how you see yourself in the future. What kind of plans do you have at this point? (Get details about family, employment, education, and involvement in the community).
 - a. What do you believe will help you achieve your future plans?
 - b. What, if anything, do you think might get in the way of your reaching the goals you have set for yourself in the future?
 - c. Have you talked to your MIHOW home visitor about your future plans? If so, what happened?

Appendix E: MIHOW Home Visitor (Outreach Worker) Interview Guide

1. I am interested in learning more about the MIHOW strength-based approach. You've talked previously about how you might recognize mothers' strengths and how you work with them to build upon them. I'm wondering what your views are about this approach and how it is working.
 - a. How do you think it's going with mothers recognizing their personal and interpersonal strengths?
 - b. How do you figure out what the mothers' strengths are?
 - c. Can you give me an example of how some of the mothers use their strengths to realize their goals?
 - d. Have you experienced situations in which mothers don't realize their goals?
2. What about you? How do you recognize your own strengths and build upon them in aspects of your life? Has MIHOW played a role in this? How so?
3. How do you believe the MIHOW program improves the individual lives of the mothers and her children/family? What about the community? How so? Can you give examples?
4. Overall, how effective is the strength-based approach in delivering services for the MIHOW program? (Get examples). Are there any down sides to the strength-based approach? Do you see ways in which the MIHOW program can be improved?
5. Are there any ways the mothers contribute to the further development or improvement of the MIHOW program? Are there ways you are able to contribute to the further development or improvement of the MIHOW program?
6. Once mothers finish the MIHOW program, do you have any knowledge about their ongoing circumstances considering you live in the same community? Do you have an example or two of situations you can share?
7. Now I have a few questions about leadership.
 - a. How do you view leadership?
 - b. How do you see yourself as a leader? In your family? In your community?
 - c. Has the MIHOW program helped you in any way with being a leader? (Get examples).
 - d. What strengths help you as a leader?
 - e. Has the MIHOW program helped mothers in any way with taking lead? In what ways?
 - f. How do you view your supervisor as a leader?
8. I'm now wondering about your goals. If you look back to when you first got involved with MIHOW, did you set any goals for yourself? (Get examples, stories).
 - a. How are you doing with achieve those goals? How did you go about doing so? (If not mentioned, ask about goals in the key areas of family, health, education, employment, and community).
 - b. Did you talk to your MIHOW supervisor about your goals? If so, what happened?
 - c. Were there any other persons or organizations that you talked with about your goals? If yes, what happened?
9. I'm also wondering how you see yourself in the future. What kind of plans do you have at this point? (Get details about family, employment, education, and involvement in the community).
 - a. What do you believe will help you achieve your future plans?
 - b. What, if anything, do you think might get in the way of you reaching the goals you have set for yourself in the future?
 - c. Have you talked to your MIHOW supervisor about your future plans? If so, what happened?

Appendix F: MIHOW Program Leader Interview Guide

1. What role do you have in the MIHOW program? How did you get involved?
2. I am interested in learning more about the MIHOW strength-based approach. Could you please explain how that works?
3. How do the home visitors recognize their strengths?
4. How do the home visitors use their strengths when working with mothers participating in the MIHOW program? Could you describe how you believe the outreach workers relate to the mothers?
5. Since the MIHOW program focuses on strengths, how do you believe the strength-based aspect enables women to achieve their goals in life (e.g., family, health, education, employment, community)?
6. How do you believe the MIHOW program improves the lives of the mothers and their families? How do you believe the MIHOW program improves the lives of home visitors? What about the community? How so? Can you give examples?
7. What kind of challenges do outreach workers face in doing their job working with mothers participating in MIHOW? If yes, how are these challenges addressed.
8. Do the mothers contribute in any way to the further development or improvement of the MIHOW program? What about the home visitors?
9. In what ways do you think the MIHOW program helps the community in which the mothers and home visitors live?
10. Now I have a few questions about leadership.
 - a. How do you view leadership?
 - b. How do you see yourself as a leader? In your family? In your community?
 - c. Has the MIHOW program helped you in any way with being a leader? (Get examples).
 - d. What strengths help you as a leader?
 - e. Has the MIHOW program helped home visitors (and mothers) in any way with taking lead? In what ways?
 - f. How do you view your supervisor as a leader?
11. I'm now wondering about your goals. If you look back to when you first got involved with MIHOW, did you set any goals for yourself? (Get examples, stories).
 - a. How are you doing with achieve those goals? How did you go about doing so? (If not mentioned, ask about goals in the key areas of family, health, education, employment, and community).
12. I'm also wondering how you see yourself in the future. What kind of plans do you have at this point? Get details about family, employment, education, and involvement in the community).

KATHY J. BIALK

281 Collins Branch Rd.
Wayne, WV 25570
bialkk@marshall.edu

(H) 304.525.0711
(C) 304.972.2692
(W) 304.696.2281

PROFESSIONAL PROFILE

- An accomplished professional with extensive experience as a Director of Student Financial Assistance in public universities and other diverse higher education settings.
- Proven expertise in advancing the department and the university by cultivating a work culture that is collaborative, forward-thinking, and innovative with the success of students in mind.
- Strong personal and professional desire to be in a progressively responsible student financial aid leadership role using my education, experience, skills, and expertise to advance the operational unit, the university, and the student financial aid profession.

CAREER HIGHLIGHTS

Marshall University, Huntington, WV

Director, Student Financial Assistance

August 2008 – present

Reporting to the Provost & Senior Vice President of Academic Affairs, provide leadership to a staff of 16 financial aid professionals serving 17,000 undergraduate, graduate, and professional students in the administration and delivery of student financial assistance totaling \$151 million.

- In pursuit of quality assurance, excellent student service, improved performance, and staff satisfaction routinely develop prudent policies and procedures, implement automated business processes, and provide staff care, attention, and professional development opportunities.
- Utilize human resources effectively by recognizing and leveraging individuals' strengths, evaluating and redesigning the organizational structure and classification of positions as needed to meet the increased size, scope, and work complexity of the department and the university.
- Making decisions grounded on sound research and current trends, develop, implement, and analyze scholarship awarding policies that effectively leverage enrollments, meet student financial needs, increase diversity, and meet tuition net revenue goals.
- Serve as the University Athletic (NCAA Division I – Conference USA) Scholarship Appeals Committee Chair; serve as the University Financial Aid Satisfactory Academic Progress Appeals Committee Chair; and serve as an active member of the University Enrollment Management Committee.
- Practice exemplary stewardship of endowed and annual scholarships ensuring appropriate awarding of these scholarships to students, as well as timely notifications to students and scholarship donors.

Mercyhurst University, Erie, PA

Director, Student Financial Services

2008

July 2006 – August

Reported to the Vice President of Finance & Treasurer. Led and supervised an integrated group of 13 financial aid and student account professionals in providing student financial services to more than 4,200 students attending three campuses. Responsible for student billing and revenue collection services in excess of \$90 million and the management and administration of student financial aid programs totaling \$70 million.

- Developed and implemented plans to integrate and redesign the structure and processes of student financial aid and student account services, resulting in improved services to students, accountability, compliance, efficiency and productivity.
- Successfully led the transition from administering the Federal Stafford Loan Program to the Federal Direct Loan Program two years prior to the required U.S. Department of Education mandate.

New Jersey Institute of Technology (NJIT), Newark, NJ
Director, Student Financial Aid Services

May 1997 – July 2006

Reported to the Assistant Vice President of Academic & Enrollment Services. Administered and managed the University's student financial aid, scholarship and student employment programs, totaling \$48 million annually serving 8,500 undergraduate and graduate students; led and supervised 13 staff persons.

- Served as an active strategic member of the Enrollment Services Division; developed policies, and implemented financial aid packing procedures that complemented enrollment objectives.
- Conceptualized and led the implementation of NJIT web-based Student Employment Management System, which earned the EDUCAUSE Award for Excellence in Administrative Systems for 2005.
- Served as departmental leader and university core member in systems management, maintenance, software installations and conversions maximizing the use of Student Information System (SCT SIS PLUS) Financial Aid Module and other university computerized information systems.
- Overhauled and automated numerous processes and procedures that significantly improved efficiency, enhanced student recruitment and student services, strengthened compliance and improved cash flow to the university.
- Served as a key member of a team that successfully transitioned the University from an NCAA Division II to Division I-AA.

Union County College, Cranford, NJ
Assistant Dean, Student Administrative Services
Director, Financial Aid

October 1995 – April 1997
July 1993 – October 1995

Reported to the Dean of Students. Oversaw and managed the operational departments of recruitment, admissions, registration and records, academic placement testing and financial aid for four campuses serving 9,000 students; provided leadership for 40 staff persons.

- Developed and implemented plans to reorganize and redesign the structure and processes of student administrative services to enhance accountability and efficiency resulting in improved productivity and student services, as well as significant cost savings.
- Applied for and selected as one of only two NJ colleges to participate in the United States Department of Education Quality Assurance Program, which embodies the principles of continuous improvement, self-assessing management of student aid, annual measurement, and institution quality improvement strategies.
- Served on the College's management negotiating team to formulate an Agreement between the Board of Trustees and the New Jersey Employee Association (NJEA).

Rider University, Lawrenceville, NJ
Director, Financial Aid
Assistant Director, Financial Aid

February 1989 – July 1993
May 1987 – February 1989

Reported to the Dean of Admissions & Financial Aid. Managed and administered the University's student financial aid, scholarship and student employment programs totaling \$23 million serving 5,000 students on two campuses; supervised nine staff persons.

- Successfully merged Westminster Choir College Financial Aid Office with the Rider University Financial Aid Office.
- As a member of the Enrollment Management Department, recommended policy and implemented financial aid packing procedures that complemented enrollment objectives.

DeVry University, North Brunswick, NJ
Senior Financial Aid Advisor
Financial Aid Advisor

October 1986 – May 1987
July 1986 – October 1986

Reported to the Director of Student Finance. Handled the processing and awarding of financial aid for 1,000 new students. Coordinated and conducted Financial Aid Workshops.

Alliance College, Cambridge Springs, PA
Financial Aid Officer
Residence Life Director

June 1985 – July 1986
August 1984 – December 1985

Reported to the Dean of Student Affairs. Provided counseling and administered student financial assistance for 150 students. Managed student residential housing and coordinated student activities and programming; supervised a staff of two residence hall counselors and nine student residence hall advisors; and served as the summer events coordinator.

EDUCATION

Marshall University, South Charleston, WV

Candidate for Doctor of Education Degree

May 2016

(Major: Higher Education Leadership; Area of Emphasis: Program Evaluation)

Rider University, Lawrenceville, NJ

Master of Arts Degree

May 1994

(Human Services Administration)

Jagiellonian University, Center of Polish Language and Culture in the World, Krakow, Poland

(Polish Language and Culture Studies Program)

1983-1984

Alliance College, Cambridge Springs, PA

Bachelor of Science Degree

May 1983

(Business Management and International Business)

Bachelor of Arts Degree

May 1983

(Polish)

AWARDS AND RECOGNITION

- WVASFAA Neil E. Bolyard Meritorious Service Award, April 2015
- Nominated and selected as a College Board Enrollment Leadership Academy (ELA) participant, 2014-15
- Farrell High School Alumni Hall of Fame Honoree, Farrell, PA, 2007
- NJASFAA Lifetime Membership Award, NJ, 2006
- EDUCAUSE Award for Excellence in Administrative Systems recipient (for the Student Employment Management System – SEMS – innovation) representing NJIT, Orlando, FL, 2005
- Kosciuszko Foundation Year Abroad Full-Scholarship Recipient, Center of Polish Language and Culture in the World, Jagiellonian University, Krakow, Poland, 1983-1984

PUBLICATIONS

Book Review: “The Art and Science of Student Aid Administration in the 21st Century,” Journal of Student Financial Aid, Volume 42, Number 1, 2012

“How Satisfactory is your Satisfactory Academic Progress Policy at Engaging Your Students to Succeed?” National Association of Student Financial Aid Administrators Training Video, 2011

PROFESSIONAL AFFILIATIONS & SERVICE

National Association of Student Financial Aid Administrators, 1988 – present
Journal of Student Financial Aid Editorial Board Reviewer, July 2015 - present

Midwest Association of Student Financial Aid Administrators, 2009 – present
Executive Council – West Virginia Representative, 2015-16
Nominations & Elections Committee, 2014-15 & 2015-16
Conference Program Committee, 2013-14
Conference Local Arrangements Committee, 2013-14
Government Relations Committee, 2013-14

West Virginia Association of Student Financial Aid Administrators, 2008 – present
President, 2015-16
President-elect, 2014-15
Conference Program Chair, 2013 & 2015
College Goal Sunday Volunteer, 2010, 2013, 2014 & 2015

Coalition of State University Aid Administrators (COSUAA), 2015 – present

Appalachian Studies Association, 2014 – present

Pennsylvania Association of Student Financial Aid Administrators, 2006 - 2008

New Jersey Association of Student Financial Aid Administrators, 1988 – lifetime
Board of Directors – 1996 – present
College Goal Sunday Steering Committee Member & Site Chair, 2005-2006
Past-President, 1996-1997
President, 1995-1996
President-elect, 1994-1995
Co-chair Training and Staff Development Committee, 1991-1992 & 2002-2003
Committee Memberships, 1988 - 2006
Federal Relations
Conference
Constitution and By-Laws
Newsletter
Elections
Nominations & Audit

Eastern Association of Student Financial Aid Administrators, 1994 - 2008
Training and Staff Development Committee, 1991-1992

SCT Education Technology Association (SETA), 1997 - 2006
SunGard SCT Summit Program Conference PLUS SIS/FAM Product Line Chair, 2004-2006

PUBLIC TESTIMONIES

- Presented as a panel member at the Education Forum addressing U.S. Senator Joseph Manchin on “Federal Financial Aid Issues Affecting WV Students,” 2011
- Prepared written testimony and publicly addressed the NJ Commission on Higher Education in “Response to NJ Proposed Master Plan for Higher Education,” 1996
- Prepared written testimony and publicly addressed the NJ Commission on Higher Education in “Response to NJ Proposed Master Plan for Higher Education Financing,” 1995

PROFESSIONAL TRAINING, CONSULTING AND ADVISORY WORK

- Serve as a member of the WV Higher Education Policy Commission Student Financial Aid Advisory Board, 2015 - present
- Serve as a Financial Aid Trainer for WV high school counselors and other mentors, 2009 - present
- Representing Marshall University Co-partnered with Intuit, Inc., makers of Quicken® and TurboTax® to offer TurboTax® FAFSA, which automatically transfers information from Turbo Tax® software directly onto the FAFSA Form, 2009
- PA Higher Education Assistance Authority Grants & Programs Advisory Board Member, 2006 – 2008
- NJ Student Assistance Advisory Committee on Student Aid, 1997 – 2006
- Representing NJIT co-partnered with Ellucian (formerly SunGard SCT) to develop a comprehensive web-based student financial aid self-service product (Student Requirements), 2004
- Representing NJIT served as a beta site with Ellucian (formerly SunGard SCT) for the implementation of various financial aid web applications and system processes, e.g., Electronic Award Letter Notification, Direct Lending, 2000 - 2006
- Served as consultant for NJ Higher Education Student Assistance Authority in the training of NJ High School Guidance Counselors on student financial aid delivery, 1998, 1995 & 1991
- Provided consulting services for Raritan Valley Community College: Evaluated Financial Aid Office operations and systems, organizational structure, and policies and procedures, 1995

PROFESSIONAL PRESENTATIONS

- Co-presented “Happy Staff – Happy Students,” West Virginia Association of Student Financial Aid Administrators Conference, Daniels, WV, 2015
- “Presidents’ Panel” Session Facilitator, Midwest Association of Student Financial Aid Administrators Conference, Charleston, WV, 2014
- Co-presented “The Rural Student Experience: Understanding and Empowering a Forgotten Population,” Midwest Association of Student Financial Aid Administrators Conference, Charleston, WV, 2014
- Co-presented “The Role of Financial Aid in Academic Advising,” College Foundation of West Virginia Student Success Summit, 2013
- Co-presented “Campus-Wide Collaboration to Meet Financial Aid Satisfactory Academic Progress Requirements,” College Foundation of West Virginia Student Success Summit, 2012
- Co-presented “How Satisfactory is your Satisfactory Academic Progress Policy at Engaging Your Students to Succeed?” National Association of Student Financial Aid Administrators Annual Conference, Boston, MA, 2011
- Co-presented “Factors Affecting Timing to Student Loan Default,” National Association of Student Financial Aid Administrators Annual Conference, Boston, MA, 2011
- “Stretching Resources Human and Otherwise in Today’s Financial Aid Office,” WV Association of Student Financial Aid Administrators Spring Conference, 2011
- “Managing Federal Work-study Funds Effectively and Efficiently,” WV Association of Student Financial Aid Administrators Spring Conference, 2009
- Co-presented “TurboTax FAFSA,” National Association of Student Financial Aid Administrators Annual Conference, San Antonio, TX, 2009
- Co-presented “NJIT Student Employment Management System,” EDUCAUSE, Orlando, FL, 2005
- “Financial Aid Packaging,” NJ Association of Student Financial Aid Administrators Summer Novice Training Institute, 2005
- “Managing Financial Aid Systems,” SunGard SCT Summit Conference, Honolulu, HI, 2005
- “E-Perkins”, SunGard SCT Summit Conference, Honolulu, HI, 2005
- “Satisfactory Academic Progress,” NJ Association of Student Financial Aid Administrators Novice Training Workshop, 2004
- “Self-Service Financial Aid Tracking,” SunGard SCT Summit, Philadelphia, PA, 2004
- “Self-Service Student Employment via SEMS – Administrative Module,” SCT SunGard Summit, Philadelphia, PA, 2004
- “Scholarship Renewals Made Easy With Focus,” SCT Summit Conference, New Orleans, LA, 2003

- “Enhancing Student Recruitment Using Automated Scholarship Packaging,” SCT Summit Conference, New Orleans, LA, 2003
- Co-presented “Managing Student Employment Through SEMS - Web-Based Student Employment Management System,” SCT Summit Conference, New Orleans, LA, 2003
- “Consortium Agreement, Community Service Work-study and Debt Counseling,” National Association of Student Financial Aid Administrators Spring Training Series for WVASFAA, 2003
- “Student Financial Aid Cost of Attendance Budget Development,” NJ Association of Student Financial Aid Administrators Summer Novice Training Institute, 2000
- Co-presented “A Friendly President and an Unfriendly Congress: An Update on Federal Student aid Funding Legislation and Appropriations,” NJ Educational Opportunity Fund Program Annual Conference, 1995
- “Reauthorization Regulatory Update,” NJ Association of Student Financial Aid Administrators Training Workshop, 1994
- Co-presented “Federal Funds Management and Fiscal Reporting,” NJ Association of Student Financial Aid Administrators Training Workshop, 1992
- “Pell Grant Methodology, Program Requirements and Fiscal Reporting,” NJ Association of Student Financial Aid Administrators Summer Institute, 1991
- Co-presented “Admissions and Financial Aid: Making the Partnership Work,” Middle States Association of Collegiate Registrars and Admissions Annual Meeting, 1990
- “Professional Judgment,” NJ Association of Student Financial Aid Administrators Fall Conference, 1990
- Co-presented “Admissions and Financial Aid: Establishing Détente,” NJ Association of College Admissions Counselors Spring Conference, 1990

TEACHING EXPERIENCE

Freshmen First Class (UNI 100) Instructor

Fall 2014

A one-credit hour introductory course offered to freshmen providing the opportunity to learn about Marshall University, college-level expectations, and student success.

Writing for Publication (CI 677) Co-instructor with L. Eric Lassiter, Ph. D.

Spring 2014

A three-credit hour doctoral-level seminar that explores writing and publication from a variety of perspectives and scholarly assumptions preparing students to study and practice writing articles (manuscripts) for publication in scholarly venues.

New Student Seminar (UNI 101) Instructor

Fall 2009

A one-credit hour introductory course that provides freshmen and new transfer students with an opportunity to adjust the academic and social environment of college.