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By

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ABSTRACT

FACTORS RELATED TO HIGH AND LOW PARENT INVOLVEMENT IN A HEAD START PROGRAM

By

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Parent involvement in Head Start contributes to the program's success, but levels of involvement vary greatly, and parents enter with varied histories. The purpose of this study was to relate developmental and community experiences of parents to involvement in Head Start, and to see if involvement was associated with different parent-child relationships and child classroom functioning. Subjects were 38 parents most involved and 28 least involved in a Head Start program, interviewed after the Head Start year ended.

A Developmental History Questionnaire identified a subset of parents in each group with histories of maltreatment as children. High school and community activities of parents were identified through interview questions. Parent perception of Head Start was assessed through a survey constructed for this study, while parent-child relationships were measured through the Parenting Stress Index and HOME Preschool Inventory. The child's Head

Start progress report was used to measure social-emotional development. Results suggest that highly involved Head Start parents are more likely to do other community volunteer work, belong to other organizations, have less negative feelings about social services received in the community, and have more experience of family support programs. Parents who brought a younger sibling were more likely to volunteer. Although all parents valued Head Start's child development services, highly involved parents also considered Head Start to be a source of social support for themselves. The impact of developmental history on parent involvement was not clear. Regardless of their involvement level, parents with very negative histories were found to have higher levels of parenting stress, including a perception of their children as more demanding and less adaptable. Involved parent provided marginally better home environments, especially language and learning stimulation. They had children who began the year at a higher level of social-emotional classroom functioning than the comparison group's, though differences disappeared by the end of the year. It is possible to interpret subgroup data as evidence that the subset of highly-involved formerly-abused parents were influenced by this and other intervention programs in ways that affected their adult lives as well as their children's development.

Dedicated to Judy Pfaff and Glenda Gill
the most important social supports
in the ecology of this effort

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CHAPTER I

INTRODUCTION

Parent involvement has always been central to Head Start. It was written into the original formative memo as an organizing principle: the child develops within the context of family and community, and therefore parents should be involved in planning and operating the program at all levels (O'Keefe, 1979). What began as a matter of philosophy gained strength from Bronfenbrenner's 1974 report on the long-term effect of early intervention. As a counterbalance to the 1970 Westinghouse evaluation that found Head Start IQ gains eroding by second or third grade, Bronfenbrenner compared the effects of early intervention programs and found that programs involving parent as well as child were more effective than those focused on the child alone, not by raising IQ, but by sustaining effects longer, like a chemical fixative (Bronfenbrenner, 1974).

Powell (1988a) suggests that one reason this analysis was so influential was that it matched social values about the significance of parenting education. He concludes elsewhere that though the theoretical argument

for the importance of parent involvement in early childhood intervention is robust, the empirical evidence that a child's increase in competence is enhanced by the parent's participation is not great, largely due to the lack of appropriate research specifically directed at this issue (Powell, 1989). Seitz and Provence (1990) concur that the idea that young children benefit from intervention services involving their parents has more face validity than empirical evidence, although what evidence there is supports it.

In their review of 17 early intervention programs for environmentally at-risk children, Bryant and Ramey suggest that positive effects stem from the intensity of the program, meaning the amount and breadth of contact with both children and families. They see the function of programs as preventing decline in IQ scores, not causing acceleration and, though they point out that projects requiring high parent participation suffered from high attrition, they acknowledge that "parent involvement is still seen as the key to sustaining program gains once intervention has ended" (Bryant & Ramey, 1987, p. 73). How parent involvement has this effect is not clear, but the influences seem to be multiple (Seitz & Provence, 1990). As evidence mounts about the importance of social support to human and family functioning, interest is growing in what effect

early intervention programs have on parents, themselves, that may indirectly as well as directly influence their child's development.

Head Start is now, after 26 years, generally acknowledged to be a cost-effective and useful program of intervention with low-income children (see, for instance, Committee for Economic Development, 1991). Yet even in this relatively brief time span, historical change has altered the families and communities it was designed to serve. The number of children in low-income families dropped dramatically in the late '60s and early '70s with the war on poverty, but then increased again through the rest of the '70s and '80s. About 20% of children in America remain in poverty; of the 3- to 5-year-old age group Head Start primarily serves, more than 22% are poor (State of America's Children, 1991). Poverty means more than low income; it translates into a higher incidence of a multitude of developmental risk factors, from infant mortality to child maltreatment (Garbarino, 1990), and the cumulative effect of multiple risk factors appears to be more damaging than any single factor (Hannan & Luster, 1991; Lyons-Ruth, Botein, & Grunebaum, 1984; Masten, Best, & Garmezy, 1990; Sameroff et al., 1987). As an underclass of multi-risk children and families continues to grow, an early intervention program that attempts to

change only the child without affecting the child's ecology has little hope of success (Garbarino, 1990).

Within the category of "poverty," some children are more at risk than others. The structure of the families in which poor children grow up has altered dramatically since Head Start began. Many more poor households are headed by women, from roughly 20% in 1960 to roughly 50% in 1987 (Halpern, 1987). While the birth rate declined through the '60s to level off and remain fairly constant from the mid-'70s until now, the unmarried birth rate has climbed relatively steadily from the '60s to the '90s, particularly for teenagers, to account for more than 25% of all births (Committee for Economic Development, 1991). The divorce rate in the '80s leveled off at about double the rate in the '60s, adding to the female-headed households, since most custodial parents are women (The 21st century family, 1990). And the rate of employment of women with children under 6 years has continued its steady climb during all three decades, from 20% in the early '60s to 57% in 1988 (State of America's Children, 1991). The labor force rate is even higher, 63%, for single mothers with children under age 6 (Halpern, 1987). Unfortunately, the employment that keeps single mothers off of welfare may not keep them out of poverty; in 1990, the median income for men aged 25 or older was \$22,860 compared with \$10,814 for women aged 25 or older

(American Demographics, quoted in People and places in the news, 1991). In 1989, 54% of Head Start families were headed by a single parent (Project Head Start Statistical Fact Sheet, 1989), and many of them were employed.

Much of the existing network of social programs for poor families comes from an earlier time and was designed for a different set of family circumstances. In some ways, however, the community services context in which preschool children develop and Head Start operates has also changed markedly over the past three decades. The recognized value of early intervention has led to the creation of a variety of new programs from the '60s on, in health, mental health, education, and social services, through a multitude of local, state, federal, and private auspices. Concurrently, however, the economic retrenchment of the '70s and '80s from large-scale social welfare programs has meant underfunding of virtually all services, and restriction of many to a "pilot" or "demonstration" model in one or a few locations.

This means the availability of many services to poor children is haphazard at best. Nevertheless, Bryant and Ramey (1987) attribute the higher than expected IQ scores of control groups in early intervention studies to the possible buffering effect of programs such as Aid to Families with Dependent Children (AFDC) and the Women,

Infant, and Children (WIC) food program, and the recruitment of controls from locations near universities, where services tend to be at a higher level. Weiss and Halpern (1991) cite three other studies where lack of difference between control group and experimental treatment may be attributable to controls receiving service elsewhere, and suggest that the proliferation of services, especially in urban areas, may make uncontaminated control groups impossible to find. Though rarely coordinated or as prevalent as the need, services for young children are increasingly available (Gallagher, 1990). These days, families enter Head Start with often widely different experiences of community support and intervention services.

Finally, the conceptual environment of early intervention has evolved since Head Start's formative days, when it was expected by many to make up for family deficits by providing poor children with a summer's program that would give them equal footing with middle-class children in public school. Research emphases have shifted across the decades from comparative curriculum models to parent education, and again from parent education to parent empowerment and goodness of fit between family and program (Clarke-Stewart, 1988). Parallel streams of interest in compensatory education and special education have converged in an attempt to

define and combat multiple forms of developmental risk through comprehensive interdisciplinary cooperative efforts (Shonkoff & Meisels, 1990). Movement toward a generally accepted ecological systems perspective has led to a broader and more complex view of the family embedded in a layered and interconnected social context with powerful impact on family and child functioning (Bronfenbrenner, 1979; Garbarino, 1990). Above all, thinking about intervention in all disciplines is undergoing a paradigm shift from a deficit model to a family support model, based on a nascent sense of community responsibility for families on the part of the larger society, where the role of helping agencies should be to nurture strengths and buffer families against stress rather than repair inadequacies (Kagan et al., 1987; Weiss & Halpern, 1991).

Family support programs offer information, emotional support, and practical assistance similar to that offered by informal social support networks such as kinfolk and friends to young families. In a climate of acceptance, they encourage the development of both children and parents by supporting parents' efforts to understand their parenting role without trying to make them conform to an expert's ideal. Participation is voluntary, not based on dysfunction or deficit, and program staff are drawn from the community (Weiss & Halpern, 1991).

Although they vary in many ways, the essence of these programs is parent involvement.

Because it was planned to be a comprehensive, multi-service agency incorporating parent participation at every level, Head Start was, in many ways, conceptually ahead of its time, and able to be responsive to changing approaches to children's services. Shifts in approach at the theoretical and research level have been reflected in a variety of experimental innovations that have made Head Start not one program, but "a family of programs," a "national laboratory" where new directions in theory, research, and practice could be tried out, including the new trend toward family support programs. Examples include the 33 Parent and Child Centers (PCC's), established in 1967 for children from birth to 3 years and their parents; Home Start, delivery of Head Start services through a home-based model, begun in 1972; and the Child and Family Resource Programs (CFRP's), which attempted to address parent, as well as child, development, with comprehensive and continuous services from birth through elementary school entry (Zigler & Freedman, 1987). Zigler and Freedman identify the latter program in particular as an early model of a family support program. Although the PCC's and the CFRP's were limited to relatively few sites, one third of Head Start programs now include a Home Start option. Weiss and

Halpern (1991) recognize PCC's, CFRP's and Home Start as family support models, and suggest that Head Start, itself, is a special case in that it shares many of the philosophical characteristics they identify as typical of family support programs, especially parent involvement in policy setting and center operation, but does not generally aim its services directly at parents.

Although evidence exists from several studies that children whose parents were highly involved in Head Start perform better on cognitive measures than children whose parents were not, those studies were based on results at the end of the intervention year. There is no way to know if the two groups of parents were equivalent at the beginning of the program. Other reports have found considerable heterogeneity of family circumstances at Head Start entry, and that differences in family attitudes and expectations were important in accounting for initial performance differences among Head Start children (McKey et al., 1985). Several of the studies reviewed by McKey et al. also point out the range of parent participation in Head Start. Although both the 1982-83 PIR survey of all programs and the 1978 Abt Associates survey of 32 programs identified a high level of some sort of parent volunteering (nearly 80% according to the PIR and 67% according to Abt), barely half of the Abt parents volunteered as much as once a month.

According to a 1975 report to Congress by the Comptroller General, 35% of the parents accounted for 71% of the volunteer time, and levels of attendance at center meetings in four different programs varied from 17% to more than 50% (cited by McKey et al., 1985). A wide range of parent involvement is a common experience within Head Start local programs.

Among the reasons parents have given for lack of participation are work, school, younger children at home, and simply no interest in participating (HEW Service Delivery Assessment, 1977, cited by McKey et al. 1985). There may be inadequate outreach from staff (Greenberg, 1989), lack of trust by parents, or just too many personal problems (Honig, 1984). Where staff value parent involvement and are trained in a variety of strategies to recruit it, parent participation is higher than in centers where it receives less attention (McKey et al., 1985).

Very little research has actually addressed the personal and contextual variables related to levels of parent participation in early intervention programs. An investigation of the differences in participation in the Detroit Area Child and Family Neighborhood Program suggested at first that parents were experiencing it as two different programs, depending on their circumstances. Those with more problems relied more on staff than peers,

and seemed to view the program as a social services program. Those with fewer problems related more to peers than staff, and seemed to view the program as a voluntary association, such as a church (Powell, 1983). Over time, however, what emerged was, instead, a delayed integration of highly stressed parents into the peer groups, about six months after those with low levels of stress, possibly because it took that long to build trust with them, and possibly because they were learning how to interact in peer group discussions by observation. Although the neighborhood had at first been seen as an area of fairly homogeneous low-income families, and although all parents of children birth to 3 years were eligible, it became apparent that there were two subgroups that were rejecting the program entirely: those who felt their parenting skills were superior to those the groups were intended for, and high-risk families who tended to be transient (Powell, 1988b).

Given that there are variations of needs experienced by clients of any Head Start program, and multiple resources offered them by the program, what determines the amount of parent participation? Is it simply a failure of outreach, or self-selection by parents of the program aspects that match their needs, or are there other factors at work? The purpose of this study is to compare a sample of parents with high and low levels of

participation in a center-based Head Start program in the Upper Peninsula of Michigan, in order to examine some of the background variables that may affect the degree of parent participation, as well as to relate parent involvement to child functioning, home environment, and parenting stress. The following research questions will be addressed.

Research Question 1: Do family structure variables relate to the level of Head Start parent involvement?

Research Question 2: Do parent personal history variables relate to the level of Head Start parent involvement?

Research Question 3: Do community ecological variables, including involvement in other programs, relate to the level of Head Start parent involvement?

Research Question 4: Does current level of parent stress relate to the level of Head Start involvement?

Research Question 5: Do parent opinions about Head Start relate to the level of involvement?

Research Question 6: Does the child's classroom social competence or home environment relate to the level of parent involvement?

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The conceptual framework for the study draws on two theoretical models. One is the ecological social support/social systems perspective, which sees intervention as "the provision of support (i.e., resources provided by others) by members of a family's informal and formal social network that either directly or indirectly influences child, parent, and family functioning" (Dunst, 1988, p. 5). This definition is in contrast to the concept of intervention as one specific program or treatment. Within this framework, the formal intervention (Head Start) should be seen as providing an assortment of resources included among many other sources of support, both formal and informal, varying from family to family. The interplay of other supports for and drains on each parent's energy could be expected to affect the degree of that parent's participation in Head Start. Parent involvement should reflect the degree of match between parent needs and program offering. It may not thus be true that because parent involvement is a good thing, more hours of participation is always better. Families differ in their needs and resources: there are varied demands of other children, spouse, jobs, and schooling. The optimum level of Head Start involvement may vary for each family. Nevertheless, a moderate level of participation is necessary for the program to be fully

effective as a partnership between staff and parents on behalf of the child's development.

The second theoretical model for the conceptual framework of this study is that of attachment theory. Degree of parent involvement in Head Start may also be a behavioral expression of the parent's working model of relationships with members of the informal and formal social network that constitute, in effect, the adult's attachment figures, i.e., the resources the adult uses for help and comfort in the face of danger and crisis, and as secure bases for exploring avenues of personal development and growth. Lack of involvement may be representative of a general poverty of supportive relationships. The force at work in these cases may not be just mismatch between parent needs and program offerings, but also may be negative parent expectations of others, evolving from the parent's history of relationships from infancy. Some parents who do not respond to Head Start's invitations to participate in any of several ways may have had no previous experience of reciprocal and mutually beneficial collaborative effort. Attachment theory provides a conceptual model for the way in which aspects of relationships previously experienced may be carried forward to shape the perception of relationships in the present.

According to attachment theory, human beings develop "working models" of relationship, based on the quality of early interactions with their primary caregivers, that affect how they perceive others in subsequent interactions. A child whose parent is consistently sensitive and responsive to her needs constructs a model of human relationships in which others can be trusted to care about her needs and try to meet them. Her pattern of attachment is secure. A child adapts to early and continuous experience of a parent unresponsive to her needs by constructing a model of human relationship that does not accord much significance to others as a source of help, or much value to herself as worthy of help. Her pattern of attachment is insecure or anxious. There is one way of being secure, while there are several ways of being anxious (Main, Caplan, & Casidy, 1985).

Once internal working models are organized, they tend to operate outside of conscious awareness and are, therefore, resistant to change, since the internalized model governs how the advances and reactions of others are interpreted, and what relationships are sought or activities engaged in. In effect, the developing person helps to create her own environment by the perceptual filters that restrict or distort what she experiences in relationship with others (Bowlby, 1988; Bretherton, 1985; Sroufe, 1988).

The pattern of attachment originates as an adaptation to a real situation, but anxious, rather than secure, patterns of attachment have been shown to be maladaptive in later development with peers and other adults. A pattern that dismisses others as sources of help and comfort under stress, if it affects a parent's perception of a helping agency, such as Head Start, could reduce the program's effectiveness by the parent's choice not to become very involved with it. Prior experiences with deficit-focused community services may additionally promote defensive, rather than trusting, personal responses, and serve to confirm the maladaptive pattern of relationship, leaving the parent with an impoverished social network. Family support programs, including Head Start, attempt to develop institutional trust by providing parents with an ongoing experience of staff responsive to their needs and competencies. Relevant literature on attachment and social support will be reviewed more fully in the next chapter.

Adult social competence includes the general adaptive capacity to fulfill a variety of roles. As head of household, for instance, an adult is responsible at least in part for family finances, so evidence of adult social competence is holding a job or pursuing an education to enhance employability. As a contributing member of a community, a socially competent adult has a

social network, is involved in community organizations, and votes for political representatives. As a parent of children, a socially competent adult is involved in the children's developmental activities. Some activities, such as employment and schooling, have direct extrinsic, as well as intrinsic, rewards. Other activities, such as volunteering, socializing, voting, and playing with one's child, have mainly intrinsic value.

Though conflicting time demands from a parent's various roles may reduce the amount of involvement in any one role, parents for whom cooperative social activities have intrinsic value will be more likely to include some amount of Head Start involvement in their lives. The employed parent, the parent in school, or the parent with several young children may not be at the highest level of volunteering, but if she is a parent whose model of relationship is secure, she is also less likely to be at the lowest level of volunteering. On the other hand, parents with negative relationship histories and insecure working models will have reduced expectations that others, including formal agencies, are sources of help and they will also have less sense of themselves as valuable and capable contributors to cooperative endeavors. They could be expected to be at the lowest level of parent involvement, not only in Head Start, but also in other areas of community participation. Since

lack of involvement may be representative of a general poverty of supportive relationships, parents who are least involved in Head Start should be less likely to have a spouse or close boyfriend, and less likely to have frequent social activities with friends.

Working models of relationship may shape how experience is perceived, but they are not impervious to persistent new experiences of more responsive interactions that may alter the model. For some parents whose original attachment pattern was insecure, Head Start may provide a secure base for developing institutional trust through an ongoing experience of staff responsive to their needs and appreciative of their contributions. For others, modification of an insecure or maintenance of a secure interaction model may have occurred through the experience of a nurturing spouse, friends, or other supportive community programs, in spite of the stresses of poverty. One-to-one relationships developed through home-based outreach efforts seem to be particularly effective at developing a sense of trust. Parents who have had greater interaction with staff through a previous home-based Head Start program, or who have had earlier years in the program with this or another child, should be more likely to be at least moderately involved with Head Start. Previous participation in community programs intended to provide

emotional support as well as development, such as a teen parenting program or an infant health home visiting program, should also promote parent involvement in Head Start, in spite of a negative family relationship history or high levels of competing life demands. If these interventions are effective in helping parents maintain or restructure positive models of relationship, there should be a difference between high and low parent involvement groups in both the pattern of services received in the community, including Head Start, and in parent attitude toward Head Start services.

Each parent's circumstances are unique. To the degree that each parent selects her level of involvement with Head Start, she is designing her own family support program from the options of involvement available. Since the Head Start program is voluntary, simply to have enrolled her child and to have him/her ready to get on the bus may be an act of dedicated parent involvement on the part of a depressed and isolated parent (O'Keefe, 1979). It is the assumption of this study that beyond this minimal level, the background variables that promote parent involvement and the background variables that are barriers to it will emerge from one another at the extremes of high and low involvement over the course of a year.

As a dependent variable, therefore, high parent involvement in Head Start is hypothesized to be associated with a parent's more positive childhood developmental history, a higher level of social interactions in high school, a higher level of involvement in other community activities and social programs, and a greater valuing of Head Start, if an attachment history perspective on the making and utilization of social networks is supported. As an independent variable, high parent involvement should be associated with a lower level of parenting stress, a more nurturing home environment, and a greater classroom social competence on the part of the child, if the importance of social support for parent-child interactions is supported. A number of specific hypotheses have been derived from these theoretical generalizations, and are tested in this study.

Hypotheses

Family Structure

Hypothesis 1: Parents who are in the high involvement group will be more likely to be married or have a close regular boyfriend than parents in the low involvement group.

Hypothesis 2: Parents in the high involvement group will not differ from parents in the low involvement group on the basis of parent age, number of children, or gender of Head Start children.

Personal History

Hypothesis 3: Parents who are in the high involvement group will be less likely to report negative relationships with either of their own parents or an unpleasant childhood home atmosphere, as measured by the Developmental History Questionnaire.

Hypothesis 4: Parents who are in the high involvement group will be more likely to report higher Education-dating-occupation scale scores from high school.

Occupation

Hypothesis 5: Parents who are in the high involvement group will not differ from parents in the low involvement group on the basis of employment or school or college attendance.

Community

Hypothesis 6: Parents who are in the high involvement group will record a higher number of community volunteer activities than parents who are in the low involvement group.

Hypothesis 7: Parents who are in the high involvement group will feel more positively toward community services they have received than parents who are in the low involvement group.

Hypothesis 8: Parents who are in the high involvement group will have received more mental health, health home visiting, or family support services than parents who are in the low involvement group.

Hypothesis 9: Parents who are in the high involvement group will be more likely to have had more than one year of Head Start services than parents who are in the low involvement group.

Hypothesis 10: Parents who are in the high involvement group will be more likely to have voted in the last Presidential election than parents who are in the low involvement group.

Hypothesis 11: Parents who are in the high involvement group will be more likely to have frequent informal contact with family and friends than parents who are in the low involvement group.

Hypothesis 12: Parents who are in the high involvement group will be more likely to have formal social ties to groups that meet regularly for recreation or self-development than parents who are in the low involvement group.

Post-Program Factors Associated
with Parent Involvement Level

Hypothesis 13: Parents in the high involvement group will score lower on the Parenting Stress Index than parents who are in the low involvement group.

Hypothesis 14: Parents in the high involvement group will score higher on the HOME inventory than parents in the low involvement group.

Hypothesis 15: Children of parents in the high involvement group will score higher on the classroom progress report social-emotional section than children of parents in the low involvement group.

Hypothesis 16: Parents in the high involvement group will score higher on the Head Start Parent survey than parents in the low involvement group.

CHAPTER II

LITERATURE REVIEW

What are the factors that influence a parent's choice to be highly involved in the Head Start program her child attends? To what extent does involvement seem to be associated with the parent's current social network, and to what extent can it be seen to have roots in the parent's developmental history? Recent research has been exploring components of social support and also the impact of developmental history on the perception of social support.

Social Support

Interest in research on the power of social support developed first out of the discovery that human attachments and informal networks of friends have a measurable impact on the physical health and survival of human beings (Gottlieb, 1981). Health concerns remain a primary focus in the study of social support but, over time, a number of descriptive studies have accumulated demonstrating the relationship between social support and not only physical health, but also psychological well-being (DiMatteo & Hays, 1981; Mitchell & Trickett, 1980).

Although social support is studied across the life span, research into the effects of social support on parents of young children is particularly interesting because of the potential for outcomes involving not only the well-being of parents, but also, indirectly, that of their children. The ecological perspective codified by Bronfenbrenner in the Ecology of human development (1979) and the framework of network analysis in the study of child development presented by Cochran and Brassard (1979) both suggest that the social context in which parents live is an important influence on child development, although most research had previously been directed at the family context alone. Subsequent research has continued to substantiate the idea (Cochran, Larner, Riley, Grunnarsson, & Henderson, 1990).

In his process model of the determinants of parenting (1984), Belsky further refined the concept of social support impact on child development by proposing a theoretical hierarchy of effect, in the various permutations that describe the possible interplay of parent personality, child characteristics, and supportive or stressful contextual subsystems of marriage, social network, and workplace. Based on their ongoing research and that of others, Dunst and Trivette (1990) have proposed an even more detailed model to depict the direct

and indirect influences of social support on parent well-being, family functioning, and parent-child interactions, and the direct and indirect effect of all of the above on child development.

Reviews of social support research are complicated by the discrepancies in definitions by which the concept is operationalized and measured. In Belsky's model, for instance, the spouse is considered part of the parent's social support, while most definitions of social support include those who are outside the household but not those who are inside. Central to most definitions are the core ideas expressed by Cochran and Brassard as "activities and exchanges of an affective and/or material nature with the members of the immediate family" (1979, p. 601), and by Antonucci as "affect . . . affirmation . . . and aid" (1990, p. 175). Other definitions identify not only emotional and material aid but also cognitive guidance as an element of social support (Gottlieb, 1981). The type of support provided, however, may not be as important as the message that is conveyed to the recipient. At the heart of most definitions is the idea of self-esteem enhancement: the sense of being loved, valued, and unconditionally accepted that is usually provided by a combination of emotional, material, and cognitive contributions from kin and intimate peers (Sarason, Pierce, & Sarason, 1990). Three related elements seem

particularly important to this definition: the level of stress accompanying the support, the degree of reciprocity, and the subjectivity of perceived social support.

Sarason et al. (1990) categorize current measures of social support into three groups:

(1) the network model that focuses on the individual's social integration into a group and the interconnectedness of those within that group, (2) the received support model that focuses on what the person actually received or reported to have received, and (3) the perceived support model that focuses on support the person believes to be available if he or she should need it (p. 12).

There are aspects of each conceptual model that bear on the subject of this study.

In a comparison of social networks of 245 married and 91 single parents in Sweden and the United States, Gunnarsson and Cochran (1990) found single mothers in both countries to have smaller networks than married mothers, whether the comparison was of total network or of the primary (those most important) network. Single mothers had fewer family members in their networks, compensated for their smaller networks by higher frequency of contacts and multistrandedness, and relied more on their networks for emotional support, while mothers in two-parent families reported more social and recreational involvement with network members. This suggests an "inside the family" ethic for two-parent

family social support, while single parents are more likely to have to rely on friends for fundamental social support, in relationships that are generally more intense.

Although network analysis allows for the inclusion of structural variations, such as size, density, and interconnectedness of members, it does not account very well for the confounding of positive relationship qualities by negative ones. This point was made forcefully by Belle (1982) in her investigation of social ties and social support for low-income mothers. Larger network size, closer geographic location, and more frequent interaction were not related to positive differences in a variety of mental health measures but were negatively related to stress:

For the low-income mothers . . . social ties proved to be a two-edged sword, associated with important forms of assistance and emotional support and yet also associated with troubling worries, upset, and concern. . . . A one-sided concentration on the advantages of social connections has been misleading in its characterizations of both the isolate and the socially enmeshed person. In order to understand the implications for well-being of a woman's social involvements we need to explore both the costs and the benefits of these involvements. . . . One cannot receive support without also risking the costs of rejection, betrayal, burdensome dependence, and vicarious pain. This is probably especially true among the poor (Belle, 1982, pp. 141-143).

Gottlieb also recognized a degree of romanticism in the conceptualizations of social support that do not recognize that relatives and friends are not always

supportive (1981). A category such as "married/not married" is not a valid measure of support, since enduring relationships with close and frequent contact may be so conflicted that support is cancelled by the negatives (Sarason et al., 1990). What network analysis does provide, by identifying such factors as density (the degree to which network members are interconnected) and multidimensionality (the number and importance of resources received from a network member) as well as size, is a window on the degree of match between the sort of support available and the sort of support that may be needed. Larger and lower-density networks, for instance, have been found to be related to women's adaptation to major life changes, such as divorce, widowhood, and return to college. For both widows and returning women students, their own well-being related to developing friendships outside their families and homemaking roles (Hirsch, 1981). Divorcing women were better able to cope with the multiple stressors of divorce if their preseparation social networks were less dense (Wilcox, 1981). Dense networks tend to be kin-dominated, and relatives are often critical, as well as supportive, during divorce. Dense networks also tend to include spouses of the former husband's associates, and therefore are vulnerable to a divorce or a death. Less dense networks indicate more dyadic than group associations,

and groups are less amenable to accepting change. Finally, less dense relationships tend to offer more relationship variety that can provide a range of new models, and therefore facilitate transitions (Hirsch, 1981; Wilcox, 1981). High density appears to be helpful, however, when rapid change is not occurring and social relationships function to validate identity (Sarason et al., 1990). A comparison of the social networks of mothers in Wales, Germany, Sweden, and the United States, for instance, showed the German and Welsh mothers with more traditional domestic roles had comparatively smaller and more kin-dominated networks. Across cultures, the same was true of lower-class compared to middle-class mothers, suggesting that class-linked role definitions are reinforced by more or less limited social networks (Cochran & Brassard, 1990).

A three-year longitudinal study of American parents, most of whose lives were relatively stable, showed that size and structure of networks remained very similar over time, but with surprisingly high rates of change within them. Only 9% of kin, but 35% of nonkin, were dropped from network lists at the follow-up interview and replaced by others. Half of the relationships that continued had become either closer or less close. The single mothers in the study experienced a turnover of more than 50% of their nonkin relationships, partly

because of their own choices, but partly because the other person moved, was divorced, or experienced some other transition (Larner, 1990). With this much turnover in just three years in lives that were not generally in turmoil, the reliability of kin for enduring relationships explains their importance in spite of any conflict or stress that may be intertwined, especially for single mothers.

In the area of received support (identified acts of assistance from one person to another) contradictory evidence about the beneficence of social support exists, perhaps because of a lack of reciprocity. In a review of social support research using measures of received support, Sarason et al. (1990) record that there is discrepancy between the amount of support donors report giving and recipients report receiving, with the donors reporting more support given than the recipients thought they got, whenever disagreement existed. In addition, to have received support was positively related to personal distress or psychiatric disorder in the studies reviewed. This may be because the need for support is only apparent to others when distress is high, but it may also be due to the negative effect on self-esteem of being needy. Having to seek, or at least accept, help may validate a sense of personal inadequacy, and have a negative overall effect on the capacity to cope. Heller, Price, & Hogg

(1990) include the opportunity for reciprocity as one of the defining functions of social support, even if the exchange may be anticipated rather than actual. They suggest that it is reciprocity that helps create and maintain relationships over time, though it is an element of social support that is not given much attention, and that the success of a support group is dependent on the opportunity it provides for reciprocity. According to their analysis of studies of various role transitions across the life span, confiding relationships are not necessarily more supportive than the feelings of competence and esteem that come from sharing socially useful activities with others in the normal roles of ordinary social life. Similar thoughts are expressed by Zigler and Weiss (1985), in reviewing the success of the Brookline Early Education Project. They speculate that the program's provision of formal and informal peer contact around parenting issues allowed opportunities for reciprocity that enhanced parental self-esteem and prevented the development of dependence on professional expertise.

The issue of reciprocity is not, however, just a matter of simple one-to-one exchange. Antonucci and Jackson (1990) investigated the concept of reciprocity as it varies across cultures and across the life span, and suggest that the more intimate and the more long-lasting

the relationship, the less immediate reciprocity has to be, and the more eventual equivalence is assumed. They suggest the idea of a mental "Social Support Bank," meaning that people keep an ongoing account of their social exchanges, either within specific relationships or, more globally, in the sense that they are "willing to provide for others in time of need, assuming that they will also receive assistance if and when they are in need" (p. 178), particularly in parent-child relationships. Such a mental model of human reciprocity sounds very much like the "working model" Bowlby proposes children evolve out of their earliest experiences of caregiving. In their application of this concept to data bases of interviews with aging parents in the United States and France, Antonucci and Jackson's findings suggest that as parents age and become disabled, they reduce their networks and draw on their lifetime pattern of relationships in order to maintain for themselves a perception of reciprocity in their relationships.

The very idea that social support comes from objectively observable or specific transactions is, according to Cyne, Ellard, & Smith (1990), an unsupported assumption. They suggest that supportive relationships are "communal" rather than exchange-based, and that is why some research shows that support from sources other than intimate relationships may have negative, rather

than positive, effects. Their investigation of couple interaction following the husband's heart attack indicated a much more complicated process than simply "need" on the one hand and "support" on the other. They contend that the communal relationship is one of interdependence, where each feels responsible for the other's well-being. The husband may adopt appropriate lifestyle changes for survival because he wants to support his wife, and feels such changes will alleviate her worries, not because she has encouraged him to do so for his own sake. The directionality of support is mixed.

Social support is usually thought of as external to the person receiving the support: lack of social support is presumably due to an environmental scarcity. Believing that social support is available, however, seems to have a more powerful effect on a person's sense of well being than actual support received. Although it is more subjective, perception of support is also more reliable than objective analyses of social networks and enumerations of received support in predicting health outcomes (Sarason et al., 1990).

Several research reports on social support take note of the possibility of a personality factor that may be related to the perception of support, though few investigate it. Mitchell and Trickett (1980), in their

review of representative social network literature, noted with surprise that there was very little discussion of the degree to which individuals influence the size and quality of their networks. DiMatteo and Hays (1981) also recognize personality factors as an overlooked area in research, and point out that some people may undermine or damage their own support systems. Cochran et al. (1990) included personality characteristics as a significant element in a model of factors affecting personal networks, although they were not addressed in their multinational investigation of the social networks of parents and children. Belsky (1984) suggested that parent personality factors were the most important factors affecting parenting, not only because of their direct effect on the child, but also because of their undoubted importance in recruiting social support.

A few studies address directly the idea that people help to create their own social networks. Eckenrode (1983) found a difference based on locus of control and belief about help-giving and help-seeking in the availability and use of resources by a sample of 308 mothers using a local health center. Internal locus of control and the mothers' beliefs regarding the efficacy of help-seeking and help-receiving had a direct effect on their mobilization of support and also were related to the number of potential providers of support they could

draw on. In a series of three studies, Sarason et al. (1986) established, first, that the number of supports a sample of 76 college students felt they could rely on remained relatively constant over a three-year period, including the transition as freshmen from high school to college, indicating the likelihood that personality factors and not just environmental factors determined the number of people each student felt was available to him for support. Similarly, in a three-year longitudinal study of family networks, Larner (1990) found mean network size overall and by subgroups of kin, friends, neighbors, and formal ties to be remarkably stable, especially in view of the high rate of change within the structural consistency.

As a possible explanation of their findings, Sarason et al. drew on Bowlby's attachment theory, and further investigated the relationship between their sample's retrospective reports of parental care, and their current perception of and satisfaction with social support. Both the latter were strongly related to the level of parental empathy, support, and tolerance of their mistakes as children, even after controlling for current life satisfaction. Finally, a subsample of the highest and lowest quintile of the sample on the social support measure was videotaped in dyadic laboratory social interactions, and independent raters found those high in

perceived social support to be more skilled as leaders, as team members, and at problem solving, particularly if they were male. These results support the idea that early experience may be related to the ability to create supportive relationships (especially for men), to perceive support in the environment and to be satisfied with it.

A number of those who do social support research have mentioned the need for a theoretical base to explain social support observations, and enable research to be theory driven. "Something seems to be going on, but exactly what, we do not know" (Hirsch, 1981). One of the first to connect attachment theory to social support was Henderson (1977). He identifies a whole range of behaviors from neurosis to inordinant visits to the family doctor as emotional care seeking by those whom he presumes to have inadequate attachment figures, and points out that when attachment is secure, it is taken for granted as a secure base so that its importance is easily overlooked.

A seminal figure in the discussion of the importance of attachment in adults was Robert Weiss (1973; 1975). He interpreted loneliness as an adult analog of attachment distress. Attachment distress is experienced in relation to a specific lost attachment figure, as with divorce or bereavement, and loneliness is experienced

without reference to any specific object, when no attachment figures exist. In a later work, Weiss (1986) offered a typology of adult relational bonds with possibly somewhat different developmental histories: attachment, affiliation, nurturance, collaboration, persisting alliance, and help obtaining. Two of these he specifically derived from the combined attachment-exploration behavioral system of infancy. Spousal attachment he saw as a modification of childhood attachment, involving the same perceptual mechanisms, and providing the same sense of fundamental security. He saw affiliation as arising from joint play, part of the exploratory behavior observable when attachment needs are dominant, although he pointed out that affiliative relationships can become attachment figures by default under stress when there is no other. Although Weiss was less clear about the etiology of the other types of bonds he described, they can be distributed to one or the other side of the attachment-exploration complex. Nurturance, which is complementary to security-seeking in the attachment relationship; persisting alliance, which is typical of kinship; and help-obtaining, which may incorporate some transference of attachment relationships to authority figures; all seem to belong to the enhanced security side of the joint behavioral system. Collaboration, on the other hand, though goal-directed

rather than playful, seems to share many aspects of affiliative behavior.

In an effort to discriminate between attachment and affiliation in adults, Sheldon and West (1989) found that the function of promoting security was not limited to relationships with expectations of a shared future, where attachment was primary, but was also a component of affiliative and social support relationships. They suggested that the sense of security through perceived support marks an element of attachment, whatever the structural nature of the relationship. Ainsworth (1989) extrapolating from Harlow's research with monkeys, proposed the name "sociable" rather than affiliative for the system that leads individuals to seek proximity to a group of conspecifics as sources of protection and cooperative activity, though she concluded that attachment pertains to dyadic relationships between individuals, not groups. She suggested there is reason to believe that some friendships have an attachment component, as do sibling and other kinship relationships.

How discrete these different relational bonds are from one another may be moot, in terms of developmental history, since they can all be seen as having roots in the working models of self and others developed in infant attachment relationships. An interesting perspective on this was given by Larner (1990) in her analysis of

changes in relationships over time. Her subjects grouped their relationships as primary, supportive, and peripheral. Two-thirds of the primary relationships remained stable over three years. In the group initially identified as supportive, however, there was much more shifting about. Three-fourths of those named were in different categories after three years. The peripheral ties, which seem at first to offer very little of value to the social support network, are the network's potential, Lerner suggested. Although half of them were still peripheral three years later, a sixth now provided support in some way, and another sixth had become primary support persons. The ebb and flow of relationships over just three years shows how necessary it is to be able to cultivate and nurture new friendships and attachments, and survive the loss or diminishment of old ones. Relationships step outside static categories to assume the meanings given them by a particular person at a particular time. The shifting profile of the social network occurs through an interactive process.

Attachment Styles in Adult Social Relationships

Partly because Ainsworth's Strange Situation procedure provided a workable instrument, most attachment theory research has been concentrated on the earliest years of life. Prospective research has tracked the

effect of attachment classification into the school years ((Main, Kaplan, & Cassidy, 1985; Crittenden, 1992)). When those who had been involved with attachment research in infancy began to look at attachment in adults, the first facet they were drawn to was the relationship between current parent-infant attachment patterns and the parent's own attachment relationship in her/his family of origin (Main et al., 1985; Ricks, 1985). Retrospective assessment of attachment patterns, however, is problematic. There is no way to validate the correspondence between memory of childhood and actual childhood experiences, and reason to expect forgetfulness or idealistic distortion of parental relationships on the part of those with insecure attachment histories. Bowlby (1988) proposed that defensive exclusion operates to remove from conscious memory the events that would reawaken anxiety and cause suffering, so that generalizations about the adult's relationship with her/his parent may be unrealistically positive.

Main and her coworkers, (1985) emphasizing the importance of the cognitive representation of childhood experiences, not the experiences themselves, developed the Adult Attachment Interview. This unpublished instrument takes defensive exclusion into account by observing whether positive generalizations were validated or contradicted by narratives of specific episodes.

Three adult categories, similar to those of Ainsworth for infants, were identified: "Secure," or "Free to evaluate past attachment," for those who could describe and integrate both positive and negative aspects of the relationship; "Dismissing," for those who devalued the importance of the attachment relationship and had difficulty recalling childhood, and "preoccupied," for those who were enmeshed in concerns about attachment (Main & Goldwyn, cited by Kobak & Skeery, 1988; Main et al., 1985). The parents' category of attachment security implicit in the representations of their attachment histories was significantly related to their child's attachment rating at 1 year of age (Main et al., 1985).

In a review of studies on the effect of separation in the family of origin, Ricks (1985) found that serious maternal parenting difficulties were associated with major disruptions in the family of origin, such as foster care, death, or divorce, events that would impact attachment security. In her own intergenerational study, infant security of attachment was found to be related to the mother's self-esteem and memories of childhood acceptance by their own mothers, fathers, and peers. In particular, the mother's acceptance by her own mother in childhood was the strongest predictor of the child's emotional rating as a 4- or 5-year-old preschooler. Interview data included spontaneous reports of loss of

memory of childhood events similar to those recorded by Main et al. in parents with anxiously attached children, and several instances where mothers of secure infants were able to describe reworking childhood histories of rejection or disruption.

In the late 1980s several social psychologists also became interested in attachment theory and its applicability to adult relationships. Because the first of their studies to be discussed was prototypical, it will be reviewed at some length, using attachment history as a framework for investigating romantic love in adults. Shaver and Hazan (1987) translated Ainsworth's descriptions of children's behavior into adult terms and developed a very simple assessment of adult attachment types in the form of a forced choice between three possibilities:

Question: Which of the following best describes your feelings?

Secure: I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.

Avoidant: I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love

partners want me to be more intimate than I feel comfortable being.

Anxious/Ambivalent: I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away (p. 515).

A questionnaire was constructed to examine 12 characteristics of love relationships, such as happiness, friendship, trust, fear of closeness, and acceptance. A second questionnaire examined the respondent's relationship with each parent during childhood, and the parents' relationship with each other. A third examined beliefs (mental models) about love relationships. The questionnaires and attachment assessment were printed in a newspaper as a "love quiz" and replies were solicited. The proportion of respondents who chose each attachment category was 56% secure, 25% avoidant, and 19% anxious/ambivalent, similar to that found in most American studies of infant-parent attachment (Bretherton & Waters, 1985). Although there appeared to be a core experience of romantic love that all respondents shared, each type was also characterized by a distinct and recognizable pattern. The secure group described their experience as happier, more friendly, and more trusting. Their

relationships lasted an average of 10 years, compared to about 5 years for the anxious/ambivalent group, and about 6 years for the avoidant group. The avoidant group's relationships were less intimate, and the anxious/ambivalent group experienced more jealousy, obsession, desire for union, and love at first sight. Their mental models of romantic relationships also differed by attachment style. The secure group believed in the lasting power of romantic love, the avoidant group had least faith in romantic love, and the anxious/ambivalent group felt it was easy to fall in and out of love, but hard to find real love. In their relationship with their parents, secure respondents reported warmer relationships, avoidant respondents reported cold and rejecting mothers, and anxious/ambivalent respondents reported unfair fathers. These findings were then replicated and extended in a second study done with a sample of college students. Frequency of attachment style was strikingly similar (56%, 25%, 20%). Similar patterns of romantic love experience differences also appeared, although the significance levels were not as strong. In addition, secure students saw themselves and others as likeable and well-intentioned, while anxious/ambivalent students were more self-doubting and felt misunderstood; avoidant students were also self-doubting, felt least liked, and most self-sufficient. In

this study, attachment history did not relate as directly to attachment style because avoidant students reported not only more negative descriptions of their relationship with their parents, but also more positive ones, similar to those chosen by secure subjects, suggesting the defensive barrier Bowlby predicted on the part of avoidant students toward experiencing the negative feelings involved. Hypothesizing that distance and maturity are necessary to enable an avoidant person to come to terms with attachment history, Hazan and Shaver reanalyzed the data from the newspaper survey for the 100 subjects (about 1/6 of the sample) under 26 years of age, and found the same pattern as with the students, through the same presumably idealized report of avoidant attachment history. Of the total newspaper sample, secure subjects were most easily discriminated from both types of insecure, who were then discriminated from each other. With both the younger samples, anxious/avoidant subjects were most easily discriminated from the other two, who were then discriminated from each other by the negative memories of the avoidant subjects. Finally as predicted, secure students were least lonely, anxious/ambivalent students reported the greatest sense of loneliness, and avoidant students described themselves as distant.

In 1990 three more research studies were published that drew on the attachment categories developed by Hazan and Shaver. Feeney and Noller (1990) replicated the Hazan and Shaver studies using their measures of attachment style, attachment history, and mental models of love, self, and others, and also compared those measures to other accepted categorical approaches to defining aspects of love. Once again, the proportions were strikingly similar: 55% secure, 30% avoidant, and 15% anxious/ambivalent, with a sample of more than 300, two thirds of whom were under 20. The relationships between attachment history, mental models, and attachment style was highly significant and similar to the patterns obtained by Hazan and Shaver. Feeney and Noller also found avoidant subjects were more likely to have been separated from mother and/or father, though separation from father did not reach statistical significance. Like Hazan and Shaver, Feeney and Noller found no gender differences. Also important was their finding that attachment styles were discriminated most powerfully not by beliefs about romantic love, but by statements dealing with general views of the self and of human relationships. "This suggests that attachment style is likely to exert a very pervasive influence on the individual's relationship with others, because it reflects general views about the rewards and dangers of

interpersonal relationships" (p. 286). Predictably, secure subjects were more self-confident and more trusting, avoidant subjects avoided intimacy, and anxious/ambivalent subjects were dependent and yearned for commitment from others.

Two other studies translated the forced choice attachment measure into multiple item scales. Collins and Read (1990) developed an 18-item, 5-point scale from the dimensions underlying the Hazan and Shaver measure which, when analyzed, revealed three factors: comfort with closeness, belief in the dependability of others, and fear of being abandoned or unloved. Their study also revealed different patterns of belief about self and others related to attachment style and consistent with attachment theory. Secure subjects had more positive views of human nature and social interactions, while avoidant and anxious subjects were more negative and mistrusting of others. Like Feeney and Noller, Collins and Read suggested that developmental psychology needs to be integrated into social psychology in order to understand fully not only romantic attachments, but also adult social relationships in general.

Simpson (1990), after translating the Hazan and Shaver single-item, forced-choice measure into a 13 sentence, 7-point scale, investigated 144 dating couples longitudinally over a 6-month period. He found a highly

significant correlation between attachment style and interdependence, trust, commitment and satisfaction, with avoidant people reporting less interdependence and commitment, and anxious people less trust. These perceptions of the relationship qualities were largely independent of the partner's attachment style, suggesting that they are contingent on developmental history rather than elicited by the partner's personality. Simpson also suggested that attachment is not just a factor in romantic partnerships, but a more global system governing affect regulation in relationships, as proposed by Sroufe and Waters (1977).

A second strand of research on attachment in adults, other than that of romantic love, focused on the transition to adulthood from adolescence. Hecht and Baum (1984) measured attachment history and loneliness in a sample of students and found a strong correlation between subjective loneliness and attachment. The unpublished attachment measure did not discriminate categories like Ainsworth's, but did identify actual separations, attachment quality, and threat of separation. Threat of separation was even more important than attachment quality in the results of the study; the actual quantity of separations was least significant. Also, time spent alone was not related to either subjective loneliness or attachment. Belief that an attachment figure will be

available, if needed, seems to be crucial to diminishing the subjective experience of loneliness.

Kenny (1987) explored a related idea: that departure from home to college does not require a loosening of attachment bonds, and that a closeness to parents facilitates growing autonomy, not dependence, because it provides a secure base. She found that adjustment to separation predicted both assertion and dating competence for both genders, and that quality of relationship with parents was an even more powerful predictor of assertion for women. The sample, which Kenny saw as skewed towards social competence by virtue of acceptance at a prestigious university, gave descriptions of parental relationships that were generally comparable to secure attachment, and reported that parents were both perceived and used as sources of support in need.

In another study that also developed a simple continuum measure of attachment security to parents and peers without attempting to discriminate avoidant from anxious insecurity, Armsden and Greenberg (1987) selected high and low security subsamples from the measure sample and found that 72% were either high or low security in relation to both parents and peers; peer relationships do not substitute for insecure parental attachment, but are rather affected negatively. Quality of attachments was

strongly related to well-being, especially self-esteem and life satisfaction.

Kobak and Sceery (1988) used the Adult Attachment Interview developed by George, Kaplan, and Main with a sample of students to investigate how attachment organization in late adolescence relates to affect regulation, loneliness, and perceived social support. Secure students were found to have greater ego-resiliency than either insecure group, while the Dismissing group emerged as more hostile and the Preoccupied as more anxious than either of the other two groups. Secure students reported somewhat less loneliness and a great deal more support from parents than Dismissing students, while the Preoccupied group reported more physical and emotional symptoms than either of the others. Like the studies previously discussed, this one adds to the evidence that attachment organization is carried on into adulthood as a regulator of affect shaping how individuals respond to emotional distress and exploratory challenge.

Loneliness is an element identified as related to attachment classification in many of these studies. Shaver and Hazan (1987), summarizing the correlates of loneliness identified by research that was not oriented toward an attachment framework, suggested that many of the findings are compatible with an attachment

perspective. Correlates of loneliness include poor parent-child relationships, parental divorce, low self-esteem, self-blaming, and social skill deficits such as inappropriate self-disclosure, inability to establish comfortable intimacy, and negative judgments of self and others. Shaver and Hazan discriminated between state and trait loneliness, and proposed that loneliness as a temporary state may be an important activator of attachment behavior, motivating people to seek more social relationships, and not necessarily an indicator of personality deficiencies. They pointed out that almost no one has investigated the social and attachment histories of chronically lonely people, and wondered if differences might not exist between avoidant and anxious adults in the ways they experience and cope with loneliness.

Polansky, Chalmers, Williams, and Battenwieser (1981), in their study of child neglect in rural Appalachia and inner city Philadelphia, came to the conclusion that the most salient common features of neglectful mothers was that "they are such lonely people" (p. 205). Not only did the authors document the stunning social isolation of neglectful mothers, they also investigated their social history and found that 41%, compared to 7% of controls, had experienced long-term removal (over six years) from their parents, and more

than half had felt unwanted as children. Three-fifths reported that they had been abused as children, compared to less than one-fifth of controls. Furthermore, isolation did not always manifest itself as loneliness; detachment from affect is a theme of the book. Behavior and experience consistent with both avoidant and anxious patterns of insecurity were documented in this study of the parents of neglected children, and much of what is depicted is consistent with an additional pattern of insecurity, "disorganized-disoriented," typical of abused children (Main & Soloman 1986). At the pathological extreme, the ecology of child neglect is highly consistent with attachment theory.

Although the content of research on attachment in adults reviewed above originates in problems that are clearly related to attachment and separation issues, many of the studies conclude that attachment theory has a wider applicability to the whole realm of adult social relationships and self-concept. Writing from the perspective of research in social support, Sarason et al. (1990) came to a similar conclusion. A considerable body of recent research has accumulated to substantiate the hypothesis that the early attachment experience of the child has a lasting effect on the working models people construct for themselves as to how they and others interact in relationships. If it is assumed that the

level of perceived social support results from the quality of the attachment experience, Sarason et al. felt it should be possible to derive predictions from the literature on attachment that would link levels of social support and expectations about relationships, interpretations of the behavior of others, social skills, and self-concept. Reviewing several of their studies, they confirmed that those with higher perceived social support were also rated more likeable (more socially skilled), more able to cope (less likely to actually use support), better able to concentrate (less anxiety), with higher self-esteem, and a more positive perception of others. Consistent with their predictions, their own research and that of others reviewed by them showed different levels of perceived social support related to differences in perception of self and others. Because of this, Sarason et al. proposed that perceived social support should be defined as the sense of acceptance, a relatively stable aspect of personality that appears to be rooted in early attachment history and reflects whether a person feels loved, valued, and unconditionally accepted. It is this sense of support interacting with what the environment actually has to offer that becomes the social support available to a person at a given time.

In their discussion of attachment and the construction of relationships, Sroufe and Fleeson (1986) found the most profound implication of attachment theory

and research to be that it is patterns of meaning, and not specific behavior, that are learned and carried forward into adulthood. The developing child forms expectations about the availability and responsiveness of others and the worthiness and competencies of self, and filters subsequent experience through those expectations, translating unexpected and divergent reactions into familiar patterns.

Rather than the Freudian model of a single developmental trajectory toward maturity, along which disturbed personalities may become fixated before completion of normal development or may regress under stress, Bowlby (1973) proposed the existence of a range of divergent pathways, all originating in sensitivity to the caregiving environment available in infancy and childhood.

Individuals adapt to the caregiving they receive. Because adaptive flexibility is good for a species, but total adaptivity to changing environments would cause too much fluctuation for survival, individuals gradually become, to some degree, self-regulating. Bowlby (1973, 1982, 1980) proposed mechanisms from both the environment and the developing personality to account for this. Environmental pressure exists because the family in which the child grows up usually remains relatively unchanged. The idea that continuity of attachment pattern in

childhood has partly to do with family continuity was supported by the finding that stability of attachment classification between 12 months and 18 months of age was 96% in a middle-class sample where family circumstances changed little, but 62% in a sample of poor children, whose families experienced many more changes in residency, job status, health, substitute care, and household membership (Sroufe, 1979). Continuity was still significant, but so was discontinuity, at an age when the pattern of attachment is a property of the relationship between child and caregiver rather than an internal organizational strategy.

Bowlby (1988) theorized that the developing personality also presses toward continuity of attachment pattern because of defensive exclusion, either through perceptual blocking or exclusion from conscious memory, of information that conflicts with established patterns. He also theorized, however, that experiences of loss or separation from attachment figures in childhood, or the threat of abandonment by them, might shift a developmental pathway toward greater insecurity. Other events might influence development toward greater security, including therapeutic intervention in adulthood. Bowlby saw the role of the therapist as providing a secure base for the exploration of previously-excluded memories of experiences and feelings,

permitting a reorganization of the attachment pattern into one more attuned to current experience.

Sroufe also made a strong statement about the importance of change as well as continuity in attachment patterns. The idea of "working models" is one of cognitive structures created by the individual and therefore never completely inaccessible to change. "Attachment theory is not a critical period theory. Inner working models are constructed over time and are continually elaborated and, at times, fundamentally changed" (Sroufe, 1988, p. 240). According to Main et al. (1985), "in childhood, it is possible that internal working models of relationships can be altered only in response to changes in concrete experience [but] following the onset of formal operations, it is possible that the internal working models of particular relationships established earlier can be altered" (p. 77). It may be that there are particular times of life especially conducive to such reorganizations, such as adolescence, and the birth of the first child (Ricks, 1985). Confronted with enough divergence, the patterns are reorganized and new expectations developed. In this context, the findings (Hirsch, 1991, Wilcox, 1991) that less dense, nonkin social support may facilitate role change could also apply to modification of internal working models. A more diverse and less interconnected

social network would tend to reduce the environmental press toward continuity of attachment pattern.

Most of the attachment research reviewed above is directed toward establishing whether or not continuities in attachment style exist across time. Incidental to some of the research has been evidence of discontinuity through the reorganization of working models to make sense of early experience in a new way, allowing the adult to create new and more adaptive expectations about human relationships. Many parents judged secure in Adult Attachment Interviews (Main et al., 1985) described unfavorable attachment-related experiences in childhood, including rejection and loss, but were able to recall and discuss these experiences easily and with evidence of thoughtfulness about them, implying an integrated reorganization of their early experiences. In Ricks (1985) study relating mothers' acceptance by their own mothers in childhood with their infants' attachment security ratings a few mothers "appears to have successfully reworked childhood issues in their teenage years or to have had strong support systems. When good child outcome was associated with a maternal history of disruption or rejection, the mothers lived in stable marriages and had positive self-esteem. They often had exceptionally strong ties to their husband's families" (p. 223).

Other research also substantiates discontinuity in attachment constructs. Erickson, Sroufe, and Egeland (1985) noted several strong exceptions to their finding that attachment classification at 12 and 18 months is a predictor of behavior problems in preschool. Securely attached infants with behavior problems in preschool had mothers who seemed less able to support their development as they get older; HOME scores were lower than those of families with secure children exhibiting no behavior problems. Anxiously attached infants without behavior problems at 4 years old came from families whose mothers' social support had improved since their child's infancy, and who were more likely to be in an intact primary relationship.

In an exploration of continuity and discontinuity of child maltreatment across generations, Egeland, Jacobvitz, and Sroufe (1988), using a sample of 47 mothers abused in childhood, found that 18 clearly abused their own children and 12 clearly did not. All the mothers in the discontinuity group reported either the existence of a supportive relationship with an adult in childhood or extensive therapy, while none of the continuity mothers had experienced therapy and only three had known an emotionally supportive adult in childhood. At four of the seven measurement points over more than four years of time, the groups differed in life stress,

including quarrels with family members and friends, and they also differed in levels of anxiety and depression. The discontinuous group was more likely to have a stable, satisfying, nonabusive relationship with a mate.

Continuity and discontinuity are also the themes of research on temperament. Because maternal report measures of temperament have not predicted infant attachment classifications, and because maternal and paternal attachment relationships have been shown to be independent of each other (Belsky & Rovine, 1987), it has been generally accepted that attachment classification is a measure of relationship, not of temperament. There continues to be interest, however, in whether or not temperament may affect the manner in which either a secure or an insecure attachment relationship may be expressed. Belsky and Rovine (1987) found that secure and insecure classifications could be clustered around polarities related to central nervous system integrity. They suggested that research on infant attachment and temperament should take into account the possibility of an interactive effect. In a summary of Plomin's research on the biological basis of social withdrawal and Kagan's research on the biological basis of behavioral inhibition, Rubin and Lollis (1988) concluded that temperamental wariness and inhibition interact with parental responsiveness and social support, so that

multiple pathways may produce a particular attachment constellation.

Early Childhood Intervention, Parents, and Social Support

Social support was an unexpected spin-off of early intervention programs for young children. Its importance was recognized clinically before it was incorporated into research design and measurement, but even clinical recognition was not immediate. In the child-centered interventions of the 1960s and 1970s, parent involvement was usually conceptualized as parent education, a means of helping parents understand how to promote program goals that were mostly cognitive and generally measured by IQ gains. Bronfenbrenner's recognition that programs with high parent involvement had longer-lasting effects was still based mainly on cognitive effects on children, and assumed that parents need training in teaching skills. "The parent is the child's first teacher," was the slogan, not "the teacher is the child's first parent-surrogate," although the younger the child, the harder it is to separate educational from nurturing roles (Katz, 1980). Underlying assumptions about parents, Pizzo suggested (1987), revealed the image of the Incompetent Parent (unable to meet a child's basic needs) or the Victimized parent (overwhelmed by social forces) rather than the Resourceful Parent (the active advocate who

discovers or creates the services the child needs to have). In contrast, the whole family support movement has its roots not only in parent education, but also in self-help programs, voluntary associations for mutual aid by those who share a common concern for their children's well-being (Weissbourd, 1987).

An egalitarian alliance between parents and professionals on behalf of children was also the conceptual bedrock of Head Start, expressed through its universal emphasis on parent involvement (Zigler & Freedman, 1987). There was tension from the beginning, however, between parent involvement as power-sharing and parent involvement as parent education. Head Start's social action origins incorporated parents as sources of institutional change in the community while its child-focused intervention incorporated parents as recipients of parenting education that would change them as individuals, a perspective that came to predominate by the time the Performance Standards were issued in 1975 (Valentine, 1979).

The terms "parent involvement," "parent education," "parent participation," and "parent support" are frequently used without clear definitions and with considerable apparent overlap in meaning. Grotberg (1983) suggested that "participation" was the most inclusive term, and further defined parent involvement,

education, and support as categories of participation, but his categories are not clearly maintained even in the monograph where they are presented (Haskins & Adams, 1983). Not even the category "parent involvement," moreover, which Grotberg defined as "decision-making and substance-sharing," indicates clearly the direct contribution made by parents as classroom volunteers to Head Start's functioning, a parent role that is often a precursor of employment, and that accounts for the greatest percentage of volunteer hours (McKey et al., 1985). Olmstead and Rubin (1983), looking at a survey of parent involvement activities in Follow-Through, found that parents and teachers (those with the most direct classroom experience) ranked the parent role as volunteers in the classroom much higher than sponsors, coordinators, or Washington staff did. Teachers give dependable parent volunteers direct and heartfelt confirmation of their competence and value as teaching assistants.

In traditional school settings, there is little recognition of the contribution parents can make. Schaeffer (1983), calling for a developmental and ecological approach to parent involvement, cited his unpublished surveys of kindergarten and first grade teachers, which showed a much greater value placed on giving parents information than on supporting them or

receiving information and support from them. In a study of policy towards parent participation in federally funded programs for young children with handicaps, Hocutt and Wiegerink (1983) list seven guidelines for parent participation. Six of the seven place parents in a passive role as recipients of service or instruction; only the last suggests their involvement in program planning and evaluation. Their contribution to implementation is through "carry-over" activities in the home, presumably specified by teachers. When parent satisfaction surveys from across 13 projects were compared using samples of most and least satisfied, 82% of the least and 80% of the most satisfied felt they could influence their child's education, but only 6% of the least satisfied compared with 73% of the most satisfied felt they could influence the school program. Olmstead and Rubin (1983) suggest that the ultimate test of parent involvement in the Follow-Through program was that parent advocacy power reversed the political decisions made to phase out the entire program in both the 1970's and in 1980, but still parents and staff gave advocacy a very low ranking compared to other parent involvement roles (between 24th and 28th of 31 roles).

A study of parent involvement in four federally-funded education programs (Follow-Through and Titles I, VI, and VII of the Elementary and Secondary Education

Act, assisting low-income, minority, and bilingual students) concluded that three factors have major influence over levels of parent involvement. The first is regulatory mandates, such as the requirement that parents of Follow-Through children receive priority in hiring for paraprofessional positions. The second is specificity, like the detailed identification of parent involvement activities in Follow Through regulations. The third is incentives, such as tying refunding to the evidence that the mandates have been met, and allowing volunteer time to count as in-kind contribution. All three factors, which also exist in Head Start, contributed to the markedly higher levels of parent involvement in Follow Through programs compared to the other three (Keesling & Melaragno, 1983). The creation of CDA, the Child Development Associate, as a process to give professional status to paraprofessional staff, mostly former parents, can be seen as a pragmatic step that combined the social-action impetus of Head Start to hire indigenous professionals with the need to provide trained staff to work with children (Valentine & Stark, 1979).

Although some early intervention programs were specifically directed at parents, rather than children, they initially targeted parents simply as recipients of instruction, in what Clarke-Stewart (1983) described as a

chain of untested assumptions about how the process of changing parents to change children works. Practice helped to shape a shift in emphasis and eventually a shift in conceptualization. Documented experience sometimes revealed a different picture of what happened in parent-focussed early intervention efforts than was expected. The Ypsilanti Carnegie Infant Education Project, for instance, randomly assigned parents to an experimental, a contrast, and a control group to receive home visits. The control group received testing only, while the other two groups received weekly visits, but since the administration of the Bayley Scales of Infant Development at four-month intervals fit the description of a "periodic visitor bringing toys," control-group families did not feel they were in a "no treatment" group. "Approximately halfway through the project, the supervisor received a phone call from a staff member of another agency inquiring about the 'exciting program' and noting the changes observed in one of the agency's families who thoroughly enjoyed participation in the Infant Project Program. When the Project Supervisor asked the name of the family, it turned out to be one in the control group" (Lambie et al. 1974, p. 56). On the other hand, the contrast group, which was to receive weekly visits by volunteers to give unplanned "attention" to the children, collapsed when volunteers didn't follow

through. For those families, there was considerable ill feeling, even though visits were resumed with paraprofessionals. As a possible result, both experimental and control group mothers were consistently and significantly rated more supportive of their infant during the Bayley Scales administrations than the contrast group. The control group was reconceptualized as a minimum treatment group (Lambie et al., 1974).

A study of the process of the Child and Family Neighborhood Program over a year's time revealed a gradual decrease in formal meeting time balanced by an increase of informal "kitchen talk" that was a complement to the more formal group discussions. In addition, parent-child topics in both types of discussion decreased and were gradually replaced by family and community topics (Powell, 1989). In responding to the interests of the parent group, the Child and Family Neighborhood Program recognized that the original didactic content of the meetings might be less effective than the open-ended parent conversations that replaced it.

A widening of focus occurred in Head Start as well. In the ten years following its beginning, experimental program diversification included many programs giving increased attention to the family, especially Home Start, the Parent-Child Centers, the Parent-Child Development Centers, and the Child and Family Resource Programs.

This trend toward family-based comprehensive support programs was matched by similar nonfederal research programs such as the Brookline Early Education Program, the Yale Child Welfare Project, and the Syracuse Family Development Research Program (Hewett, 1982; Powell, 1989). All of these programs combined early childhood intervention with support of the family, particularly the mother, in her own development and not just as the parent of a child. As interest in social support for parent self-development increased, the "stream of positive and inspiring anecdotes" (McKey, 1985, p. vi-42) generated by the regular Head Start program caught more attention. Procedures for evaluation, however, did not evolve together with the programs. By 1985, so few studies of the impact of Head Start on families had been done that the only meta-analysis possible with the data available to the Synthesis project was whether level of parent involvement in Head Start affected child cognitive measures. "Change in parental attitudes, behavior or status has not been a central concern of Head Start researchers" (McKey et al., p. vi-3). Nevertheless, high parent satisfaction was found in all studies, and many anecdotes exist of parents who felt Head Start had changed their lives, even though there still has been no objective investigation of such claims. Although four out of five parents volunteer in some way (Project Head

Start Statistical Fact Sheet, 1989), the finding of one 1975 study that 35% of parents accounted for 71% of the total volunteer time has been much quoted as an indicator of differential responses to the program (McKey et al., 1985).

An indication that Head Start might supply social support emerged from a 1978 study that indicated Head Start parents increased their social contacts through Head Start (O'Keefe, 1979). A 1972 comparison of high and low participators in Head Start found that highly involved parents felt less isolated, but there is no way to know if the difference existed before participation in Head Start (Powell, 1989). A study of Head Start as a social support program, using a pre- and posttest procedure, found that mothers who participated in Head Start gained in psychological well-being compared to those who did not (Parker et al., 1987).

The problem of how to measure effects of social support is particularly challenging because of the time frames involved. Hewett (1982), comparing evaluation demands of early childhood intervention and parent support, pointed out that the difference is not only in who is supposed to change and how, but when those changes become measurable. Advances in child competence were expected to appear most strongly directly after intervention, which might last no more than a year.

Changes in parents who have experienced increased support may occur more slowly, over a span of years, after intervention that may have varied in intensity over several years duration to be effective. The Yale Child Welfare program mothers had fewer children, more post-secondary education, and more jobs than the control mothers at the 10-year follow-up study, but not when the program ended. Thus, the effects of the Yale Child Welfare Program were much stronger 10 years after the program ended than they were at the point it terminated (Seitz & Provence, 1990). Zigler and Weiss (1985) suggested that at least the subset of families who participated most heavily in the Child and Family Resource Program (CFRP) and who showed the greatest changes in child-rearing attitudes and practices might show a "sleeper" effect on children, but since there was no longitudinal follow-up component to the CFRP, such a possibility will never be investigated. This sort of effect is consistent with the theoretical model in attachment theory of the "developmental trajectory," the gradual shaping force of the working model of self and others.

Longitudinal research to investigate the long-term effects of preschool intervention programs on children produced evidence of "social competence" such as reduced retention, reduced special education placement, and

better school attendance many years after the program ended (Lazar & Darlington, 1982; Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984; Copple, Cline, & Smith, 1987). The extent to which these results were mediated through changes in parents was never investigated, even though some programs, like the Perry Preschool Program, had strong parent involvement through weekly home visiting. Certainly school attendance, at least in the elementary years, is better evidence of parent than of child responsibility.

Common sense suggests, and some evidence exists, that a basic amount of contact is necessary to establish a supportive relationship. One study of infant intervention programs found frequency and duration of contact to be the most striking factor differentiating successful programs from those with no or minimal effect. Although they recognized that all parents would not experience a program the same way, they concluded a minimum of 11 or more contacts were needed over a three-contacts month period for the development of a trusting relationship (Heinicke & Thompson, 1988). The problem is that requiring a high degree of parent participation may result in client attrition (Bryant & Ramey, 1987). Where participation is voluntary, as in Head Start, it may be difficult to develop the supportive relationship that would stimulate parent volunteering in the first place.

One relevant factor is that Head Start often serves a family over several years, as siblings go through the program (McKey et al., 1985). Another is that a minimum of two home visits are required for each family each year, and in many areas parents may be served, for at least one year, by a home-based program that entails weekly home visits.

Home visiting is recognized as an important component of many family support programs (Heinicke et al., 1988). As a method of intervention, little research has been done on the process of home visiting (Powell, 1990), but by reaching out to families on their own territory, home visits seem to encourage the development of a warm, accepting relationship between the home visitor and the parent that goes beyond the limits of helping the child and is the psychological essence of "social support" (Halpern, 1986; Larner & Halpern, 1987). The focus of evaluation in such programs is usually the progress made by the child. In the University of Rochester Nurse Home Visitation Program, one of the most effective home visiting programs for preventing problems in child health and child abuse, an examination of the effects of the intervention for the mother's own development found her more likely to have returned to school, postponed another pregnancy if she were young, or gotten a job if she were older (Olds, Henderson, Tatelbaum, & Chamberlain, 1988).

Parents vary considerably in how they participate in Head Start, not only in amount, but in the kind of volunteering they choose. There is some suggestion that personality factors influence participation in a program, as do levels of environmental stress (Eisenstadt & Powell, 1987; cited by Powell, 1989). Powell also suggested there may be a "hidden prerequisite" of a certain level of social skill for program participation. One study found that parents highly involved in Head Start had also been involved in their community prior to their enrollment in Head Start (Midco Educational Associations, 1972; cited in Powell, 1989). Since Head Start is a voluntary program, simply to have enrolled a child is to differentiate yourself from parents who do not enroll. A study comparing self-referred with recruited parents found the self-referred to be significantly higher on joint activities with the child and aspirations for the child on a pretest, although differences had disappeared by the end of the program (McKey et al., 1985).

A number of barriers to parent involvement have been identified by Honig (1984), including different lifestyles from program staff, too many personal problems and too few resources, the slowness with which parent beliefs and attitudes change, the difficulty parents have seeing themselves as primary educators, and the

difficulty staff have seeing beyond specific activities to family conditions. What constitutes active and meaningful participation will vary from family to family, as O'Keefe (1979) points out, suggesting that for a family under great stress, simply having a child ready for the bus may constitute major involvement. Mothers experiencing a high level of stress participated less in the Child and Family Neighborhood Program, including attendance, talking, and making friends, than did mothers under less stress (Powell, 1989). According to the 1977 HEW Service Delivery Assessment study, parents volunteer less if they have younger children at home, are working, are attending school, or have no desire to participate (cited by McKey et al., 1985).

Parents participate in Head Start in a variety of ways, but classroom volunteering absorbs the largest percentage of time, according to the Head Start Synthesis Project review of several studies, including a 1975 report to Congress, Abt Associates 1978; Philadelphia School District 1978; and National Head Start Parent Involvement Study, Stubbs 1980 (McKey et al., 1985). All of them document that a few parents volunteer as often as weekly, roughly half volunteer monthly, and up to 80% of parents volunteer at least once during the program year. Parents also volunteer time to fund-raise, prepare meals, attend programs, and do Head Start work at home.

Although the power-sharing, decision-making function of parents is now considered to be less important to Head Start than the child-rearing, classroom aide function of parents (Valentine & Stark, 1979), the National Head Start Parent Involvement Study found that 89% of the policymaking councils were made up of parents.

Approximately one-third of staff are parents of children now or formerly in the program (McKey et al., 1985).

There is no information available as to whether there is any pattern or sequence in the types of involvement chosen by Head Start parents, but there is considerable variety of choice. Powell (1989) speculated that "long-term participation in many program roles (e.g., classroom volunteer, member of governance body, participant in parent education activities) may have more impact than concentrated participation in one or two roles" (p. 49).

Finally, most discussions of Head Start parent involvement mention the accumulation through the years of anecdotal evidence that some parents believe they and not only their children have changed because of the program and, among other things, its social support:

"Head Start not only cares for our children, but for us as parents. . . ." (Missouri)

"I started out as 'just a depressed housewife,' but my experience made me feel that I was not stupid, and my confidence began to grow. . . ." (Massachusetts)

"I entered the Head Start program as a youth corps worker, as an office trainee. The office director saw something that I didn't see in myself. . . ." (Alabama)

"Before I entered the Head Start Program, I was afraid. I wouldn't talk: my voice got shaky, and my knees would tremble. . . . But my program director pushed me. She told me I could do it . . . and I kept trying. . . ." (Alabama)

"Since my husband died, I've been staying home all the time, but on Wednesdays, I have a place to go. It's a place to get together. . . ." (Kentucky) (O'Keefe, 1979, p. 22-25).

Clearly, many of the families who report on the positive effects of Head Start consider it to be what Billingsley terms an opportunity screen--a source of social support which aids a family in moving into a more stable and secure life. Whether Head Start is serving as that opportunity screen for more than a small percentage of the families is unclear (McKey et al., 1985, pp. vi-42).

Valentine, Ross, and Zigler (1979) even went so far as to speculate that Head Start's contribution to the child's school performance might be less important than its incidental, unanticipated effects, such as the results of parent involvement on parent lives. Although this suggestion was made after the Westinghouse report, but before the Lazar and Synthesis reports, when child effect was thought to be short-term, for some families it still might well be true. In a study which showed that

participation in Head Start activities resulted in gains in psychological well-being for mothers, few contextual or background variables identified which parents would experience social support from that participation. Here, too, "some parents reported that Head Start had changed their lives, enlarged their world, and improved how they saw themselves and their children" (Parker et al., 1987, p. 231). Although this study was limited to a brief period of time and a small sample, the findings confirm that Head Start is a social support to those who choose to use it.

In the Parker study, the background and contextual variables examined did not explain why some mothers chose to be more involved than others. Two variables--pregnancy and poor housing--were marginally significant, but a whole range of seemingly relevant variables, such as part-time or full-time employment, school attendance, number of children, number of adults in the home, and significant adults outside the home, were tested and found not to predict involvement. The authors point out that they did not investigate subjective differences in the value each mother placed on her experiences, nor did they examine any other concurrent experiences. The study to be presented below explores the recent ecology of service agencies experienced by parents with different levels of involvement in Head Start, and also compares

the developmental histories of parents in the two groups, their levels of stress, the home environments their children experience, and their evaluation of their Head Start experience.

CHAPTER III

METHODS

Sample, Procedures, Instruments, and Definitions

This study was developed to look at the association of the amount of parent involvement in Head Start with variables from the parent's own developmental history and from his or her current social network, previous involvement with helping agencies, living conditions, and perception of the benefits provided by Head Start. Since a longitudinal study was not a feasible means of obtaining developmental data, a cross-sectional and retrospective study was made with a sample from one Head Start agency's parents. Contrasting groups were chosen from opposite ends of a continuum of volunteer hours, and data were gathered from a single interview with each parent that lasted between one and two hours on average. Parents were given a \$5 fee for participating in the research interview.

Sample

The Upper Peninsula is mostly rural, including big tracts of state or national forest and land owned by mining and timber interests. The end of iron and copper

mining in the '60s, among other problems, left the area with unemployment levels regularly above state averages. Its geographic position between Lake Superior and Lake Michigan causes the large amounts of snow and extended winter seasons for which the area is known. Physical isolation caused by weather and geography emphasize local values of family self-sufficiency and emotional taciturnity. The population of the Upper Peninsula of Michigan is primarily European-American, especially Finnish. The only predominant minority population is Native American, and this was reflected in the research sample. Except for two Native American families, none of the parents interviewed were from any non-European minority group. Since all of the parents included in the research sample were financially eligible for Head Start, they all fell below the federally established poverty lines for their particular family size.

The Head Start agency where the study was done is funded through the Alger-Marquette Community Action Agency and provides Marquette and Alger counties in the Upper Peninsula of Michigan with a variety of services, including a home-based program in both counties, and center-based programs in six locations. Marquette is the largest county east of the Mississippi River, and the catchment area for both counties covers a large territory. The center sites are in a rural crossroads in

Alger County (Traunik), the small towns of Munising and Ishpeming, and three locations in Marquette: the Northern Michigan University Psychology Department, Messiah Lutheran Church, and a former residence next to the church (the Brown House). The Messiah center offers full day care for employed parents, or those who are enrolled full time at Northern Michigan University.

The sample was selected from the 157 out of 219 Head Start families enrolled for the program year 1989-90 with a child who was 4 years old by 12-1-89. Volunteer hours were charted by the month for November, January, and March or April, whichever was not the month in which the center had spring vacation. The data were part of the information routinely collected by the agency, since volunteer hours are in-kind donations having cash value to the agency as part of the 20% match required for every dollar of federal funds received. Because there is no evidence by which to identify whether some types of volunteering may have more impact than others (Parker et al., 1987), no distinction was made between hours donated to classroom volunteering, acting as bus aide, attending policy council or parent meetings, receiving home visits, or other modes of donating time. The hours were simply added together for each parent. For most parents, classroom volunteering accounted for the great majority of hours donated.

In order to obtain groups of a minimum of 30 from each end of the resulting numerical sequence of hours from high to low involvement, a disproportionate oversampling was done in the expectation that some families from both groups would refuse or be unable to participate, and that more from the low than from the high end would refuse. The top thirty-seven names were chosen of those who contributed the most hours, ranging from 120 to 8 hours total volunteering over the combined three-month period. From the low end, 54 names were available of those who did not volunteer any hours during the three months recorded. As an additional indication of commitment to and participation in the program, these names were then ranked by their child's attendance record, and 42 of those with the least attendance, missing from 45% to 7% of classes, were recruited for the research. (Since the total number of class days varied slightly from center to center, percentage of attendance was used instead of actual days attending.)

After the names were selected, they were sorted geographically and recruitment letters were sent out to different neighborhoods in sequence by area. So that interviews could take place as efficiently as possible, members of both groups living in the same area were contacted simultaneously. The expectation was that, particularly in low-income housing areas, the

participation of the highly involved parents would be known to at least some of the noninvolved parents and would encourage them to assist the research process. Interviewing began shortly after the end of the Head Start program year, and continued from the end of May to the middle of August, 1989.

Contrary to expectation, every one of the highly involved parents agreed to the interview (see cover letter in the Appendix), although two were very difficult to schedule because of demanding construction work schedules. Only one mother, living with her own parents, was not at home at her interview time, due to her class schedule at Northern Michigan University. The grandmother offered to substitute in the interview, and the offer was accepted, but the case was then dropped from the data file. Two other cases were later dropped because the interview revealed that the hours volunteered were due to the Michigan Opportunity and Skills Training program (MOST) job training placement, without other volunteer time given when not required by MOST. One MOST volunteer was kept because she had also volunteered a substantial number of hours that were not required as part of the MOST program. The result appeared to be a high involvement group of 34.

Ten of the 42 least involved parents contacted refused (one way or another) to be interviewed, although

considerable effort was spent in multiple contacts of evasive parents on the grounds that those least willing to be involved in the research were most central to the research. Only four refused directly when contacted by phone because of time pressure due to work schedules, a move (even when recontacted a month after the move), and disinterest. The fifth used a phone machine, never returned messages, and never responded to the doorbell during unscheduled home visits, although there were indications she still lived in the house. The sixth refused because she was a foster parent who no longer had the Head Start child in the home. The seventh completed the interview and the survey with considerable encouragement from her husband, but had to leave for a work shift. She agreed to complete and mail the remaining written instruments, but presumably never did, although when recontacted, she said she had. Because it was so incomplete, the data that had been collected from her were dropped. The remaining three low-involvement parents who rejected participation had no phones. Two were reached through their mothers, and agreed to interviews, but were not at home at the scheduled time. Efforts to recontact them or find them at home through several unscheduled visits failed. The final missing case was located by chance in an unscheduled home visit. She agreed to an interview at a later date, but was not

home for the interview, nor at several other unscheduled visits. Most of the other interviews with low involvement families were scheduled without unusual effort.

The final low involvement group appeared to have a total of 32. During the interviews, however, four of the parents in the 32-member low-involvement group described spontaneously their very high involvement during previous years as Head Start parents. All of them specifically described involvement at a level of at least weekly volunteering. This complication was not foreseen. It was hypothesized that parent involvement would increase with the number of years in the program, and in fact, some parents in the high-involved group described a previous year in which they were not involved at all. It was not hypothesized that there might be a corresponding decrease, presumably after the benefits of involvement had been exhausted. The research objective was to examine the differences between those who never volunteered for Head Start and those who volunteered a great deal. Because these parents described previous Head Start involvement greater than that of many in the high-involvement group, they were transferred from the low-involvement group and placed in the high-involvement group. This left a final sample of 28 in the low-involvement group and 38 in the high-involvement group.

Most of the parents interviewed were women, so the pronoun "she" is used when making general reference to parents. There were two single fathers, one in each group, and another family with two parents where the high-involved parent was the father. In a few high-involvement interviews, both parents wished to participate. In these cases, data were taken from both parents, but only the data from the parent who generally volunteered were used. In two low-involvement interviews, both parents participated. Since it was generally mothers who volunteered, and since the father's employment in both cases would have made it difficult for him to volunteer had he wished to, the data from the mother were used for the case.

As a check on the validity of the sample groups, teachers were asked to identify the three parents from their classrooms most involved and least involved in Head Start that year (some teachers gave more or fewer than three). They were unaware of the names obtained through calculating the number of hours volunteered. Since classes were represented by as few as one or as many as seven parents in each of the final sample groups, there could not be an exact matching of those identified by count with the three high and low identified by teachers. In the high group, however, those identified by count were among those named by teachers if there were fewer

than three, or included those named by teachers if there were more than three, in all but two cases. In the low group, those identified by count were among those named by teachers if there were fewer than three, or included those named by teachers if there were more than three, for all but seven of the names.

In order to establish two categories of "high" and "low" from a continuum of volunteer hours, but reduce the time-consuming effort of collating the volunteer data for all parents all year, three of the eight program months were chosen as representative: November, January, and March or April, whichever did not include the center's spring break (centers follow the calendar of the local school district). Since the basic classroom volunteering request is for one day a month, it was an unexpected finding that for many of those who did volunteer, patterns of volunteering were quite uneven. One of the representative months might show as many as 25 or more hours, while another might have only one or none. Among the explanations for variability that emerged during interviews were pregnancy, a new job, a change in class schedule for Northern Michigan University students, and a household move requiring a change from one center to another. In the latter case, a parent specifically mentioned that she had felt more attached to her child's first classroom and teachers. Another said that knowing

she would soon be employed, she put in a great deal of time in advance to make up for the months she wouldn't be able to come. Some responded to teacher requests for help when short-staffed. Because of this variability, it is possible that a few highly-involved parents were omitted from the sample because their donated hours did not show up on any of the selected months. Nevertheless, the group should be representative of the category.

In view of this variability of volunteer time from month to month, selection of the low group might have been more accurate if one or two additional months had been examined for volunteer hours to shrink the list of those who gave none, instead of sorting the list by attendance records, thus using attendance as a second measure of involvement. Since the object of the research, however, was to look for differences between the two groups, and since errors of selection would tend to minimize the differences, these possible weaknesses of validity in the sample selection should not impugn the research results where differences were found. Though refusals to participate and misselection may have resulted in a low-involved group that does not include all the least-involved parents, it includes a group whose involvement was low enough to be representative of a low-involvement category.

Procedure

A letter was sent out to each parent explaining the purpose of the research, identifying the investigator, describing the interview procedure, and offering a \$5 stipend for participation. A parent survey to be described further below was also enclosed, in order to provide a concrete example of a research instrument. With 10 days of sending the letter, a phone call was made to those with phones or with contact numbers, to set up an interview appointment. For those without phones or phone contacts, a personal note was added to the letter identifying a day and time a home visit would be made to ask about setting an interview appointment.

In order to obtain basic demographic information about occupation, family size, structure, and stability, and to discover previous Head Start experience, current and past involvement in the community, and high school history, an open-ended set of interview questions was developed (see the appendix for copies of all instruments). Parents often contributed additional relevant information about their and their family's well-being, plans, and past experiences. This oral interview usually took about an hour, and was conducted before the pencil and paper instruments were offered, in order to establish some rapport. Together with questions about formal agency contacts and group memberships, parents

were asked about informal contacts with friend and family, and any services or help they may have received, as well as volunteer services they may have given.

Following the oral interview, parents were asked to complete the Head Start survey if they had not already done so, and the Developmental History Questionnaire. While they were engaged with the written instruments, the investigator completed the Home Observation for Measurement of the Environment (HOME) Preschool Inventory. The information that could not be obtained through observation was obtained by questioning the parent. The visit concluded with the administration of the Parenting Stress Index (PSI), which usually took about half an hour to complete. In one instance with a handicapped parent of limited literacy, the questions on the Survey, Developmental History, and PSI were read by the investigator and the parent's answers were recorded. At the end of the visit, parents were given their \$5 stipend and asked to sign a release form allowing the investigator access to the social-emotional sections of their child's end-of-year teacher assessment in the agency files.

Instruments

The oral interview questions combined three sets of measures: family variables, community involvement, and

high school Education-Dating-Occupation (EDO) scale. To identify family^① variables, parents were asked to specify household members, ages of children, marriage or partner status, current and past employment status, and any recent moves or changes. Most of this information could be recorded on a simple "yes-no" basis. Because informal social network was not a focus of the research, parents were asked simply how many times in the last month they had visited with friends or extended family. Those who identified no more than monthly contact with friends and family were considered to lack informal social support; those with social contacts twice a month or more were considered to have it.

Formal social support^② was defined as organized groups with meetings for either recreation, such as softball teams, bowling leagues, and bingo, or other joint activity, mutual interest, or support group such as Elks, church, and AA. Formal social support was considered to be different from volunteer work for an organization where the purpose was service for others, not amusement or friendship for oneself. Formal social support was also considered to be different from public or private agency services, where the parent was primarily a recipient of services rather than a provider (volunteer) or mutual participant (formal support), although there was overlap between these categories when

the agency was one that operates by family support principles (see below). Parents were considered to have formal social support if they identified any group with regular meetings that they belonged to and attended for their own enjoyment or self-development.

In order to help parents remember any agency that may have provided them with services, they were asked specifically about their contacts with a wide range of government and private helping agencies, including previous Head Start experience, other child care, special education or public school programs, health or infant mental health home visits, other public health and nutrition programs, welfare income assistance, protective services, community mental health, private agency counseling, and a list of other private agencies including Big Brothers, the Women's Center, and the domestic violence shelter. Whenever parents had received services, they were asked if the services were simply supportive or also a source of stress. Information was recorded in one of four categories: no service, stressful service, neutral, or supportive. Parents were asked twice about their participation in any volunteer work, once on behalf of their children (such as 4-H, scouts, or hockey) and later in the interview on behalf of anything else (March of Dimes, church work). They were also asked to discuss their Head Start involvement,

including their past experience with this or other children in home or center programs, and their previous acquaintance with Head Start through other family or friends. Several had themselves been Head Start children. As a measure of involvement outside the local community, they were asked if they had voted in the 1988 Presidential election. All this information was recorded as "yes" or "no."

The final set of interview questions were those used by Polansky et al. (1981, p. 95), in their study of neglectful mothers in Appalachia and in Philadelphia, to measure social ^③isolation during adolescence. Neglectful mothers in both studies were found to differ significantly from controls on a five-point scale (0 to 4) derived from awarding one point each for graduation from high school, having dated at least one other person than the one married, having participated in extracurricular activities in high school, and having worked outside the home for a year or more prior to marriage. Two questions were modified slightly for this study. Parents were asked if they had dated anyone other than their child's father or mother, and if they had had a job during high school or after high school was over. The other two questions about extracurricular activities and graduation were not changed. The answers were recorded individually as "yes" or "no," and then totaled for a composite score.

✓ A survey of parent attitudes toward different aspects of Head Start was developed for this study, to see if differences existed in how parents perceived the program. Of particular interest was parent perception of the program as being of value to them as well as to their children. Working from the Head Start Performance Standards descriptions of how parents are to be involved in Head Start (guardians of child's well-being, prime educators, and contributors to Head Start) and adding the concepts of self-development and emotional support, a first draft of questions was created around such dimensions as child or adult-focused, informative or not, impersonal or caring, judgmental or responsive. These questions were then brought to a brainstorming session with the social services and education coordinators of the AMCAB Head Start Agency, where they were modified and further questions were developed around the framework of "areas of trust." Six categories of questions were defined, representing different areas of confidence in the agency: (1) for promoting the child's education, (2) for promoting the child's social-emotional development, (3) for providing parenting education, (4) for allowing a sense of adult contribution, (5) for support of parent life-planning, and (6) for personal support in a crisis. These questions were then referred to the coordinators of the Baraga-Houghton-Keweenaw Head Start for revision

suggestions, and the final product was given to a Baraga-Houghton-Keweenaw Head Start parent stress management group, who volunteered to answer the survey as Trail participants to make sure all questions were clear to them. Answers were recorded along a Likert scale of one to five, from "not true" to "very true." The questions were presented in the six categories out of which they were developed, for a total of 28 questions.

The "Developmental History Questionnaire" was used to obtain information about the quality of parental childhood relationships with their own parents. This questionnaire sometimes elicited additional oral information from parents, particularly if the relationships had been difficult or abusive, or if a divorce or separation had caused a change in relationships. When parents indicated that there had been a sharp change in relationships at some point in childhood, due to divorce, foster care, or other major household shift, and asked whether to respond according to how things were before or after the shift, they were instructed to fill out the questionnaire according to the way they thought of the relationship's influence on their lives. Some parents were unable to complete "relationship with father" because they had never had one. In that case the data for that portion of the questionnaire were dropped. Answers were recorded on a

five-point Likert scale of positive to negative polarities for each of 11 parental relationship descriptors such as harsh/gentle, concerned/indifferent and nine home atmosphere descriptors such as easy going/much tension, happy/unhappy. The numerical scores were summed to create a total score for each of the three items: maternal relationship, paternal relationship, and home atmosphere. No composite score was created by summing the three subscales, however, since there were often very different relationships with mother and father, and summing would cancel them out.

Because parents from both the high-involved and the low-involved groups described abusive childhood homes or parents, maltreated and nonmaltreated subgroups were identified within each involvement group, using the Developmental History Questionnaire. Exactly how to do this was not at first clear. The fact that some parents rated their childhood home atmosphere considerably lower than their relationship with either father or mother suggested that defensive exclusion of negative memories (Bowlby, 1980) or some other cause of distortion might well be affecting their retrospective assessment of their relationships with their parents. Two mothers gave anecdotal evidence to that effect during their interviews: after describing their own very abusive mothers, both rated their relationship with their fathers

quite high, although one acknowledged that her father had repeatedly sexually abused her sister, and the other said she had very little contact with her father except when he assisted her to become legally emancipated at a young age. Contrast with the mother appeared to affect the degree of positive rating given the father.

Several fathers who were rated very low in the developmental history questionnaire were noncustodial parents and did not seem to affect the home atmosphere rating, which was high where the rating of mother relationship was also high. Because of this, it was decided to use only the ratings of home atmosphere and/or relationship with mother to identify maltreatment subgroups, with the expectation that if there were any cases where the maternal relationship score was inappropriately positive, the negative nature of the home would be captured in the home atmosphere rating. An arbitrary cutoff point was set at 19 of a possible 45 points for home atmosphere, and 22 out of a possible 55 points for relationship with mother. Both of these levels were roughly the equivalent of no more than the next-to-lowest rating for every descriptor. Using these two criteria, 10 parents were identified as having abusive childhood experiences in the low-involvement group, and 10 in the high-involvement group.

The Parenting Stress Index (PSI) was used to assess chronic parent stress both in relation to how the parent perceived her child (child domain) and how she perceived the context of her own life situation (parent domain). The additional Life Stress scale, which was also included for this research, allowed parents to identify major stressor events such as divorce, pregnancy, or new job. Amongst the clinical information presented by the authors of the PSI was concern that extremely low scores (below 175) may be false negatives, because of either defensiveness or low investment in the parenting role (Abidin, 1983). The scores of only four cases in the current research fell below 175, one in the high-involvement group and three in the low-involvement group. Since the concern was one of conjecture rather than established fact, and since the number of low scores was so few, it was decided to accept them at face value.

The HOME scale (Caldwell & Bradley, 1984) was used as a global measure of parental responsiveness to the child's developmental needs, and particularly as a measure of the degree to which the home reflected the same philosophy and educational methods as the Head Start program, through the provision of an organized environment with available play materials and one or more adults appropriately responsive to the child's behavior and nurturing of the child's curiosity, trust, and

security. Because a few of the interviews took place while the child was not at home, some cases are missing those HOME scores that required direct observation of parent-child interactions.

The final measure used was the social-emotional section of the locally-developed progress report used midyear and at the end of the program by the Head Start teachers to assess each child's development for parents and make a recommendation for placement the next fall in either Head Start or a public school program. This instrument rates children as "age-appropriate" or "developing" in play with peers, interaction with adults, responsibility, transitions, and self-esteem. The self-esteem section contains four components: attachment/separation, trust (self and others), expression of needs/feelings, and initiative/productivity. The total number of items on which the child is rated in this section is 8. Since all teachers used marks on the borderline between "developing" and "age-appropriate," it was decided to score each of the components with 2 points for "age-appropriate," 1 point for marks in the line, and no point for "developing."

CHAPTER IV

ANALYSIS AND DISCUSSION

Analysis of findings was made more complicated by the identification of two subgroups of parents who had experienced childhood maltreatment, within the two main groups of highly-involved and low-involved parents. Although the criteria for "abused" and "nonabused" were somewhat arbitrary, the cutoff was well below the median for both "past home atmosphere" and "relationship with mother." For the combined sample, cases tended to clump at the bottom, middle, or top of the measures for home atmosphere and parent relationships, and there were 2-, 3-, and 5-point gaps between those at the bottom and the next sets of values, indicating that the maltreatment groups were genuine ones. Because most of the hypotheses of the research were structured around the idea that attachment relationships within the family of origin might influence parent involvement, and because abusive treatment in infancy and childhood is generally considered to relate to maladaptive attachment, data analyses were run where possible to compare cases of abused history with nonabused history, as well as high

and low parent involvement. Comparisons are presented by tables that include subgroups as well as group totals, wherever appropriate, although numbers are often too small to permit testing for significant subgroup differences.

Family Structure

Hypothesis 1: Parents who are in the high involvement group will be more likely to be married or have a close regular boyfriend than parents in the low involvement group.

Marital status did not differentiate between groups, although it was predicted that parents who were highly involved would be more likely to be married or have a close boyfriend. Comparisons were made on the basis of some sort of partner or none and, since Shaver and Hazen (1987) found a difference between attachment groups on the basis of length of relationships, involvement groups were also compared on the basis of whether the parent was still in her first marriage or not (Table D1 in Appendix D). No differences were found to exist in either case.

Hypothesis 2: Parents in the high involvement group will not differ from parents in the low involvement group on the basis of parent age, number of children, or gender of Head Start children.

The average age of the combined group of parents was 30 years old, with a range from 21 to 44. The Head Start children in the sample included a total of 32 girls and 34 boys, and the number of children in each family ranged

from one to seven, with a mean of 2.4. Seventeen of the 36 parents had only one child, the Head Start child. Only two families had more than four children. It was originally proposed that parent involvement levels would not differ on the basis of parent's age, number of children, or gender of the Head Start child. The 38 parents who had been most involved with Head Start during the year and the 28 parents who had not been involved at all were compared with each other across these demographic variables to see if there were any systematic relationships between them and levels of Head Start involvement in the sample studied.

The average age of the parents in both groups did not differ, nor did the average number of total children, children younger than the Head Start child, or children older than the Head Start child. Subgroups of parents with and without histories of childhood abuse also did not appear to differ according to the number of children or the age of the parent (Tables D2-D5, Appendix D). An unexpected finding, however, was that although the presence of younger children in the family did not differentiate parent involvement groups in this research, whether or not a younger child came with the parent on classroom volunteer days did seem to make a difference. Twelve of 38 highly involved parents brought a younger child with them on volunteer days, while only 2 of 26

low-involved parents did. This finding was even stronger when parents were asked if they had ever brought a younger sibling with them regularly when they volunteered. A total of 17 of the 38 highly-involved parents had brought a younger child either this year or another year, compared to only 4 of the 28 low-involved parents ($p < .01$ by chi-square test; see Table 1). This is similar to the finding reported by Powell (1984) in a neighborhood parenting program for mothers with infants, some of whom also had preschool children. Though first-time parents might be expected to need a parenting program more, it was the parents with more than one child who were long-term program users. Powell suggested that the program's preschool was a major attraction of the program for these parents, giving a double purpose for the investment of time and energy. It appears that for some Head Start parents, too, the incentive of what amounted to a drop-in program for a younger preschool child encouraged classroom volunteering. Since data were not collected on the ages or other aspects of the younger children, there is no way to know if younger children who came with their mothers to Head Start differed from those who were not brought. Some teachers may also have been more welcoming to siblings than others. It could be that an infant or young toddler is a disincentive, while a late toddler or 3-year-old is an incentive to volunteer.

Table 1

Younger Siblings Brought to Head Start

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Brought Sibling This Year	3	9	12	0	2	2
Brought Sibling Other Year	3	6	9	1	2	3
Brought Sibling Any Year	6	11	17*	1	3	4*

NOTE: One cell less than 5; $\chi^2 = 8.23$; * $p = .004$.

In recent research done on a stress management program for Head Start parents, where child care was provided, those who reported a pregnancy in the previous 12 months averaged 5.1 sessions, compared to 9.9 sessions for those who did not (Donnelly, Cameron, Mleko, Knapp, & Mack, 1992). In the present study, however, 4 out of 38 highly-involved parents reported a pregnancy in the previous 12 months, as did 5 out of 28 low-involved parents, suggesting little influence from this factor.

Child gender was examined as a possible difference between groups but, although there was a slight tendency among parents to volunteer if they were parents of girls (21 of 38 children of highly-involved parents were girls, compared to 11 of 28 children of low-involved parents), the difference was not significant (Table D6, Appendix D).

There was one other family structural variable that did appear to affect levels of involvement: the presence of a handicapped child in the home. None of the four parents who identified having a special needs child was in the high involvement group.

Personal History

Hypothesis 3: Parents who are in the high involvement group will be less likely to report negative relationships with either of their own parents or an unpleasant childhood home atmosphere, as measured by the Developmental History Questionnaire.

The prediction regarding childhood home experiences was not upheld, even after leaving out the subgroups with abusive histories in both involvement categories (Tables D8-D10, in Appendix D). No differences were significant, although the largest difference, in home atmosphere, was in the predicted direction. There are several ways to interpret this finding. It might be that the degree of participation in Head Start and other social facets of life is a matter of temperament or other personality factors and is unrelated to working models of relationship formed in childhood. Jerome Kagan suggests that genetic factors creating a higher or lower threshold for limbic-hypothalamic arousal have an important influence on the lifelong degree of inhibition experienced by individuals when confronted by the unfamiliar. Temperamental inhibition could be expected to reduce parent involvement, especially types of involvement that were unfamiliar. Because Kagan found through longitudinal studies that environmental and social factors appear to have a more powerful influence than inborn temperament on all but the extremes of inhibition or the lack of it, his position is not inconsistent with attachment theory. He suggests that some of those who are quiet and withdrawn in unfamiliar social situations might be so because of biological and environmental factors combined, while others might be

that way entirely because of environmental factors, and that physiological measures might help to distinguish them (Kagan, 1989). Since this study looked at the two extremes of volunteering, the sample may include the biological extremes of inhibition as well.

It might also be that the highly-involved parents who came from abusive homes had resolved the emotional conflicts of their childhood experiences by coming to terms with the positive and negative aspects of their early relationships and reorganizing their working models of interaction. It might even be that some parents misrepresented the quality of their childhood experience by inappropriately idealizing their memories of childhood relationships with mother or father. Finally, some combination of temperament, idealization, or reassessment of childhood experiences might produce these findings. Main, Kaplan, and Cassidy (1985), in a study of differences in adult attachment organization, reported that parents with childhood histories of loss, rejection, and abuse frequently did idealize the general nature of their relationships with their own parents in contradiction to specific memories of loneliness or rejection. Other with insecure attachment organizations as adults were unable to recall their past, or dismissed the importance of relationships. In contrast, parents with secure attachment organization, but abusive

histories, showed evidence of being able to recall, reorganize, and integrate past experience, value attachment relationships even when their own had been poor, and reflect on the past with ease. Shaver and Hazen (1987) also found that college students with insecure attachments provided an inappropriately favorable picture of their childhood relationship with their parents. Unlike securely attached students, they described not only positives, but many negative things about their parents as well. Subjects older than 26 from a similar study with a broader population sample saw their parents as loving or rejecting, not both, while those younger than 26 provided conflicting positive and negative statements about their relationships with their parents. The measure of Home Atmosphere may, therefore, come closest to an accurate measure of the relationship subjects of this study may have had with their parents. The Shaver and Hazen (1987) studies did not examine discontinuities in attachment as the Main, Kaplan, and Cassidy (1985) study did.

Hypothesis 4: Parents who are in the high involvement group will be more likely to report higher Education-dating-occupation scale scores from high school.

There was a strong difference between group means on the Education-Dating-Occupation (EDO) scale ($p < .001$ by t-test; Table 2). Polansky, who constructed the

Table 2

Education-Dating-Occupation Scale Total Means

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=17)	Total (n=27)
Mean	3.40	3.43	3.42*	2.67	2.50	2.61*
S.D.	1.08	.84	.89	1.19	1.27	1.20

NOTE: $t = 3.03$; $*p = .004$.

five-point scale as a measure of socialization in adolescence, reported only the mean scores for his neglect and control samples, without any comment on how the scores were distributed within the scale (Polansky, 1981). In this study, the difference in mean scores seemed to be largely accounted for by whether or not the parent had dated anyone other than her child's father (see Tables D11-D14 in Appendix D). Only 2 of the 38 highly-involved parents had not, while 12 of the 28 low-involved parents had not (Table D13). Once again, this finding may be interpreted in more than one way. Low-involved parents may simply have been temperamentally less social than involved parents in high school. If so,

involved parents with abused histories would have to have been as social as those with more secure childhoods, since they would not be likely to have attained the cognitive capacity to work through and reorganize their relationship patterns by their high school years, even with help. It would also be consistent with the finding, however, if parents with abused histories were insecure in different ways: avoidant and anxious. While high school students with avoidant attachment organizations would be like Polansky's sample in their limited dating, those with anxious organizations would be more likely to have multiple, nonenduring relationships, similar to the pattern described by Feeney and Noller (1990). Both secure and ambivalent parents would be likely to have dated more than one person in high school, the secure because of their sociability and the ambivalent because of their dependence on some sort of relationship, and the ease with which they fall in and out of love (see also Simpson, 1990; Shaver & Hazen, 1987). Participation in high school activities approached, but did not reach, significance. Neither graduation from high school nor employment before the first child was born differentiated the groups.

Occupation

Hypothesis 5: Parents who are in the high involvement group will not differ from parents in the low involvement group on the basis of employment or school or college attendance.

Current parent employment status was compared to see if any differences between groups existed, and none were found. When asked if they were either currently employed or had been employed during the last year, both groups were split (Table D15). Even when employment and college attendance were pooled, there was still no difference between groups, in spite of the extra demand on time. The idea of employment as a regular full-time 9 to 5 job, however, did not fit many of the parents in either group. Many employed parents worked part-time, and over a year's time, parents lost jobs, found jobs, changed shifts, had hours cut or increased, and presumably varied their volunteer time accordingly. Several explicitly mentioned having done so.

Community Involvement

It was predicted that the involvement parents maintained with the Head Start program would be reflected in other forms of involvement in the community, such as formal and informal social ties, other volunteer activities, and voting in the most recent Presidential election. It was also predicted that their use of agencies would not differ in amount, but would differ in

satisfaction, and that highly-involved parents would be more likely to have received more mental health, health home visiting, or other family support services, including more years of Head Start, prior to the year under investigation.

Hypothesis 6: Parents who are in the high involvement group will record a higher number of community volunteer activities than parents who are in the low involvement group.

There appeared to be a strong difference between groups on the basis of volunteerism: 21 of the 38 highly-involved parents were also involved in other community volunteer work, but only 4 of the 28 low-involved parents were, $p < .001$ by chi-square test (Table 3). (This Chi-square test was run with one cell under five so the significance level should be considered only an indicator.)

Hypothesis 7: Parents who are in the high involvement group will feel more positively toward community services they have received than parents who are in the low involvement group.

Parents were asked about whether or not their families had received services at any time from 18 different agencies or types of agency, and whether their feelings about the services they did receive were positive, negative, or neutral. Some services were almost universal: two out of the entire sample of 66 had not had services from WIC, six had not used Medicaid, and

Table 3

Non-Head Start Volunteer Work

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Yes	7	14	21	2	2	4
No	3	14	17	8	16	24

NOTE: One cell less than 5. $\chi^2 = 11.50$; $*p = .0007$.

10 out of 66 had never been on welfare. Conversely, there were some services that were very sparsely used: for example, 7 parents out of 66 had had any parenting classes or private agency services. (This was a year in which Head Start had not conducted its own parenting classes, but had referred parents to classes sponsored by other agencies in the community). Some services were related to specific needs, and it might be expected that use would not be great: for instance, five had used the spouse abuse shelter, and six had had Special Health Services for children (formerly Crippled Children's Services). In most cases, numbers were too small to test

for group differences in use of individual agencies (see Table D16 in Appendix D).

When the overall use of all community services was added up, there was no difference between groups as to the proportion of services used, nor the proportion of services about which the parents had either positive or neutral feelings. There was, however, a difference between groups regarding the proportion of services about which the parents had negative feelings. As predicted, low-involved parents were more likely to feel negative about services they had received ($p < .05$ by Z test; see Table 4).

Hypothesis 8: Parents who are in the high involvement group will have received more mental health, health home visiting, or family support services than parents who are in the low involvement group.

In order to get at some possible differences, a category was created of "family support services," drawing on the family support principles of "enhancing a sense of community, mobilizing resources and supports, shared responsibility and collaboration, protecting family integrity, strengthening family functioning, and proactive human services practices" (Dunst, 1990). Out of all 18 services, those that seemed best to fit these principles (other than Head Start, itself) were church, the Women's Center, the domestic violence shelter, health home visitors, and community mental health. Twenty-seven

Table 4

Positive, Neutral, and Negative Feelings About Agency
Services

		High Involvement			Low Involvement		
		Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Other daycare	Pos	2	3	5	2	4	6
	Neu	1	7	8	1	2	3
	Neg	1	3	4	1	0	1
ISD	Pos	2	2	4	2	1	3
	Neu	0	2	2	0	1	1
	Neg	0	0	0	0	1	1
Public School	Pos	21	5	7	0	0	0
	Neu	1	2	3	0	0	0
	Neg	0	0	0	1	1	2
Health home visitor	Pos	5	8	13	3	3	6
	Neu	0	5	5	1	2	3
	Neg	0	0	0	0	0	0
WIC	Pos	8	19	27	10	12	22
	Neu	2	5	7	0	3	3
	Neg	0	2	2	0	3	3
Other health services	Pos	7	15	22	5	10	15
	Neu	2	10	12	3	4	7
	Neg	1	1	2	0	2	2
Welfare	Pos	2	7	9	3	6	9
	Neu	1	5	6	1	4	5
	Neg	6	10	16	5	6	11
Protec- tive services	Pos	3	1	4	2	4	6
	Neu	0	2	2	1	1	2
	Neg	4	1	5	1	1	1

Table 4

Continued

		High Involvement			Low Involvement		
		Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
MOST	Pos	2	2	4	2	1	3
	Neu	2	0	2	2	0	2
	Neg	0	1	1	3	3	6
CMH	Pos	6	10	16	4	3	7
	Neu	0	1	1	1	0	1
	Neg	0	0	0	1	1	2
Women's center	Pos	2	5	7	1	0	1
	Neu	0	0	0	0	0	0
	Neg	0	0	0	0	0	0
Crippled children	Pos	0	3	3	0	2	2
	Neu	0	0	0	0	0	0
	Neg	0	0	0	0	1	1
Spouse abuse shelter	Pos	2	2	4	0	1	1
	Neu	0	0	0	0	0	0
	Neg	0	0	0	0	0	0
St. V.'s Salvation Army	Pos	1	3	4	1	2	3
	Neu	0	0	0	0	0	0
	Neg	0	0	0	0	0	0
Church	Pos	4	5	9	2	2	4
	Neu	3	2	5	1	0	1
	Neg	0	0	0	0	0	0
Private agency	Pos	0	4	4	1	1	2
	Neu	1	0	1	0	0	0
	Neg	0	0	0	0	0	0

Table 4

Continued

		High Involvement			Low Involvement		
		Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Youth Corps	Pos	1	3	4	1	5	6
	Neu	0	0	0	0	0	0
	Neg	0	0	0	0	0	0
Parenting Classes	Pos	2	2	4	1	1	2
	Neu	0	0	0	0	0	0
	Neg	0	0	0	1	0	1
TOTAL	Pos	51	99	150	40	53	93
	Neu	13	41	54	11	17	28
	Neg	12	18	30*	13	19	32*

NOTE: Pos: $Z = .66$, $p = .51$; neu: $Z = 1.14$, $p = .25$;

neg: $Z = -.13$, $*p = .03$.

of the 38 high-involved parents had benefited from one or more of these services; 12 of the 28 low-involved parents had, $p < .05$ by Chi-square test (Table 5). This finding is similar to that of Egeland et al. (1988), that mothers abused in childhood who did not abuse their own children had all had either extensive therapy or a supportive relationship with an adult in childhood.

Hypothesis 9: Parents who are in the high involvement group will be more likely to have had more than one year of Head Start services than parents who are in the low involvement group.

The prediction that there would be a difference on the basis of previous years of Head Start was not substantiated; though in the predicted direction, the differences fell short of significance, as did the differences when family support services and previous Head Start services were combined (Table 5). What was surprising was how many parents from both groups had earlier connections with Head Start: 19 had had their child in a previous home-based program, 18 had had their child in a previous center-based program, and for those whose child was in Head Start for the first time, 7 had had an older child in a center or home-based program, 10 had relatives whose child had been enrolled, 7 had a close friend whose child had been in Head Start, and 2 had gone to Head Start themselves. Only 3 out of the sample of 66 had had no previous connection with Head

Table 5

Use of Family Support and Head Start Services

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Family support program _a	9	18	27*	5	7	12*
Prior home based Head Start _b	8	17	25	4	9	13
Both _c	10	22	32	7	12	19

$\chi^2_a = 5.30$; $p = .021$; $\chi^2_b = 2.47$; $p = .12$; No significant difference between involvement groups; $\chi^2_c = 2.45$; $p = .12$; No significant difference between involvement groups.

Start when they enrolled their child. The evidence presented by Larner (1990) of how much change there is in social networks over time suggests that this stability and predictability of the program in the community may be an important element of "enhancing a sense of community" and may contribute to its function as a family support system.

Hypothesis 10: Parents who are in the high involvement group will be more likely to have voted in the last Presidential election than parents who are in the low involvement group.

In regard to voting, there was only a borderline difference that did not quite reach significance, but it was in the predicted direction: 21 of 38 highly-involved parents voted, compared to 9 of 28 low-involved parents, $p < .06$ by Chi-square test (Table 6).

Table 6

Voted in the 1988 Presidential Election

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Yes	7	14	21+	3	6	9+
No	3	14	17	7	12	19

NOTE: $\chi^2 = 3.48$; $+p = .06$.

Hypothesis 11: Parents who are in the high involvement group will be more likely to have frequent informal contact with family and friends than parents who are in the low involvement group.

Hypothesis 12: Parents who are in the high involvement group will be more likely to have formal social ties to groups that meet regularly for recreation or self-development than parents who are in the low involvement group.

Involvement groups did not differ on the basis of informal social ties (Table 7), but highly-involved

Table 7

Informal Social Ties

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Yes	8	17	25	6	13	19
No	2	11	13	4	5	9

NOTE: $\chi^2 = .03$; $p = .85$; No significant difference between parent involvement groups.

parents were more likely to have formal social ties to one or more associations with regular meetings for recreation or self-development, $p < .05$ by Chi-square test (Table 8). The difference was particularly evident between the subgroups

Table 8

Formal Social Ties

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Yes	7	12	19*	1	6	7*
No	3	16	19	9	12	21

NOTE: $\chi^2 = 4.22$; * $p = .04$.

with abusive childhood histories: 7 of the 10 highly-involved belonged to formal associations while only 1 of the 10 low-involved did. One of the seven highly-involved parents identified the Head Start Policy Council as such an organization for her: a group whose meetings she looked forward to as a time to be with friends, like the monthly church potlucks she also attended.

Parenting Stress

Hypothesis 13: Parents in the high involvement group will score lower on the Parenting Stress Index than parents who are in the low involvement group.

There were no significant differences between highly-involved and low-involved parents on the total PSI

score, on either Parent or Child Domain, or on any single component section of the two domains, although there was a borderline trend in the predicted direction in the two sections "Acceptability" ($p = .08$ by t-test) and "Attachment" ($p = .053$ by t-test; see Table 9).

According to Abidin (1983), "Acceptability" of the child to the parent relates to issues in the parent/child relationship such as poor attachment. "Attachment" is a counterpart category in the Parent domain, where high scores suggest distance, absence of bonding, or inability of the parent to understand the child accurately.

Somewhat stronger differences in stress levels emerged, however, when the scores were compared across two groups consisting of those with histories of abusive childhoods and those without. When a two-factor analysis of variance was run, a significant main effect for abusive childhoods was found ($p < .05$; Table 10). In direct comparison of means in both the Child Domain and the total PSI, parents with abusive childhood histories had scores that bordered on being significantly higher ($p = .057$ and $.078$, respectively by t-test; see Table 11) and their average total score was 250. When the PSI is used to locate families who should be referred for professional consultation, a total score of 250 is designated the critical point for referral in families where the child is above 3 years of age (Abidin, 1983).

Table 9

PSI Means (SD's) for Sections, Domains, and Totals for
Parents with High Involvement and Low Involvement in
Head Start

	High Involvement		Low Involvement		t Value	p
	(n=38)		(n=28)			
Adaptability	25.78	(5.55)	25.78	(5.14)	.00	.99
Acceptability	13.79	(4.04)	12.21	(3.20)	1.77	.08+
Demandingness	20.13	(5.78)	19.18	(5.62)	.67	.50
Mood	10.50	(2.96)	9.79	(3.21)	.92	.36
Distracti- bility/ hyperactivity	24.55	(6.32)	24.54	(7.65)	.01	.99
Reinforces parent	10.68	(3.21)	10.50	(3.73)	.21	.83
CHILD DOMAIN	104.58	(19.66)	102.00	(21.88)	.49	.62
Depression	20.68	(6.31)	19.96	(5.80)	.48	.63
Attachment	13.47	(3.72)	11.75	(3.35)	1.97	.053+
Role restriction	18.79	(6.03)	17.61	(6.32)	.77	.45
Sense of competence	30.79	(5.66)	28.36	(6.63)	1.57	.12

Table 9

Continued

	High Involvement		Low Involvement		t Value	p
	(n=38)		(n=28)			
Social isolation	13.08	(4.25)	12.75	(2.98)	.37	.71
Relations with spouse	18.13	(5.73)	17.18	(4.76)	.74	.46
Parent health	11.95	(3.47)	11.36	(3.70)	.66	.51
PARENT DOMAIN	125.61	(27.89)	118.96	(26.11)	.99	.32
Life stress	7.47	(6.90)	8.96	(10.12)	-.67	.50
TOTAL PSI	237.50	(46.29)	229.93	(46.00)	.66	.51

NOTE: +p < .10.

Table 10

Summary Table for Two-Factor ANOVA for PSI Score as a
Function of Parent Involvement Level and Childhood
History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	2191.3	2191.3	2.6	.303
History of abuse	1	8873.9	8873.9	4.4	.041*
Abuse X involvement	1	2060.3	2060.3	1.0	.318
Within groups	54	109304.0	2024.1		
Total	57	121832.3			

NOTE: Means: 242 (involved), 231 (noninvolved), 256
(abused), 230 (nonabused); *p < .05.

Table 11

PSI Means (SD's) for Sections, Domains, and Totals for
Parents with and Without a History of Having Been Abused in
Childhood

	High Involvement		Low Involvement		t Value	p
	(n=38)		(n=28)			
Adaptability	28.00	(5.73)	24.83	(4.91)	-2.16	.039*
Acceptability	13.25	(4.06)	13.07	(3.67)	-.17	.86
Demandingness	22.50	(6.51)	18.52	(4.89)	-2.45	.021*
Mood	10.05	(2.87)	10.26	(3.17)	.72	.79
Distracti- bility/ hyperactivity	27.15	(8.18)	23.41	(5.95)	-1.84	.076+
Reinforces parent	10.45	(3.38)	10.67	(3.46)	.25	.81
CHILD DOMAIN	111.40	(22.48)	100.04	(18.82)	-1.98	.057+
Depression	21.95	(6.74)	19.70	(5.69)	-1.31	.20
Attachment	13.45	(4.64)	12.43	(3.12)	-.89	.38
Role restriction	18.90	(6.38)	18.02	(6.07)	-.52	.61
Sense of competence	29.90	(7.31)	29.70	(5.68)	-.11	.91

Table 11

Continued

	High Involvement		Low Involvement		t Value	p
	(n=38)		(n=28)			
Social isolation	12.90	(3.52)	12.96	(3.87)	.06	.96
Relations with spouse	19.60	(6.26)	16.91	(4.71)	-1.72	.096+
Parent health	13.30	(4.08)	11.00	(3.10)	-2.25	.032*
PARENT DOMAIN	130.00	(30.97)	119.65	(25.03)	-1.32	.19
Life stress	8.75	(6.18)	7.83	(9.22)	-.48	.64
TOTAL PSI	250.15	(47.84)	227.39	(43.87)	-1.82	.078+

NOTE: +p < .10; *p < .05.

Within the child domain, parents abused as children had significantly higher scores on the subscales Adaptability and Demandingness ($p < .05$), as well as a score of borderline significance on the subscore Distractability ($p = .076$). Whatever their involvement level with Head Start, parents with abusive childhood histories seemed to perceive their children as being more difficult to raise than other children because they react badly to changes (adaptability), and seem to be both overly dependent (demandingness) and hyperactive (distractibility). Within the parent domain, parents with abusive childhood histories were more likely to suffer from health problems ($p < .05$), and were marginally more likely to have problems in their relationships with their spouses ($p = .096$; see Table 12).

HOME

Hypothesis 14: Parents in the high involvement group will score higher on the HOME inventory than parents in the low involvement group.

It was predicted that parents in the highly-involved group would have higher scores on the Home Observation for Measurement of the Environment (HOME) than the low-involved parents, and this was the finding, although the difference fell just short of significance: $p = .061$ for main effect in a two-way analysis of variance (Table 12)

Table 12

Summary Table for Two-Factor ANOVA for HOME Score as a
Function of Parent Involvement Level and Childhood
History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	151.2	151.2	3.6	.061+
History of abuse	1	.1	.1	.0	.986
Abuse X involvement	1	69.9	69.9	1.7	.200
Within groups	54	2239.0	41.5		
Total	57	2461.4			

NOTE: Means: 44 (involved), 41 (noninvolved), 42 (abused), 43 (nonabused); *p < .10.

and .07 by t-test (Table 13). None of the HOME subscales comparisons reached a .05 level of significance, although two were marginal: Learning Stimulation ($p = .07$) and Language Stimulation ($p = .06$; Table 30). In contrast to the PSI, there was no difference at all between the group of parents who had abusive childhoods and the group of parents who had not, but also in contrast to the PSI, a marginal difference did exist at the subgroup level: parents with abusive childhoods who were highly involved in Head Start had HOME totals that were marginally higher

Table 13

HOME Means (S.D.'s) for Domains and Total for Parents with
High Involvement and Low Involvement in Head Start

	High Involvement		N	Low Involvement		N	t Value	p
Learning stimulation	8.8	(1.5)	38	8.0	(1.8)	28	1.86	.07+
Language stimulation	6.4	(0.9)	36	5.9	(1.1)	28	1.94	.06+
Physical environment	6.1	(1.4)	38	5.6	(2.2)	27	.87	.39
Warmth and acceptance	5.6	(1.2)	34	5.4	(1.0)	25	.65	.52
Academic stimulation	4.3	(0.9)	38	4.0	(0.9)	28	1.52	.14
Modeling	3.6	(1.1)	37	3.2	(1.1)	25	1.36	.18
Variety in experience	6.0	(1.4)	38	5.4	(1.6)	28	1.52	.14
Acceptance	3.7	(0.9)	35	3.7	(0.7)	25	-.17	.86
HOME Total	44.0	(5.9)	34	40.7	(7.1)	24	1.86	.07+

NOTE: +p < .10.

than those of parents with abusive childhoods who were not involved in Head Start (Table D17 in Appendix D).

Child Socio-Emotional Development

Hypothesis 15: Children of parents in the high involvement group will score higher on the classroom progress report social-emotional section than children of parents in the low involvement group.

Teachers give parents a progress report on each child's development twice a year in January and May. The assessment instrument is a locally-developed form covering physical, cognitive, and social-emotional development. The social-emotional section rates children on eight items: (1) attachment/separation, (2) trust (self and others), (3) expression of needs/feelings, (4) initiative/ productivity, (5) play with peers/problem solving, (6) interaction with adults, (7) responsibility, and (8) transitions. Teachers can check either "age appropriate" or "developing." Since a check on the borderline between the two columns was used by all teachers, a check on the line was given one point and a check in the "age appropriate" column was given two points to create a three-point scale. It was predicted that children of parents who were highly-involved in Head Start would score higher on the social-emotional section of the classroom progress report than children whose parents were not involved. This was true of the January

rating ($p < .01$; Table 14) but the difference had disappeared by May. When scores were examined by

Table 14

Means (S.D.'s) of Teacher's Social-Emotional Ratings for Children of Parents with High and Low Involvement in Head Start

	High Involvement			Low Involvement			t Value	p
			N			N		
January	13.7	(3.2)	33	11.2	(3.7)	25	2.77	.008*
May	13.5	(3.4)	35	13.9	(2.9)	25	-.51	.61

NOTE: * $p < .01$.

subgroup, the scores of children who had highly-involved parents with histories of abusive childhoods could be seen to have dropped, while all other rose or stayed the same, and they were significantly lower than those of nonabused highly-involved parents ($p < .05$; Table 15). Since this finding was somewhat bizarre, individual cases were reexamined to see how common a drop in scores was across the entire sample. Eleven of the twelve cases whose social-emotional scores went down from January to May were from the highly-involved parents group, and the ratings

Table 15

Means (S.D.'s) of Teacher's Social-Emotional Ratings for Children of Parents with High Involvement in Head Start by Subgroups With and Without Childhood Histories of Abuse

	History of Abuse		N	No History of Abuse		N	t Value	p
January	12.1	(3.8)	9	14.3	(2.6)	24	1.6	.14
May	10.8	(4.4)	10	14.5	(2.2)	25	2.5	.028*

NOTE: * $p < .05$.

were scattered across four classrooms and teachers, with no more than five from any one teacher.

It seems unlikely that parent participation in Head Start was detrimental to the development of these children, when other indicators, such as HOME scores, suggest a positive developmental situation. One possible explanation for this finding is that as parents volunteered frequently and were thus able to incorporate the techniques used by responsive, affectionate, and nurturing teachers into their interactions with their own children at home, those children who had begun the year with the inappropriately high levels of seeming self-reliance typical of children with avoidant attachment histories might start to reveal their unmet dependency

needs in clearer ways to their parents at home and also to their teachers at school. The result could have been an apparent and presumably temporary decline in social-emotional well-being. A somewhat similar situation was reported by Sroufe et al. (1983) in a study of the relationship between attachment history and observed dependency of preschool children with a variety of attachment histories in a center setting. Although the "A" children (Ainsworth's "avoidant" group) were not, as predicted, more indirect than the other children in seeking nurturance, attention, and physical help according to end-of-program measures, they tended to be more so in the first month of school than in the 5th, after a longer experience of a therapeutic program. Of the eight "avoidant" children for whom Sroufe, in another report, included teacher descriptions, one was described as "self-reliant . . . and responsible" and another was described as "capable of taking care of himself" (Sroufe, 1983, p. 66). In this study, it may also be that teachers were more superficial observers in January than in May, with children who felt less secure in January and coped by withdrawal from social interactions and possibly with suppression of any of the feelings that might create difficulty in those interactions.

Parent Survey

Hypothesis 16: Parents in the high involvement group will score higher on the Head Start Parent survey than parents in the low involvement group.

The final hypothesis was that highly-involved parents would score higher on the Head Start survey than the low-involved parents. Because a portion of the survey addressed types of contributions parents had made, and incorporated questions about which it was understandable the two involvement groups would differ greatly, the entire survey was skewed to a highly significant difference, $p < .001$ (Tables D19-D20 in Appendix D). A clearer picture of differences came from comparing responses to individual questions, categories grouping several questions, and the three major factors that emerged from factor analysis. Survey sections were compared by t-test (Table D19). A two-way analysis of variance was used to measure whether responses to individual survey questions were affected by either the level of involvement or the history of childhood abuse, and whether there was any interaction effect between the two. The first three questions were meant to tap the parent's confidence in Head Start's capacity to educate her child.

1. My child has learned a lot in Head Start he couldn't have gotten just from me.

2. There are other preschool programs that my child could have learned even more from.
3. My child has learned as much as I hoped he would this year.

When tested for internal reliability, this subgroup alpha measured .56. There was no difference in how parents from either the involvement groups or the childhood history groups rated the program on any of these questions, or on the category as a whole (Table D19).

The next four questions were meant to elicit opinions about how well the parent felt Head Start fostered her child's social and emotional development:

4. My child's self-confidence improved at Head Start.
5. My child has gotten harder to control since he went to Head Start.
6. Head Start is too permissive and doesn't discipline kids enough.
7. My child is better at making friends since he went to Head Start.

When tested for internal reliability, this subgroup alpha measured .52. There was no main effect for either involvement or childhood history, but there was a marginal interaction effect for Question 6, $p = .063$ (Table 16). In separate t-tests, there was no difference between abused and nonabused subgroups of the low-involved parents, but abused parents who were highly involved were significantly less likely ($p < .05$) than nonabused, highly-involved parents to see Head Start as

Table 16

Summary Table for Two-Factor ANOVA for Head Start Parent
Survey Question 6, Head Start Permissiveness, as a
Function of Parent Involvement Level and Childhood
History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	.0	.0	.0	.951
History of abuse	1	.0	.0	.1	.816
Abuse X involvement	1	2.7	2.7	3.6	.063+
Within groups	62	47.5	.8		
TOTAL	65	50.3			

NOTE: Means: 4.6 (involved), 4.6 (noninvolved), 4.6
(abused), 4.5 (nonabused); *p < .10

too permissive (Table 17). Once again, there was no difference between groups on this section overall, or when all seven questions relating to child progress were combined in one category (Table D19).

The third set of questions was intended to show the amount of parenting information provided by the Head Start program, and had an internal reliability alpha of .78:

8. Most of what I've learned about preschool children was because of Head Start.
- 9 I use what I've learned from Head Start classroom volunteering in the ways I work with my child at home.
10. Once my child was in Head Start, I didn't have to be as involved in his day-to-day learning.
11. I use what I've learned from Head Start parenting classes or parent programs in the way I raise my child.

Table 17

Means (S.D.'s) of Parents Survey Question 6 for Parents with High Involvement in Head Start by Subgroups With and Without Childhood Histories of Abuse

	History of Abuse		N	No History of Abuse		N	t Value	p
Question 6	4.9	(0.3)	10	4.4	(.9)	28	-2.4	.024*

NOTE: *p < .05.

12. My child's enthusiasm about Head Start made me be more involved.
13. What I learned from Head Start will not be of much use once my child is in public school.
14. Head Start's goals are clear to me.

Items 10 and 13 did not discriminate between groups; parents seem to agree on the need to continue to be involved in the child's learning and on the value of Head Start parenting information after the child reached public school. There was, however, a significant main effect for parent involvement for all the other items at the level of $p < .05$ or better (Tables 18-22), and for the section as a whole, low-involved parents had significantly lower scores, $p < .0001$ (Table D19).

The fourth set of questions attempted to discriminate between types of involvement that might engender a sense of contribution:

15. I frequently volunteered at Head Start.
16. I have given Head Start suggestions to improve their program.
17. I was sometimes a representative for other parents with Head Start.
18. I shouldn't have been pushed so hard to volunteer.

The internal reliability alpha of the above set of questions was .70. There was universal agreement on Question 18, even by parents who didn't volunteer, that volunteer recruitment was not too aggressive. On the

Table 18

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 8, Learning About Preschool Children, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	13.4	13.4	6.9	.011*
History of abuse	1	1.1	1.1	.6	.461
Abuse X involvement	1	1.7	1.7	.9	.352
Within groups	62	120.7	1.9		
TOTAL	65	137.8			

NOTE: Means: 3.3 (involved), 2.5 (noninvolved), 2.6 (abused), 3.0 (nonabused); *p < .05

Table 19

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 9, Carryover to Home, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	22.6	22.6	14.0	.000*
History of abuse	1	1.9	1.9	1.2	.276
Abuse X involvement	1	.7	.7	.4	.510
Within groups	62	99.4	1.6		
TOTAL	65	123.5			

NOTE: Means: 3.8 (involved), 2.7 (noninvolved), 3.6 (abused), 3.3 (nonabused); *p < .001.

Table 20

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 11, Use of Parenting Programs, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	17.2	17.2	8.4	.005*
History of abuse	1	1.1	1.1	.5	.470
Abuse X involvement	1	.5	.5	.2	.625
Within groups	62	127.0			
TOTAL	65	145.2			

NOTE: Means: 3.8 (involved), 2.7 (noninvolved), 3.6 (abused), 3.3 (nonabused); *p < .001.

Table 21

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 12, Motivation by Child's Enthusiasm, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	22.6	22.6	16.9	.000*
History of abuse	1	1.9	1.9	1.4	.233
Abuse X involvement	1	.6	.6	.5	.502
Within groups	62	83.0	1.3		
TOTAL	65	107.0			

NOTE: Means: 4.4 (involved), 3.2 (noninvolved), 4.1 (abused), 3.8 (nonabused); *p < .001.

Table 22

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 14, Clarity of Head Start Goals, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	9.2	9.2	7.9	.006*
History of abuse	1	2.3	2.3	2.0	.164
Abuse X involvement	1	.4	.4	.4	.550
Within groups	62	72.0	1.2		
TOTAL	65	83.1			

NOTE: Means: 4.6 (involved), 3.7 (noninvolved), 4.5 (abused), 4.2 (nonabused); *p < .01.

other three questions, there was a strong main effect between highly-involved parents and low-involved ($p < .0001$; Tables 23-25), even though the mean number of those from either group who saw themselves as making suggestions or serving as a representative diminished considerably from those who saw themselves as frequent volunteers. Highly-involved parents were more likely to see themselves as contributors in multiple ways, $p < .0001$ for the section as a whole (Tables 23-25).

The fifth section of questions was meant to discover if parents saw Head Start as fostering their own development:

19. Most of what I learned from Head Start was about preschool children.
20. Head Start helped me set some goals for myself.
21. Head Start's main responsibility was to work with my child.
22. I would have liked Head Start to pay more attention to my needs.
23. Head Start helped me to grow in some important ways.

When analyzed for internal consistency, the reliability alpha for this section was only .34, suggesting that the questions do not particularly belong together. Questions 19 and 21 were both poorly phrased, and may have been confusing. Better wording would have been, "I learned more from Head Start than just about preschool children" and "Head Start's responsibility was to work with my

Table 23

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 15, Frequent Classroom Volunteering, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	84.7	84.7	59.9	.000*
History of abuse	1	.9	.9	.6	.433
Abuse X involvement	1	2.7	2.7	1.9	.175
Within groups	62	87.6	1.4		
TOTAL	65	175.0			

NOTE: Means: 4.3 (involved), 2.0 (noninvolved), 3.4 (abused), 3.4 (nonabused); *p < .001.

Table 24

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 16, Gave Suggestions, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
<hr/>					
Involvement level	1	63.9	63.9	39.7	.000*
History of abuse	1	.3	.3	.2	.652
Abuse X involvement	1	.1	.1	.0	.834
Within groups	62	99.7	1.6		
TOTAL	65	163.8			

NOTE: Means: 3.2 (involved), 1.2 (noninvolved), 2.4 (abused), 2.4 (nonabused); *p < .001.

Table 25

Summary Table for Two-Factor ANOVA for Head Start Parent
Survey Question 17, Represented Other Parents as a
Function of Parent Involvement Level and Childhood History
of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	36.3	36.3	17.5	.000*
History of abuse	1	.2	.2	.1	.744
Abuse X involvement	1	.0	.0	.0	.988
Within groups	62	128.3	2.1		
TOTAL	65	164.6			

NOTE: Means: 2.7 (involved), 1.2 (noninvolved), 2.1 (abused), 2.1 (nonabused); *p < .001.

family, not just my child." There was a borderline main effect for parent involvement on Question 10, $p = .054$ (Table 26), and the only main effect for abusive history on Question 21, $p = .014$ (Table 28). This difference was particularly strong within the highly-involved group of parents, where the abusive history subgroup was significantly more likely to disagree with Statement 21, $p < .05$ by t-test (Table 29). There was a significant main effect for parent involvement on both Questions 20 and 23, $p < .01$ and $p < .001$, respectively (Tables 27 and 30), and these are the two questions that are most clearly related to parent self-development. There was universal disagreement with Question 22: no group wanted their needs to receive more attention. On the overall category, involvement groups differed at a level of $p < .05$ (Table D19).

The last section was intended to identify the degree to which parents felt that they would be unconditionally accepted and supported in crisis by Head Start:

24. Head Start did not judge me for my private life decisions.
25. Head Start invades family privacy.
26. Being in Head Start is like being part of a family.
27. I think of at least one Head Start staff member as a good friend I could go to if I were in trouble.

Table 26

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 19, Adult Learning, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
<hr/>					
Involvement level	1	7.3	7.3	3.8	.054+
History of abuse	1	.4	.4	.2	.637
Abuse X involvement	1	2.8	2.8	1.5	.223
Within groups	62	116.8	1.9		
TOTAL	65	127.0			

NOTE: Means: 3.2 (involved), 2.5 (noninvolved), 2.9 (abused), 2.9 (nonabused); *p < .10.

Table 27

Summary Table for Two-Factor ANOVA for Head Start Parent
Survey Question 20, Goal Setting, as a Function of Parent
Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	13.4	13.4	7.4	.009*
History of abuse	1	1.9	1.9	1.1	.304
Abuse X involvement	1	1.1	1.1	.6	.446
Within groups	62	112.6	1.8		
TOTAL	65	128.1			

NOTE: Means: 3.1 (involved), 2.3 (noninvolved), 3.0 (abused), 2.7 (nonabused); *p < .01.

Table 28

Summary Table for Two-Factor ANOVA for Head Start Parent
Survey Question 21, Head Start's Main Responsibility
Function of Parent Involvement Level and Childhood History
of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	.4	.4	.2	.658
History of abuse	1	13.1	13.1	6.4	.014*
Abuse X involvement	1	2.1	2.1	1.0	.312*
Within groups	62	127.0	2.0		
TOTAL	65	142.3			

NOTE: Means: 2.7 (involved), 2.6 (noninvolved), 3.4 (abused), 2.4 (nonabused); * $p < .05$.

Table 29

Means (S.D.'s) on Parents Survey Question 21 for Parents with High Involvement in Head Start by Subgroups With and Without Childhood Histories of Abuse

	History of Abuse		N	No History of Abuse		N	t Value	p
Question 21	3.7	(1.7)	10	2.4	(1.2)	28	-2.3	.040*

NOTE: * $p < .05$.

Table 30

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 23, Parent Growth Through Head Start as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	23.5	23.5	13.7	.000*
History of abuse	1	.6	.6	.3	.570
Abuse X involvement	1	2.5	2.5	1.5	.231
Within groups	62	106.4	1.7		
TOTAL	65	132.5			

NOTE: Means: 3.7 (involved), 2.5 (noninvolved), 3.2 (abused), 3.1 (nonabused); *p < .001.

28. If I had had nowhere else to turn in a family crisis, I know I could have called Head Start for help and gotten it.

The internal reliability alpha for this section was .76. There was no difference between groups on either Questions 24 or 25; parents agreed that Head Start was rarely invasive or judgmental. However, there was a marginal main effect for parent involvement for both Questions 26 and 28, $p = .076$ and $.075$ (Tables 31 and 33), respectively, and there was a solid main effect for Question 27, $p = .012$ (Table 32).

The importance of Head Start as a surrogate family was especially pronounced for the highly-involved parents with a history of childhood abuse. These ten parents were significantly more likely to think of the institution, not just a staff person, as a refuge in crisis than either the other highly-involved parents or the other parents with abusive histories ($p < .05$ by t-test for both on Question 28, Tables 34-35). On the section as a whole, there was a marginal difference ($p = .057$ by t-test) between involvement groups (Table D19).

In order to investigate the underlying structure of the survey questions, a principal components factor analysis with varimax rotation was completed, and three primary factors emerged (Table 36). The eight items that were highly loaded on factor 1 were Questions 9, 12, 14, 20, 23, 26, 27, and 28:

Table 31

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 26, Head Start as Family as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	5.2	5.2	3.1	.076+
History of abuse	1	.0	.0	.0	.921
Abuse X involvement	1	2.0	2.0	1.3	.262
Within groups	62	98.7	1.6		
TOTAL	65	105.9			

NOTE: Means: 4.2 (involved), 3.6 (noninvolved), 4.0 (abused), 4.0 (nonabused); *p < .10.

Table 32

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Question 27, Staff Member as Friend as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	14.1	14.1	6.3	.015*
History of abuse	1	1.8	1.8	.8	.381
Abuse X involvement	1	.9	.9	.4	.521
Within groups	62	139.6	2.3		
TOTAL	65	155.6			

NOTE: Means: 4.2 (involved), 3.3 (noninvolved), 4.0 (abused), 3.7 (nonabused); *p < .05.

Table 33

Summary Table for Two-Factor ANOVA for Head Start Parent
Survey Question 28, Crisis Help as a Function of Parent
Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	5.2	5.2	3.3	.075+
History of abuse	1	.0	.0	.0	.942
Abuse X involvement	1	3.9	3.9	2.5	.120
Within groups	62	97.6	1.6		
TOTAL	65	106.6			

NOTE: Means: 4.3 (involved), 3.8 (noninvolved), 4.1 (abused), 4.1 (nonabused); *p < .10.

Table 34

Means (S.D.'s) on Parents Survey Question 28 for Parents with High Involvement in Head Start by Subgroups With and Without Childhood Histories of Abuse

	History of Abuse		N	No History of Abuse		N	t Value	p
Question 28	4.7	(0.5)	10	4.2	(1.1)	28	-2.1	.046*

NOTE: *p < .05.

Table 35

Means (S.D.'s) on Question 28 for Subgroups of Parents with Childhood History of Abuse and High or Low Involvement with Head Start

	High Involvement		N	Low Involvement		N	t Value	p
Question 28	4.7	(.5)	10	3.4	(1.6)	10	2.4	.036*

*p < .05.

Table 36

Head Start Parent Survey Factor Loadings

Item	Factor 1	Factor 2	Factor 3
Head Start and Parent Support			
Question 9	.70		
Question 12	.68		
Question 14	.69		
Question 20	.82		
Question 23	.79		
Question 26	.70		
Question 27	.54		
Question 28	.68		
Head Start and Child Development			
Question 1		.67	
Question 3		.58	
Question 4		.70	
Question 7		.74	
Question 8		.58	
Question 11		.67	
Head Start Shortcomings			
Question 2			.68
Question 5			.74
Question 6			.66
Question 13			.66

9. I use what I've learned from Head Start classroom volunteering in the ways I work with my child at home (loading .70420).
12. My child's enthusiasm about Head Start made me be more involved (loading .68143).
14. Head Start's goals are clear to me (loading .69095).
20. Head Start helped me set some goals for myself (loading .82260).
23. Head Start helped me to grow in some important ways (loading .79091).
26. Being in Head Start is like being part of a family (loading .70229).
27. I think of at least one Head Start staff member as a good friend I could go to if I were in trouble (loading .54153).
28. If I had nowhere else to turn in a family crisis, I know I could have called Head Start for help and gotten it (loading .68081).

This factor seems to incorporate those items that are the heart of Head Start as a parent support system. The reliability alpha of the factor was .9180, and the main effect for highly-involved parents was $p < .001$ (Table 37). Highly-involved parents with abusive histories contributed heavily to this finding: there was even a marginally significant difference between them and the other highly-involved parents on factor 1, $p = .052$ by t -test (Table 38).

The six items that were highly loaded on factor 2 were items 1, 3, 4, 7, 8, and 11:

Table 37

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Factor 1, Head Start and Parent Support, as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	861.7	861.7	13.9	.000*
History of abuse	1	63.8	63.8	1.0	.314
Abuse X involvement	1	59.2	59.2	1.0	.332
Within groups	62	3844.2	62.0		
TOTAL	65	4790.6			

NOTE: Means: 32.3 (involved), 25.1 (noninvolved), 30.2 (abused), 28.9 (nonabused); *p < .001.

Table 38

Means (S.D.'s) on Parents Survey Factor 1 for Parents with
High Involvement in Head Start by Subgroups With and
Without Childhood Histories of Abuse

	History of Abuse		N	No History of Abuse		N	t Value	p
Factor 1	35.3	(5.03)	10	31.2	(6.21)	28	-2.1	.052+

NOTE: * $p < .10$.

1. My child has learned a lot in Head Start that he couldn't have gotten just from me (loading .67331).
3. My child has learned as much as I hoped he would this year (loading .58155).
4. My child's self-confidence improved at Head Start (loading .69976).
7. My child is better at making friends since he went to Head Start (loading .73769).
8. Most of what I've learned about preschool children was because of Head Start (loading .58065).
11. I use what I've learned from Head Start parenting classes or parent programs in the way I raise my child (loading .67360).

This factor seems to incorporate the value placed on Head Start as a means of promoting the child's development. The reliability alpha of these items was .8167, and there was a main effect for highly-involved parents of $p < .05$ (Table 39).

The four items that were highly loaded on factor 3 were Questions 2, 5, 6, and 13:

2. There are other preschool programs besides Head Start that my child could have learned even more from (loading .69031).
5. My child has gotten harder to control since he went to Head Start (loading .74115).
6. Head Start is too permissive and doesn't discipline kids enough (loading .66214).
13. What I learned from Head Start will not be of much use once my child is in public school (loading .66039).

Table 39

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Factor 2, Head Start and Child Development as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	152.8	152.8	4.9	.031*
History of abuse	1	6.0	6.0	.2	.663
Abuse X involvement	1	18.8	18.8	.6	.441
Within groups	62	1939.1	31.3		
TOTAL	65	2112.1			

NOTE: Means: 22.7 (involved), 20.0 (noninvolved), 21.7 (abused), 21.3 (nonabused); *p < .05.

This factor, Head Start shortcomings, had an inter-item reliability alpha of .7299. There was no main effect for either parent involvement or history of abuse, but there was a tendency toward an interaction effect ($p = .13$, Table 40). When paired t-tests were run, the difference between highly-involved parents with and without histories of abuse neared significance on factor 3 ($p = .07$, Table 41). While all highly-involved parents were positive toward Head Start, those with histories of abuse might be seen to idealize the program, with such loyalty that they were not willing to admit any shortcomings.

Table 40

Summary Table for Two-Factor ANOVA for Head Start Parent Survey Factor 3, Head Start Shortcomings as a Function of Parent Involvement Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	4.4	4.4	.5	.481
History of abuse	1	.0	.0	.0	.974
Abuse X involvement	1	20.5	20.5	2.4	.130
Within groups	62	538.7	8.7		
TOTAL	65	563.5			

NOTE: Means: 17.8 (involved), 17.3 (noninvolved), 17.6 (abused), 17.6 (nonabused); no significant differences between groups.

Table 41

Means (S.D.'s) on Parents Survey Factor 3 for Parents with High Involvement in Head Start by Subgroups With and Without Childhood Histories of Abuse

	History of Abuse		N	No History of Abuse		N	t Value	p
Factor 3	18.7	(1.25)	10	17.5	(2.53)	28	-1.9	.070+

*p < .10.

CHAPTER V

SUMMARY AND CONCLUSIONS

The first question explored in this research was whether parents who differed in degree of involvement in Head Start differed in how they were involved with other aspects of community life. Such differences were found to exist. Involvement in Head Start was shown to be part of a larger involvement in the community. Parents who were highly involved in Head Start were also more likely to belong to one or more formal groups with regular meetings for recreation or self-improvement, and much more likely to volunteer for other community programs as well as Head Start. The likelihood that they had voted in the last election bordered on significance. Though both groups of parents had benefited relatively equally from an array of social service programs, highly-involved parents were less likely to have negative feelings about the services received.

All parents appreciated Head Start. Whether or not parents were involved with Head Start, in response to individual questions, they valued equally both the cognitive and the social-emotional aspects of the

developmental experience their child received. When high-involved and low-involved parents were compared on the child development items that emerged as Parent Survey Factor 2, however, parents who were involved showed a higher level of appreciation. An even greater difference between involvement groups showed the degree to which Head Start functioned as an adult support program for the parents who participated at a high level of volunteering. Not only did they have a strong sense of increased competency in parenting skills, but they also attributed aspects of their own growth and goal-setting to assistance received from Head Start, and they were more likely to see Head Start as an available source of support for them in time of trouble. All three aspects combined to emerge in factor analysis as parent Survey Factor 1, Head Start as a parent social support system, powerfully differentiating the highly involved from the low-involved parents.

Most of parent involvement time is spent in classroom volunteering, which does not have social support as a goal, so the strength of this finding is somewhat surprising. Two elements may contribute. The first is the significant help given to the program, and to teachers specifically, by classroom volunteers. If a sense of reciprocity is fundamental to the experience of social support (Heller et al., 1990), that may partly

account for why parents who are donating so much to the program also experience support. The second element that may contribute to the sense of social support is the addition parent volunteering makes to parent network multidimensionality, which is associated with adaptation to life change (Hirsch, 1998; Wilcox, 1981). The friendship highly-involved parents said they felt for a staff person may indicate that they have enlarged their networks to incorporate an example of a successful working woman. A Head Start teacher is often also a former Head Start parent who had, herself, set goals and made life changes to become a teacher. (Multi-dimensionality of network also emerged in the finding that highly-involved parents were more likely to belong to and volunteer for other community groups.) Finally, through evening programs and parent workshops, resources in the community do present alternative life possibilities and Head Start staff do encourage parents to consider new life choices.

The second question was whether the difference in involvement was related to developmental history, particularly the history of positive or negative relationships with attachment figures in childhood. At first the answer to this question seems clear: no difference on the basis of developmental history, at least as measured for this research. Although there was

a slight tendency toward a more negative perception of home atmosphere by the low-involved, it was not significant. Although it might be expected that parents with abused histories would be mistrustful of others and therefore nonvolunteers, an equal number of 10 parents in both involvement groups identified what amounted to psychologically and, for some, physically abusive childhood home environments or parental relationships. When comparisons were made that left out those subgroups, there continued to be no differences between high-involved or low-involved parents on the basis of childhood experiences. There was, however, a significant difference between the 20 parents with abusive childhood histories and the remaining parents in the degree of stress they were experiencing, whatever their level of Head Start involvement. This finding appears to show at least the continuing impact of early experience on adult functioning.

A closer look at the prediction that childhood relationships would have an impact on adult involvement allows for some post hoc reinterpretations. The prediction was made on the assumption of continuity over time in the patterns of interaction formed in childhood, and several findings brought that assumption into question. The 10 highly involved parents whose very negative childhood homes made maladaptive attachment

patterns predictable might be showing discontinuity of these patterns over time, possibly through the intervention of supportive social programs. Although there is no proof of causality, there is a correlation between use of family support programs, including counseling and home visiting, and high involvement in Head Start. These may be parents who are now free to evaluate past attachment relationships, and thus alter the impact they once had on the parent's life (Main et al., 1985). Other findings support this possibility. Though the low-involved abused subgroup is not distinguished from the other low-involved parents except by stress level, the second abused subgroup differs significantly even from the other highly-involved parents in the degree to which those parents saw Head Start as a refuge in crisis (Survey Question 28)--in effect, an attachment substitute for felt security. As a group, all the highly-involved parents were significantly more likely than the low-involved to see Head Start as a general parent support system. The abused subgroup was marginally more likely to do so than their nonabused, highly-involved counterparts (Factor 1). Where other participants saw some shortcomings in Head Start, their experience of the program tended to be idealized (Factor 3). Although the difference still was marginal, the highly-involved subgroup had the highest HOME scores and

the low-involved subgroup had the lowest. Finally, for some reason, children of the highly-involved subgroup appeared to regress in social-emotional skills while those of all other children grew. An interesting extension of this study would be to look at the school success and socio-emotional ratings of those children at the third or fourth grade level. Such an extension would determine whether the regression was temporary, and whether an altered developmental trajectory was continuing to affect the child through the parent, or if some other explanation of the child progress record might need to be found.

The data suggest that this is a subgroup of parents for whom early intervention had a major impact. There has always been anecdotal evidence that some parents saw Head Start as an experience that altered their lives for the better. Similar anecdotes were provided in these interviews (see Appendix for excerpts), although it is clear that Head Start is not the only important agent of intervention. Parent narratives refer to a number of different agents who seem to have assisted them in some profound way:

The first year I was like my child--I stood there and didn't say anything. Liz and Patty [the teachers] were wonderful. My church and Head Start pulled me through the roughest time--it was like having another family (ID #6).

When I was 16, I gave up a baby for adoption through Child and Family Services. I had a great caseworker. She came to visit me later after I moved (ID #8).

My husband was going through our money and we had no food. I left him to move back here. I was abusing the children. Counseling and the victims group of the "Nurturing" program helped me. In the last two years I came a long way (ID #33).

I was pregnant alone with my first. A student nurse went through the whole pregnancy with me and came over after. I met her through the doctor's office. She was my labor coach (ID #34).

Three years in Community Mental Health changed my life. Also, the Women's Center's self-esteem course was awesome. When I was a child, I was abused by my mother. I got involved in substance abuse. I dropped out of high school in 9th grade. My first child was 12 weeks premature [out of state]. I hung out at neonatal for three months. They liked me and I liked them (ID #43).

All the interview comments were taken from highly-involved parents with childhood home environments and maternal relationships so poor as to be abusive. In this research, highly-involved parents in general were more likely to have benefited from other family support programs besides Head Start. Without interventions, such as the ones referred to above, and in some cases without several interventions lasting over the years of time needed to build trust in adults whose earliest abusive relationships with their own parents made trust in others difficult, this subgroup of parents might have been, like the other abused parents, low-involved in the Head Start program. The greater use of family support programs by the highly-involved group of parents suggests an impact

of the programs on developmental trajectory similar to the 10-year effect of the Yale Child Welfare Program (Seitz & Provence, 1990). The need for a basic minimum of contact to establish a supportive relationship (Heinicke et al., 1988) may mean that even when a single year of intervention is not enough time to have a measurable impact on a family, other subsequent interventions may owe some of their beneficial results to work that was actually done in the previous program. A sidelight on this is the finding that parents who brought younger siblings on volunteer days were more likely to be highly-involved in Head Start. Parents often have multiple years of Head Start because of siblings. Since age, number of children, marital status, and employment did not differentiate parents who were highly-involved, from those who were not, but bringing a younger sibling did, this information might be productive of parent involvement strategies, and deserves further exploration.

Finally, this research may have touched on reasons why some parents with abused histories were reached through supportive programs, including Head Start, and others were not. Although the instrument used here to measure the quality of childhood attachment experience did not differentiate between the two types of insecure attachment (avoidant and anxious/ambivalent) identified by Ainsworth, the types may have emerged on the Polansky

Education-Dating-Occupation scale in the number of parents who did or did not date someone besides the father of their child. If, like the adults responding to the "love quiz" (Hazen & Shaver, 1987), some insecure parents were preoccupied with maintaining any sort of dependency relationship while others prevented the experience of loss by avoiding relationships other than the one resulting in their pregnancy, the difference between groups that emerged on the E-D-O scale might be explained. Parents whose adult form of anxious attachment led them to cling to relationships might naturally respond positively to the unlimited invitation to participate in Head Start and other parent support programs, with all the resulting benefits to both parent and child. Parents whose adult form of anxious attachment was to avoid human relationships altogether might be much harder to reach. Their more negative rating of services they had received would only confirm their desire to have as little as possible to do with the agency they saw as serving their child, not themselves.

Among the weaknesses of this study was the method of choosing the sample. Since involvement turned out to be less regular than assumed, some highly-involved parents may have been left out, and other highly or moderately involved parents may have been misidentified as low-involved. Only one point in time was used for

assessment, so any changes that may have occurred in stress level, home environment, attitude toward Head Start, involvement in other community groups, or even perception of childhood family relationships were not registered. The absence of several children from home while the interviews were done reduced the number of HOME assessments that could be completed, since the observational components had to be eliminated for those cases, and the refusal of some parents to be interviewed may have altered the findings.

The population with which this research was conducted is typical of other rural Head Start programs, but should not be generalized to apply to either urban populations or multiracial populations. Because the sample was drawn from the extremes of volunteering, the applicability of the findings to those parents who fall outside either category of high or low volunteering could be questioned.

Among the implications of this study is the importance of Head Start parents' childhood experience as it relates to the level of parenting stress in their lives. Although parenting education programs in Head Start are largely devoted to skills of child management and information about child development, some of the programs specifically developed for Head Start have components that address parent history. Since the

presence of 10 parents with abusive childhoods in the highly-involved group suggests the possibility that these parents may have used intervention programs to renegotiate their early years, a study specifically aimed at identifying this subgroup of parents as they entered Head Start with the first sibling would be worthwhile. Such a study could examine not only the value of Head Start for them but also the time frame needed for the program to be effective.

Another implication of this study is the importance of multiple years of intervention, and the interconnection of intervention programs. Program evaluation that is addressed at only one intervention program, and measures effect only at the conclusion of the program year, does not take into account the varied intervention experience that parents have on entry into the program. Much Head Start research suffers from this limitation (McVey, 1985).

Finally, this study implies that the classroom volunteering done by Head Start parents may have a major impact on their lives, and may be valuable to their ability not only to improve their parenting skills, but also to set goals and gain a sense of competence, through the sense of social support that they receive. As emphasis on job training and employment for low-income single mothers increases, care should be taken that

parent involvement activity promoting long-term adult success is not reduced too far in an attempt to capitalize on short-term employment gains that neglect psychological needs of the mother/employee. Even though a confiding relationship may not exist between parent and teacher, parent volunteers share in socially useful activities and apparently, as suggested by Antonnucci and Jackson (1990), gain feelings of competence, self-esteem, and social support. Head Start can be a parent's secure base for exploring personal change.

APPENDICES

APPENDIX A

PERMISSION LETTER AND

CONSENT FORM

SALLY HRUSKA
403 Calverley
Houghton, MI 49931

Dear

I work for Head Start in Houghton, and I am also a graduate student at Michigan State University, working for my Ph.D. under Dr. Lillian Phenice. Last fall the AMCAB Head Start policy council gave me permission to use this program for my dissertation research on parent involvement in Head Start. Now I would like to ask for your help.

I would like to interview a number of parents who were able to invest a great deal of time in Head Start this year, and also some who were not. I want to find out what makes it possible for parents to be involved in Head Start activities, and what gets in the way to prevent it, including the pressure of other demands on your life, or your own preference for other activities. I would also like to know whether parent involvement is one of the things you wanted from the program, or whether you were (or would have been) content with what your child received without a high level of participation from you.

I would like to spend about an hour and a half with you, in an interview that will include questions about you and what you thought of Head Start. You don't have to answer any questions you don't want to, and most parents find the questions very interesting, although some questions are a little sensitive. You may choose not to participate at all, or stop at any time, without any penalty or effect on your relationship with Head Start. If you agree to the interview, all your comments will be treated with strict confidence.

By giving me your time, you will be helping Head Start improve its services to children and families. For participating, a \$5.00 stipend will also be given to you at the time of my visit. I will be contacting you shortly to answer any questions you may have, and hope to obtain your consent to be interviewed. The Head Start opinion survey is enclosed, so that you can see what it is like, and fill it out in advance if you want to.

Sincerely,

Sally Hruska

CONSENT FORM

Child's name: _____.

As the legal parent/guardian of the above child, I give my permission for his/her teacher to provide the social and emotional development section from the High Scope Child Observation Record to Sally Hruska as a contribution of information to the study she is making of parent involvement in Head Start. I understand that only the requested information will be made available, and it will be used only for research purposes and will be treated confidentially.

Parent/Guardian's name: _____.

Date: _____.

APPENDIX B
SURVEY FORMS

HEAD START PARENT SURVEY

1. My child learned a lot in Head Start that he couldn't have gotten just from me.

NOT TRUE 1 2 3 4 5 TRUE

2. There are other preschool programs besides Head Start that my child could have learned even more from.

NOT TRUE 1 2 3 4 5 TRUE

3. My child has learned as much as I hoped he would this year.

NOT TRUE 1 2 3 4 5 TRUE

4. My child's self-confidence improved at Head Start.

NOT TRUE 1 2 3 4 5 TRUE

5. My child has gotten harder to control since he went to Head Start.

NOT TRUE 1 2 3 4 5 TRUE

6. Head Start is too permissive and doesn't discipline kids enough.

NOT TRUE 1 2 3 4 5 TRUE

7. My child is better at making friends since he went to Head Start.

NOT TRUE 1 2 3 4 5 TRUE

8. Most of what I've learned about preschool children was because of Head Start.

NOT TRUE 1 2 3 4 5 TRUE

9. I use what I've learned from Head Start classroom volunteering in the ways I work with my child at home.

NOT TRUE 1 2 3 4 5 TRUE

Hruska
6-90

10. Once my child was in Head Start, I didn't have to be as involved in his day-to-day learning.

NOT TRUE 1 2 3 4 5 TRUE

11. I use what I've learned from Head Start parenting classes or parent programs in the way I raise my child.

NOT TRUE 1 2 3 4 5 TRUE

12. My child's enthusiasm about Head Start made me be more involved.

NOT TRUE 1 2 3 4 5 TRUE

13. What I learned from Head Start will not be of much use once my child is in public school.

NOT TRUE 1 2 3 4 5 TRUE

14. Head Start's goals are clear to me.

NOT TRUE 1 2 3 4 5 TRUE

15. I frequently volunteered at Head Start.

NOT TRUE 1 2 3 4 5 TRUE

16. I have given Head Start suggestions to improve their program.

NOT TRUE 1 2 3 4 5 TRUE

17. I was sometimes a representative for other parents with Head Start.

NOT TRUE 1 2 3 4 5 TRUE

18. I shouldn't have been pushed so hard to volunteer.

NOT TRUE 1 2 3 4 5 TRUE

19. Most of what I learned from Head Start was about preschool children.

NOT TRUE 1 2 3 4 5 TRUE

20. Head Start helped me set some goals for myself.

NOT TRUE 1 2 3 4 5 TRUE

21. Head Start's main responsibility was to work with my child.

NOT TRUE 1 2 3 4 5 TRUE

22. I would have liked Head Start to pay more attention to my needs.

NOT TRUE 1 2 3 4 5 TRUE

23. Head Start helped me to grow in some important ways.

NOT TRUE 1 2 3 4 5 TRUE

24. Head Start did not judge me for my private life decisions.

NOT TRUE 1 2 3 4 5 TRUE

25. Head Start invades family privacy.

NOT TRUE 1 2 3 4 5 TRUE

26. Being in Head Start is like being part of a family.

NOT TRUE 1 2 3 4 5 TRUE

27. I think of at least one Head Start staff member as a good friend I could go to if I were in trouble.

NOT TRUE 1 2 3 4 5 TRUE

28. If I had had nowhere else to turn in a family crisis, I know I could have called Head Start for help and gotten it.

NOT TRUE 1 2 3 4 5 TRUE

INTERVIEW QUESTIONS

(I'm studying parent involvement in Head Start and where it fit in the rest of your life.)

Who is in the household? (Number, ages of children)

Are you employed? hours/week? Were you employed during the last year?

Married, single, divorced, separated, single but close boyfriend, remarried?

Recent move/recent change in family structure?

Was this your first year with Head Start?

If not, number of years?

Other children?

Home based or center based?

Anyone else in family had child in Head Start?

Close friend?

Are you a Head Start graduate?

Are you a volunteer with any community organizations for children, like Scouts, 4H, hockey/skating club, etc.?

Do you have time to belong to any clubs just for yourself? Do you go to anything that meets regularly, like PTO, church, bowling league?

Do you have much opportunity for going out to visit friends? Going out on dates? Having friends over? How many times in the last month? How many different ones?

I'd like to know what other local agencies have been of use to you. Do you have any children in day care or preschool other than Head Start?

Have you received services from the Intermediate School District for any of your children? Do/did you find the services supportive? Have you had any services through the public schools? Supportive?

When your child was a baby, did you receive home visits from the public health nurse or from the infant mental health program? Did you find the services supportive?

Have you had any (other) services through the health department, such as WIC, Medicaid; EPSDT, immunization clinic, etc.? Did you find the services supportive?

Have you had any services through the DSS, such as Food Stamps, Income assistance? Protective services? Day care reimbursement? How supportive were those services? Were they a source of stress at all?

Have you had any services through Community Mental Health or any private counseling? How supportive?

Have you received services from or had any dealings in the past with any other child and family agency such as Catholic or Lutheran social services, Child and Family services (parent aide), Big Brothers, Women's Center, Spouse Abuse shelter? (Church?) Were those services a source of support? Added stress?

Were you able to be involved with Head Start at all this last year? In what ways? How did you feel about it?

Have you done any community volunteer work other than with Head Start? (March of Dimes, school room mother, church work, etc.)?

Did you vote in the last Presidential election? (Bush/Dukakis)

I'd also like to know what sort of activities you enjoyed when you were in high school. Were you involved with any extracurricular activities? (band, clubs, etc.)

Did you have a job in high school? Did you have one after high school was over?

Did you date anyone besides your child's father?

Did you graduate from high school?

DEVELOPMENTAL HISTORY QUESTIONNAIRE

The following items are concerned with your childhood experiences. You are asked to describe the relationship you had with your mother and father during childhood and the overall atmosphere in the home where you grew up. The items in this questionnaire were chosen after talking to other mothers about their childhood experiences.

Instructions: For each item you are given a choice of two words or phrases that may describe your childhood experiences. For example:

1	2	3	4	5
Unhappy			Happy	

If you remember your childhood as being very happy, circle the 5. If you think of your childhood as being very unhappy, circle the 1. Or you can circle one of the in-between responses if that describes your experiences most accurately: 2 = (somewhat unhappy), 3 = (not really happy or unhappy), or 4 = (somewhat happy).

Some of the words or phrases may describe your experiences better than others but PLEASE ANSWER EVERY ITEM IF POSSIBLE. There are no right or wrong answers. Everyone's childhood experiences are unique, so we ask people to simply describe their own experiences.

YOUR RELATIONSHIP WITH YOUR FATHER

On this page, we ask you to describe how your father acted in his dealings with you when you were growing up.

V)	1	2	3	4	5
	Harsh				Gently

W)	1	2	3	4	5
	Concerned				Indifferent

X)	1	2	3	4	5
	Affectionate				Not affectionate

Y)	1	2	3	4	5
	Always cheerful				Moody

Z)	1	2	3	4	5
	Never explained reasons for punishment				Always explained reasons for punishment

AA)	1	2	3	4	5
	Seldom made me feel good about myself				Always made me feel good about myself

BB)	1	2	3	4	5
	Was predictable/ consistent				Was unpredictable/ inconsistent

CC)	1	2	3	4	5
	Criticized often				Never criticized me

DD)	1	2	3	4	5
	Not very understanding				Very understanding

EE)	1	2	3	4	5
	Even tempered				Hot tempered

FF)	1	2	3	4	5
	Cold				Warm

WHAT IT WAS LIKE IN YOUR HOME

On this page we would like you to describe what it was like in your home when you were growing up. What was the overall atmosphere in your home?

L)	1	2	3	4	5
	Easy going				Much tension

M)	1	2	3	4	5
	Happy				Unhappy

N)	1	2	3	4	5
	Many disagreements				Few disagreements

O)	1	2	3	4	5
	A safe and secure place				Not safe and secure

P)	1	2	3	4	5
	Children often spanked				Children never spanked

Q)	1	2	3	4	5
	Much fun and laughing				Little fun and laughing

R)	1	2	3	4	5
	Not stressful				Stressful

S)	1	2	3	4	5
	My parents did not get along well				My parents were very close to each other

T)	1	2	3	4	5
	Much noise and confusion				Little noise and confusion

YOUR RELATIONSHIP WITH YOUR MOTHER

On this page, we ask you to describe how your mother acted in her dealings with you when you were growing up. Obviously people change over time, but report what you remember as being typical.

A)	1	2	3	4	5
	Harsh				Gently

B)	1	2	3	4	5
	Concerned				Indifferent

C)	1	2	3	4	5
	Affectionate				Not affectionate

D)	1	2	3	4	5
	Always cheerful				Moody

E)	1	2	3	4	5
	Never explained reasons for punishment				Always explained reasons for punishment

F)	1	2	3	4	5
	Seldom made me feel good about myself				Always made me feel good about myself

G)	1	2	3	4	5
	Was predictable/ consistent				Was unpredictable/ inconsistent

H)	1	2	3	4	5
	Criticized often				Never criticized me

I)	1	2	3	4	5
	Not very understanding				Very understanding

J)	1	2	3	4	5
	Even tempered				Hot tempered

K)	1	2	3	4	5
	Cold				Warm

HOME INVENTORY (PRESCHOOL)

Place a plus (+) or minus (-) in the box alongside each item if the behavior is observed during the visit or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotals and the total on the front side of the Record Sheet.

I. LEARNING STIMULATION

1. Child has toys which teach color, size, shape ____.
2. Child has three or more puzzles ____.
3. Child has record player and at least five children's records ____.
4. Child has toys permitting free expression ____.
5. Child has toys or games requiring refined movements ____.
6. Child has toys or games which help teach numbers. ____.
7. Child has at least 10 children's books ____.
8. At least 10 books are visible in the apartment ____.
9. Family buys and reads a daily newspaper ____.
10. Family subscribes to at least one magazine ____.
11. Child is encouraged to learn shapes ____.
- SUBTOTAL ____.

II. LANGUAGE STIMULATION

12. Child has toys that help teach the names of animals _____.
13. Child is encouraged to learn the alphabet _____.
14. Parent teaches child simple verbal manners (please, thank you) _____.
15. Mother uses correct grammar and pronunciation _____.
16. Parent encourages child to talk and takes time to listen _____.
17. Parent's voice conveys positive feeling to child _____.
18. Child is permitted choice in breakfast and lunch _____.
- SUBTOTAL _____.

III. PHYSICAL ENVIRONMENT

19. Building appears safe _____.
20. Outside play environment appears safe _____.
21. Interior of apartment not dark nor perceptually monotonous _____.
22. Neighborhood is esthetically pleasing _____.
23. House has 100 square feet of living space per person _____.
24. Rooms are not overcrowded with furniture _____.
25. House is reasonably clean and minimally cluttered _____.
- SUBTOTAL _____.

IV. WARMTH AND ACCEPTANCE

26. Parent holds child close 10-15 minutes per day _____.
27. Parent converses with child at least twice during visit _____.
28. Parent answers child's questions or requests verbally _____.
29. Parent usually responds verbally to child's speech _____.
30. Parent praises child's qualities twice during visit _____.
31. Parent caresses, kisses, or cuddles child during visit _____.
32. Parent helps child demonstrate some achievement during visit _____.
- SUBTOTAL _____.

V. ACADEMIC STIMULATION

33. Child is encouraged to learn colors _____.
34. Child is encouraged to learn patterned speech (songs, etc.) _____.
35. Child is encouraged to learn spatial relationships _____.
36. Child is encouraged to learn numbers _____.
37. Child is encouraged to learn to read a few words _____.
- SUBTOTAL _____.

VI. MODELING

38. Some delay of food gratification
is expected _____.
39. TV is used judiciously _____.
40. Parent introduces visitor to child _____.
41. Child can express negative feelings
without reprisal _____.
42. Child can hit parent without harsh
reprisal _____.
- SUBTOTAL _____.

VII. VARIETY IN EXPERIENCE

43. Child has real or toy musical instrument _____.
44. Child is taken on outing by family member
at least every other week _____.
45. Child has been on trip more than fifty
miles during last year _____.
46. Child has been taken to a museum
during past year _____.
47. Parent encourages child to put away toys
without help _____.
48. Parent uses complex sentence structure
and vocabulary _____.
49. Child's art work is displayed some place
in house _____.
50. Child eats at least one meal per day
with mother and father _____.
- SUBTOTAL _____.

VIII. ACCEPTANCE

52. Parent does not scold or derogate child
more than once _____.
53. Parent does not use physical restraint
during visit _____.
54. Parent neither slaps nor spans child
during visit _____.
55. No more than one instance of physical
punishment during past week _____.
- SUBTOTAL _____.

*For complete wording of items, please refer to the
Administration Manual.

Comments: _____.

_____.

_____.

_____.

_____.

_____.

APPENDIX C

INTERVIEW COMMENTS

APPENDIX C

INTERVIEW COMMENTS

Interview comments by high involved parents with developmental history scores below 20 on at least one section.

ID6: (d.h.: 11,9,24) The first year I was like my child--I stood there and didn't say anything. Liz and Patty (the teachers) were wonderful. My church and Head Start pulled me through the roughest time--it was like having another family. My child had temper tantrums--except for Head Start, I felt like I was the only person that loved her. Both my child and I are seeing a counselor now. We started at the abuse shelter, when we found out she had been abused by her dad. I also went to counseling as a child because my stepmother made me. I was in a foster home in 5th grade.

ID7: (d.h.: 27,18,34) I had a public health nurse visit once when D was born, and also with J, who was born with a cleft lip. She lost body weight at first. I fed her with an eyedropper. I used to live downstate, but I came back here when I was divorced because I have family.

I got kicked off welfare for three months when I refused to go to job club. My case worker was a real pain. She got upset when I got pregnant, when I bought my house, when I wanted a 4-year degree. I volunteer for the Women's Center bingo games. I have lots of friends there.

ID 11: (d.h.: 37,14,33) In the beginning, I volunteered three times a week (brought younger son). I haven't volunteered much since I moved here after Christmas. I was attached to the first class and the children in it. I had a public health home visitor with my first pregnancy, and again now with this pregnancy.

ID 24: (d.h.: 29,14,11) We were homeless for three months before moving up here. I was on ADC with the last baby. My husband had surgery and couldn't work for a year. We lived out of a car with a week-old baby. We were all suicidal. I remembered my aunt had a house in the woods in the U.P. that had been vacant for five years. Now we both have jobs. My mom was always on ADC. Dad left when I was 5. My stepfather molested me and my sister. I got pregnant when I was 17. I've started parenting classes at Community Mental Health. He keeps pushing at the molestation, but I just want the parenting skills. I volunteered a lot at Head Start. I always had three other children to bring. It bothered me but not them.

ID 28: (d.h. 32,16,19) Taking my younger son was a big incentive for going to Head Start. I volunteered maybe three times a week. For half the year, we were foster parents for three other kids, our cousins. We were in marriage counseling until he started work. I was born with a hole in my heart, and have been very ill with rheumatoid arthritis. My father was an alcoholic who molested me. Things got bad at home.

ID 33: (d.h. 32,15,19) My husband was going through our money and we had no food. I left him to move back here. I was abusing the children. Counseling and the victims group of the "nurturing" program helped me. In the last two years I came a long way. I was petrified of going in to volunteer when I started. I didn't feel like I ever had the ability to be close to anyone--that's why I laughed when you asked if I had friends over. I graduated from college. Right now I'm doing day care full time and also doing cleaning on the weekends.

ID 34: (d.h. 29,16,32) My husband and I separated for financial reasons when I moved. He's here a lot; he pays child support. Last year I volunteered lots. I could bring my younger child, and I wasn't working. Then she wouldn't go without me, so I quit coming as much. I've had nine operations since 1980. I had one surgery when I was three months pregnant and wouldn't take pain

pills. I will be taking 22 hours at NMU next year. I'm going for an RN. I was pregnant alone with my first. A student nurse went through the whole pregnancy with me and came over after. I met her through the doctor's office. She was my labor coach. She said, "You have a daughter, in case you're interested." My current Head Start child was 7 1/2 weeks premature. He was in the NICU for two weeks. I had nurse visits until he was 2 months old. I was so worried about him. My son was attached to M.J. and didn't want to go to Pierce. I let him miss a lot. Head Start was my MOST work site. M.J. suggested it.

ID 42: (d.h. 17,24,53) I was an LPN, but I've been at NMU for two years with a double major in sociology and psychology. I'm tired of being on ADC. I've been divorced twice--both husbands were violent and alcoholic. My first marriage was 12 years, but my second only two. I'm learning. I had my first child at 16--she was in the original Head Start class 24 years ago. So were my next two. Then I was over income. I used to volunteer at Head Start all the time. Now I'm too busy. I have a boyfriend, I'm a full-time student, and I volunteer 10 hours a week with DD for CMH. I also volunteer for DSS on the client advisory committee. My 15-year-old is LD, and is in a youth home for running away. We've been in

counseling for two years in and out. It's been a big help.

ID 43: (d.h. 11,16,--) Three years in CMH changed my life. Also, the Women's Center's self-esteem course was awesome. When I was a child, I was abused by my mother. I got involved in substance abuse. I dropped out of high school in 9th grade. My first child was 12 weeks premature [out of state]. I hung out at neonatal for three months. They liked me and I liked them. I was much more involved with Head Start with my first child, when I wasn't going to school. I used to drop in to class at least four times a month. I've been a full-time student for two years. Back when I was using, I realized I was going to lose my kids if I didn't change my life. I came here with three suitcases and two kids. Pat Gahn [Head Start social worker] got me in Head Start. Are there any more out there like me?

ID 44: (d.h. 11,10,4) My mom was a prostitute who beat me. I was kicked out at 11. I was married at 12 to an alcohol and drug addict who also beat me. I was scared to leave him. My second husband helped me divorce him. We've been married eight years. He's just started AA, and I've started Alanon. I'm a part-time model, and also do day care part time. He's working full time, now, and my volunteering is limited by his availability and my

part-time work. Before, I volunteered at least twice a month, and was secretary of the Parent Policy Council. I learned a lot.

Interview comments by low-involved parents with developmental history below 20 on at least one section:

ID37: (d.h. 22,9,13) There's lots of complicated family history. I was the oldest girl of 7, and I raised the others. My dad abused my sister. I have 18-year-old twins. They've both moved out. One has a baby. My second husband came after me with a knife. I left soon after that. He was sweet when he wasn't drunk. J. keeps asking about his dad, but I don't want him to have any contact. I work 32 hours a week. I go to Alanon. I don't have any friends except my sister.

ID 52: (d.h. 48,13,16) My husband is not employed--he was injured in an accident just before D. was born. I work full time. I won't ask if we're eligible for DSS. Those people are too nosy.

ID 56: (d.h. 40,19,15) I work full time and so does my husband. Our babysitter is a fellow church member. J. (6) is going to a religious school so he can have creationism rather than evolution. I didn't apply to Head Start for him, just our daughter (5). I went to a few parent meetings at Head Start, but they were more for single mothers.

ID 58: (d.h. 22,23,45) I'm a part-time security guard for the city and studying law enforcement at NMU. I signed my son up for home based last year but decided not to because of class conflicts. I volunteered a couple of times this year but my class schedule interfered. Community Mental Health Services were very supportive, told my mother to let me grow up. (We had family counseling over my brother.) My mother resented it--she has a very strong sense of control.

ID 60: (d.h. 13,12,--) I volunteered at Head Start in the 9th grade, and worked there as a placement for my high school child development class. As a child I wasn't allowed to play with anyone. I began running away when I was 11. I was put in a foster care home in 10th grade. I dropped out of school. My brothers were put up for adoption. I was emancipated at 15 and married at 17. He's older than me and has patience. I'm starting NMU in the fall. I volunteered in class and went to every meeting. [I believe this case is in the wrong group, not just because she said she volunteered but because she showed me the refrigerator had fruits and vegetables set up like Head Start and a Head Start recipe dip for snacks for the child; his room had shelves with books, blocks, stuffed animals, games, all in order like a preschool. She had kept all his Head Start papers.]

ID 61: (d.h. 11,9,11) My sister and I were raped and beaten repeatedly by our stepfather as children. We called DSS but were not taken seriously. The school system finally listened--one day we just refused to go home. I was in foster care from 12 on; emancipated at 16. My foster mother was very controlling. We weren't close; now we are. My older sister buried all this, then went through an emotional explosion when she had counseling to deal with it. I'm determined not to see myself as a victim. There was no particular relationship in my past that helped me. I put my feelings in a journal but destroyed it when someone read it. I liked classroom volunteering but had to stop when I started work. H's father is supportive and takes her out every other weekend. I do child care for three to five others besides H. I'll go to college full time when she's in first grade.

ID 62: (d.h. 22,18,11) I volunteered maybe two times but I had a hard time with my pregnancy. B. didn't feel that sad that I didn't come. My ex-husband hit me, not the children, but I worry about visitation. He and his mother threatened to take custody. Protective services has been really helpful--they pay for child care even for the baby for respite time for me. I had Cesareans and was pretty sick with both the youngest, in

the hospital for nine days with infection and IV's. I'm remarrying in August. My boyfriend is the father of my youngest.

ID 63: (d.h. 13,11,40) I work part time at a restaurant/bar 13 hours a week. My 13-year-old just returned from a year in his father's house. My twins were taken from me for four months last summer--I never thought my kids would be taken. The PS worker says the case should be closed--she's wonderful. She got them in Head Start when they were returned. I'm doing the nurturing program with Lee Carlson now. She's great. I've been in counseling almost a year. It's very supportive.

ID 64: (d.h. 41,16,11) I enjoyed the Third Street class--I'm still attached to the Third Street teachers. I feel guilty this year, but time wasn't possible. PS authorized respite care for my mental health for three days a week. I had a nurse come weekly during my pregnancy with both R. and C. Community Mental Health was more stressful than supportive. The psychologist from Child and Family services used to come out and talk to me--that was nice. Now I'm in private counseling with the former PS worker [not working or in school].

ID66: (d.h. 25,18,--) We moved up here when J. was 2 months old. I had health home visits because he had

pigeon toes and was in braces and casts since he was 4 months old. He tripped and fell a lot--they asked if I hit him. Before working at the bank, I went to MOST. I detested it. I didn't want to leave my baby and they made me! MADE me! I had four job offers at the end and worked full time three and one-half years. I didn't like the day care. He came home swearing, and got his mouth washed out with soap and his butt spanked. I spent a year with Community Mental Health while I was working at the bank. I had major health problems and stress. I was fired. I will be going back to counseling this fall. Now I'm at NMU full time. I tried to volunteer, but it was my first semester. My primary need for Head Start was so I could do my studying, and not be neglecting him.

Parenting Stress Index
Profile Sheet and Norms—Form 6
R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____ Date _____
 Childs Name _____ Childs Sex _____ Childs Date of Birth _____

		Percentile Ranks*																				N = 600				
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95			99+		
TOTAL STRESS SCORE		131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	\bar{x}	S.D.	221.1	36.9
CHILD DOMAIN SCORE		50	66	73	76	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2	98.4	19.2
Adeptability		7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33	38	24.5	5.7	24.5	5.7
Acceptability		4	6	7	8	9		10		11		12		13		14		15	16	17	18	21	12.5	3.6	12.5	3.6
Demandingness		8	10	12	13	14	15		16		17		18		19	20	21		22	24	25	31	18.1	4.6	18.1	4.6
Mood		3	5		6		7		8			9		10		11		12	13	14	18		9.6	2.9	9.6	2.9
Disrupt./Hyper.		12	16	18	19	20	21		22		23		24	25	26		27	28	29	31	33	36	24.4	5.0	24.4	5.0
Reinforces Parent		5			6			7			8		9		10		11		12	15	18		9.3	2.9	9.3	2.9
PARENT DOMAIN SCORE		68	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6	122.7	24.6
Depression		6	12	13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20.4	5.6	20.4	5.6
Attachment		6	7	8	9		10		11		12		13		14		15	16	17	18	22		12.6	3.1	12.6	3.1
Restrict. of Role		8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19.0	5.2	19.0	5.2
Sense of Competence		15	18	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29.2	6.3	29.2	6.3
Social Isolation		6	7	8	9		10		11		12		13		14	15	16	17	18	20	22		12.8	3.8	12.8	3.8
Relat. Spouse		6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	26	28	16.8	5.1	16.8	5.1
Parent Health		5	7	8		9			10			11		12		13	14	15	16	18	21		11.9	3.3	11.9	3.3

LIFE STRESS
 (Optional Scale)

		1	2	3	4	5	6	7	8	9	10	11	12	14	17	20	27
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75
		79	86														

*When two raw scores were equidistant from the percentile interval, the higher number was selected.

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University Microfilms International

PARENTING STRESS INDEX (PSI)

Administration Booklet

Richard R. Abidin
Institute of Clinical Psychology
University of Virginia

Directions:

In answering the following questions, please think about the child you are most concerned about.

The questions on the following pages ask you to mark an answer which best describes your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.**

Please mark the degree to which you agree or disagree with the following statements by filling in the number which best matches how you feel. If you are not sure, please fill in #3.

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

Example: 1 ② 3 4 5

I enjoy going to the movies. (If you sometimes enjoy going to the movies, you would fill in #2.)

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

1. When my child wants something, my child usually keeps trying to get it.
2. My child is so active that it exhausts me.
3. My child appears disorganized and is easily distracted.
4. Compared to most, my child has more difficulty concentrating and paying attention.
5. My child will often stay occupied with a toy for more than 10 minutes.
6. My child wanders away much more than I expected.
7. My child is much more active than I expected.
8. My child squirms and kicks a great deal when being dressed or bathed.
9. My child can be easily distracted from wanting something.
10. My child rarely does things for me that make me feel good.
11. Most times I feel that my child likes me and wants to be close to me.
12. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
13. My child smiles at me much less than I expected.
14. When I do things for my child I get the feeling that my efforts are not appreciated very much.
15. Which statement best describes your child?
 1. almost always likes to play with me,
 2. sometimes likes to play with me,
 4. usually doesn't like to play with me,
 5. almost never likes to play with me.
16. My child cries and fusses:
 1. much less than I had expected,
 2. less than I expected,
 3. about as much as I expected,
 4. much more than I expected,
 5. it seems almost constant.
17. My child seems to cry or fuss more often than most children.
18. When playing, my child doesn't often giggle or laugh.
19. My child generally wakes up in a bad mood.
20. I feel that my child is very moody and easily upset.
21. My child looks a little different than I expected and it bothers me at times.
22. In some areas my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.

- | | | | | |
|-------------------|-------|-------------|----------|----------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Agree | Agree | Not
Sure | Disagree | Strongly
Disagree |
23. My child doesn't seem to learn as quickly as most children.
 24. My child doesn't seem to smile as much as most children.
 25. My child does a few things which bother me a great deal.
 26. My child is not able to do as much as I expected.
 27. My child does not like to be cuddled or touched very much.
 28. When my child came home from the hospital, I had doubtful feelings about my ability to handle being a parent.
 29. Being a parent is harder than I thought it would be.
 30. I feel capable and on top of things when I am caring for my child.
 31. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house.
 32. My child reacts very strongly when something happens that my child doesn't like.
 33. Leaving my child with a babysitter is usually a problem.
 34. My child gets upset easily over the smallest thing.
 35. My child easily notices and overreacts to loud sounds and bright lights.
 36. My child's sleeping or eating schedule was much harder to establish than I expected.
 37. My child usually avoids a new toy for a while before beginning to play with it.
 38. It takes a long time and it is very hard for my child to get used to new things.
 39. My child doesn't seem comfortable when meeting strangers.
 40. When upset, my child is:
 1. easy to calm down,
 2. harder to calm down than I expected,
 4. very difficult to calm down,
 5. nothing I do helps to calm my child.
 41. I have found that getting my child to do something or stop doing something is:
 1. much harder than I expected,
 2. somewhat harder than I expected,
 3. about as hard as I expected,
 4. somewhat easier than I expected,
 5. much easier than I expected.

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

- 42. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please fill in the number which includes the number of things you counted.**

- 1. 1-3**
- 2. 4-5**
- 3. 6-7**
- 4. 8-9**
- 5. 10+**

- 43. When my child cries it usually lasts:**

- 1. less than 2 minutes,**
- 2. 2-5 minutes,**
- 3. 5-10 minutes,**
- 4. 10-15 minutes,**
- 5. more than 15 minutes.**

- 44. There are some things my child does that really bother me a lot.**

- 45. My child has had more health problems than I expected.**

- 46. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.**

- 47. My child turned out to be more of a problem than I had expected.**

- 48. My child seems to be much harder to care for than most.**

- 49. My child is always hanging on me.**

- 50. My child makes more demands on me than most children.**

- 51. I can't make decisions without help.**

- 52. I have had many more problems raising children than I expected.**

- 53. I enjoy being a parent.**

- 54. I feel that I am successful most of the time when I try to get my child to do or not do something.**

- 55. Since I brought my last child home from the hospital, I find that I am not able to take care of this child as well as I thought I could. I need help.**

- 56. I often have the feeling that I cannot handle things very well.**

- 57. When I think about myself as a parent I believe:**

- 1. I can handle anything that happens,**
- 2. I can handle most things pretty well,**
- 3. sometimes I have doubts, but find that I handle most things without any problems,**
- 4. I have some doubts about being able to handle things,**
- 5. I don't think I handle things very well at all.**

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

58. I feel that I am:

1. a very good parent,
2. a better than average parent,
3. an average parent,
4. a person who has some trouble being a parent,
5. not very good at being a parent.

59. What were the highest levels in school or college you and the child's father/mother have completed?
Mother:

1. 1-8th grade
2. 9-12th grade
3. Vocational or some college
4. College graduate
5. Graduate or professional school

60. Father:

1. 1-8th grade
2. 9-12th grade
3. Vocational or some college
4. College graduate
5. Graduate or professional school.

61. How easy is it for you to understand what your child wants or needs?

1. very easy,
2. easy,
3. somewhat difficult,
4. it is very hard,
5. I usually can't figure out what the problem is.

62. It takes a long time for parents to develop close, warm feelings for their children.

63. I expected to have closer and warmer feelings for my child than I do and this bothers me.

64. Sometimes my child does things that bother me just to be mean.

65. When I was young, I never felt comfortable holding or taking care of children.

66. My child knows I am his or her parent and wants me more than other people.

67. The number of children that I have now is too many.

68. Most of my life is spent doing things for my child.

69. I find myself giving up more of my life to meet my children's needs than I ever expected.

70. I feel trapped by my responsibilities as a parent.

71. I often feel that my child's needs control my life.

72. Since having this child I have been unable to do new and different things.

1	2	3	4	5
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

73. Since having a child I feel that I am almost never able to do things that I like to do.
74. It is hard to find a place in our home where I can go to be by myself.
75. When I think about the kind of parent I am, I often feel guilty or bad about myself.
76. I am unhappy with the last purchase of clothing I made for myself.
77. When my child misbehaves or fusses too much I feel responsible, as if I didn't do something right.
78. I feel everytime my child does something wrong it is really my fault.
79. I often feel guilty about the way I feel towards my child.
80. There are quite a few things that bother me about my life.
81. I felt sadder and more depressed than I expected after leaving the hospital with my baby.
82. I wind up feeling guilty when I get angry at my child and this bothers me.
83. After my child had been home from the hospital for about a month, I noticed that I was feeling more sad and depressed than I had expected.
84. Since having my child, my spouse (male/female friend) has not given me as much help and support as I expected.
85. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).
86. Since having a child my spouse (or male/female friend) and I don't do as many things together.
87. Since having my child, my spouse (or male/female friend) and I don't spend as much time together as a family as I had expected.
88. Since having my last child, I have had less interest in sex.
89. Having a child seems to have increased the number of problems we have with in-laws and relatives.
90. Having children has been much more expensive than I had expected.
91. I feel alone and without friends.
92. When I go to a party I usually expect not to enjoy myself.
93. I am not as interested in people as I used to be.
94. I often have the feeling that other people my own age don't particularly like my company.
95. When I run into a problem taking care of my children I have a lot of people to whom I can talk to get help or advice.

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

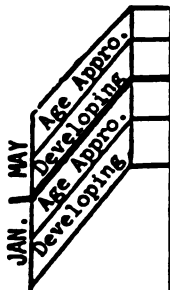
5
Strongly
Disagree

96. Since having children I have a lot fewer chances to see my friends and to make new friends.
97. During the past six months I have been sicker than usual or have had more aches and pains than I normally do.
98. Physically, I feel good most of the time.
99. Having a child has caused changes in the way I sleep.
100. I don't enjoy things as I used to.
101. Since I've had my child:
1. I have been sick a great deal,
 2. I haven't felt as good,
 4. I haven't noticed any change in my health,
 5. I have been healthier.

~~**STOP HERE**~~ ~~unless asked to do items below~~ Please do 20 items below as well.

During the last 12 months, have any of the following events occurred in your immediate family? Please check on the answer sheet any that have happened.

102. Divorce
103. Marital reconciliation
104. Marriage
105. Separation
106. Pregnancy
107. Other relative moved into household
108. Income increased substantially (20% or more)
109. Went deeply into debt
110. Moved to new location
111. Promotion at work
112. Income decreased substantially
113. Alcohol or drug problem
114. Death of close family friend
115. Began new job
116. Entered new school
117. Trouble with superiors at work
118. Trouble with teachers at school
119. Legal problems
120. Death of immediate family member



IV. COMMUNICATION

Comments:

V. SPECIAL SERVICES RECEIVED:

MID-YEAR COMMENTS:

Date _____ Parent's signature _____

FINAL COMMENTS:

Date _____ Parent's signature _____

GESELL/HEAD START FALL RECOMMENDATION:



HEAD START
PROGRESS REPORT

Child _____

CENTER _____

TEACHER _____

DATES ATTENDED (from) _____ (to) _____

Parents: This is an informal assessment of your child's present level of development.

P1143

JAN. / MAY

JAN. MAY

Child	JAN.	MAY	Age appropriate Developing	Age appropriate Developing	Age appropriate Developing	Age appropriate Developing
Date of birth _____						
DEVELOPMENT IN:						
I. SOCIAL - EMOTIONAL						
A. Self-Esteem:						
Attachment/separation						
Trust (self and others)						
Expression of needs/feelings						
Initiative/productivity						
B. Play with peers/problem solving						
C. Interaction with adults						
D. Responsibility						
E. Transitions						
Comments: _____						
II. COGNITIVE						
A. Processes:						
Curiosity						
Problem solving						
Creativity						
Imagination						
Attention span						
Completion of task						
Following directions						
Comments: _____						
B. Skills:						
Recognizes name						
Number concepts/comprehension						
Spatial relations						
Shapes						
Colors						
III. PHYSICAL						
A. Fine Motor:						
Establishes dominance						
Cutting						
Draws/writes						
Pencil grasp						
Comments: _____						
B. Gross Motor:						
Balance						
Throwing/catching						
Use of equipment						
Comments: _____						
C. Language Arts:						
Listens to stories						
Looks at books						
Participates in songs, finger plays and group activities						
Comments: _____						

APPENDIX D

TABLES

Table D1

Partner Status

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Married	1	14	15	4	6	10
Single	--	4	4	--	2	2
Divorced	4	3	7	2	4	6
Separated	1	1	2	1	1	2
Steady Boyfriend	2	3	5	3	3	6
Remarried	2	3	5	--	2	2
Any Partner	5	20	25	7	11	18
First Marriage	1	14	15	4	6	10

NOTE: Partner status: $\chi^2 = .02$; $p = .90$; continuous marriage: $\chi^2 = .10$; $p = .76$; no significant differences between groups.

Table D2

Mean Age of Parent in Years

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=26)	Total (n=36)	Abused (n=8)	Not Abused (n=16)	Total (n=24)
Mean	29.9	30.8	30.58	30.13	30.06	30.08
S.D.	7.02	4.73	5.37	4.26	4.97	4.65

NOTE: Some ages not available. $T = .38$; $p = .70$; No significant difference between involvement group totals.

Table D3

Mean Number of Children

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Mean	3.2	2.3	2.5	2.1	2.3	2.2
S.D.	1.6	1.1	1.3	1.3	1.1	1.2

NOTE: T = .98; p = .33; No significant difference between involvement group totals.

Table D4

Mean Number of Children Older than Head Start Child

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Mean	1.1	.75	.84	.80	.66	.71
S.D.	.88	1.08	1.02	.92	.91	.90

NOTE: T = .54; p = .59; No significant difference
between involvement group totals.

Table D5

Mean Number of Children Younger than Head Start Child

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Mean	1.1	.57	.71	.20	.67	.50
S.D.	1.8	.69	1.11	.63	.84	.79

NOTE: T = .90; p = .37; No significant difference
between involvement group totals.

Table D6

Child Gender

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Girl	4	17	21	4	7	11
Boy	6	11	17	6	11	17

NOTE: $\chi^2 = 1.65$; $p = .20$; No significant differences between involvement group totals.

Table D7

Time of Day of Head Start Attendance

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
A.M.	6	15	21	5	14	19
P.M.	4	13	17	5	4	9

NOTE: $\chi^2 = 1.07$; $p = .30$; no significant difference
between involvement group totals.

Table D8

Mean Developmental History Scores: Father Relationship

	High Involvement			Low Involvement		
	Abused (n=9)	Not Abused (n=28)	Total (n=37)	Abused (n=8)	Not Abused (n=15)	Total (n=23)
Mean	30.00	37.82	35.92	20.25	40.53	33.48
S.D.	13.33	11.34	12.14	13.93	7.42	13.94

NOTE: $t = .69$; $p = .49$; no significant difference
between involvement group totals

Table D9

Mean Developmental History Scores: Mother Relationship

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=17)	Total (n=27)
Mean	23.60	40.64	36.16	25.70	41.94	35.93
S.D.	10.06	8.29	11.51	12.98	8.39	12.87

NOTE: $t = .07$; $p = .94$; no difference between
involvement group totals.

Table D10**Mean Developmental History Scores: Home Atmosphere**

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=17)	Total (n=27)
Mean	15.20	34.14	29.16	14.80	31.88	25.56
S.D.	4.16	7.55	10.83	4.71	6.20	10.10

NOTE: $t = 1.37$; $p = .17$; no significant difference
between involvement groups.

Table D11

Education-Dating-Occupation Scale Components: High
School Activities

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=17)	Total (n=27)
Mean	8	19	27	5	9	14
S.D.	2	9	11	5	9	14

NOTE: $\chi^2 = 3.04$; +p = .08; marginal difference between
involvement group totals

Table D13

Education-Dating-Occupation Scale Components: Ever
Employed

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Yes	9	25	34	8	15	23
No	1	3	4	2	3	5

NOTE: One cell less than 5. $\chi^2 = .74$; $p = .39$; No
 difference between involvement group totals.

Table D13

Education-Dating-Occupation Scale Components: Dated
Other Than Child's Father

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Yes	10	26	36	5	11	16
No	0	2*	2*	5	7	12

NOTE: One cell less than 5. $\chi^2 = 3.63$; *p = .002.

Table D14

Education-Dating-Occupation Scale Components: Graduated
from High School

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Yes	7	26	33	7	13	20
No	3	2	5	3	5	8

NOTE: $\chi^2 = 2.42$; $p = .12$; No significant difference
between involvement groups.

Table D15

Occupation (Employment or College Attendance)

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Employed this year	4	11	15	4	10	14
Employed last year	4	11	15	4	7	11
Employed either year	5	14	19	4	10	14
In college	2	7	9	2	6	8
Employed or in college	7	20	27	6	14	20

NOTE: $\chi^2 = .001$; $p = .97$; No significant differences
between parent involvement groups.

Table D16

Use of Agencies

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Other daycare	4	13	17	4	6	10
ISD	2	4	6	2	3	5
Public school	3	7	10	1	1	2
Health home visitor	5	13	18	4	5	9
WIC	10	26	36	10	18	28
Other health services	10	26	36	8	16	24
Welfare	9	22	31	9	16	25
Protective services	7	4	11	4	6	10
MOST	4	3	7	3	4	7
CMH	6	11	17	6	4	10

Table D16

Continued

	High Involvement			Low Involvement		
	Abused (n=10)	Not Abused (n=28)	Total (n=38)	Abused (n=10)	Not Abused (n=18)	Total (n=28)
Women's center	2	5	7	1	0	1
Crippled children	0	3	3	0	3	3
Spouse abuse shelter	2	2	4	0	1	1
St. V. Salvation Army	1	3	4	1	2	3
Church	7	7	14	3	2	5
Private agency	1	4	5	1	1	2
Youth corps	1	3	4	1	5	6
Parenting classes	2	2	4	2	1	3

Table D17

HOME Score Total Means (S.D.'s) for Subgroups of Parents
2with Childhood History of Abuse and High or Low
Involvement with Head Start

		High			Low			t	
		Involvement		N	Involvement		N	Value	p
HOME Total		45.6	(4.4)	9	38.9	(9.9)	8	1.76	.11

NOTE: No significant difference between groups.

Table D18

Means (S.D.'s) of Teacher's Social-Emotional Ratings for
Children of Parents with Low Involvement in Head Start by
Subgroups With and Without Childhood Histories of Abuse

	History of Abuse		N	No History of Abuse		N	t Value	p
January	10.4	(2.4)	9	11.6	(4.3)	16	.83	.41
May	14.0	(1.7)	9	13.8	(3.5)	16	-.18	.86

NOTE: No significant difference between groups.

Table D19

Means (SD's) by Sections of Head Start Survey for Parents
with High or Low Involvement in Head Start

Variable Grouping	High Involvement		Low Involvement		t Value	p
	(n=38)		(n=28)			
Approved child's education	12.3	(1.9)	11.8	(3.0)	.9	.392
Approved soc-emot development	17.2	(2.7)	16.4	(3.3)	1.0	.312
Valued Head Start for child	29.6	(3.8)	28.2	(5.9)	1.1	.301
Obtained parenting education	28.0	(5.1)	22.9	(5.4)	3.9	.000**
Made contri- butions to Head Start	15.3	(3.8)	9.2	(1.6)	8.8	.000**
Made life plans/set goals	12.6	(2.6)	10.4	(4.7)	2.3	.030*
Could get crisis support	22.2	(3.4)	20.0	(5.2)	2.0	.057+

Table D19

Continued

Variable Grouping	High Involvement	Low Involvement	t Value	p
	(n=38)	(n=28)		
Valued Head Start for parent	77.8 (11.6)	62.3 (13.2)	5.0	.000**
Combined value of Head Start	107.8 (13.3)	90.6 (17.5)	4.4	.000**

NOTE: +p < .10; *p < .05; **p < .001

Table D20

Summary Table for Two-Factor ANOVA for Head Start Parent
Survey Total Score as a Function of Parent Involvement
Level and Childhood History of Abuse

Source of Variation	df	SS	MS	F	p
Involvement level	1	2580.9	2580.9	16.0	.000*
History of abuse	1	109.7	109.7	.7	.413
Abuse X involvement	1	210.9	210.9	1.3	.258
Within groups	62	10030.4	161.7		
TOTAL	65	12851.0			

NOTE: Means: 85.6 (involved), 73.2 (noninvolved), 81.4 (abused), 79.9 (nonabused); *p < .001

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