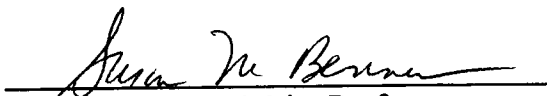
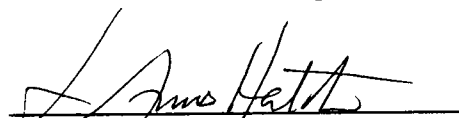


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I am submitting herewith a dissertation written by Marian Beck Phillips entitled "No Way Out: Mothers' Experiences of Living with Children Who are Hard-to-Manage." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.


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**No Way Out: Mothers' Experiences of Living
with Children Who are Hard-to-Manage**

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Marian Beck Phillips

May, 1998

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DEDICATION

This dissertation is dedicated to my mother,

Mrs. Velma Tanner Beck,

who demonstrated the power of gentle strength and discipline.

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To the wonderful faculty of the Inclusive Early Childhood unit I would like to express my deep appreciation for the all the time, energy, and support that they so generously gave to me over the past 4 years. I especially want to thank Dr. Susan Benner, my chairperson, who showed me the true meaning of the collaboration process. My study is stronger because of her expertise, careful attention to detail, and patient guidance. In addition, I am imdebted to Dr. Amos Hatch who was always willing to listen and to provide direction and encouragement. To Dr. Sharon Judge and Dr. Priscilla Blanton, thank you for your support and insightful comments.

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ABSTRACT

The purpose of this qualitative study was to gain understanding of the experiences of mothers living with children who are hard-to-manage. Through increased knowledge of what it is like to live with these children, those in positions to aid the family, such as mental health workers, counselors, and educators, may be more effective in intervention efforts. In turn, successful early intervention can enhance children's potential for positive future outcomes.

Six mothers participated in the study with the selection of each mother based on the following criteria: her child was enrolled in Head Start; her child was engaging in hard-to-manage behavior that had been noted as problematic for a minimum of four months; the problematic behavior was documented through reports of parent-teacher conferences and results of the Head Start Child Observation Form completed by the teacher; and, the mother was in agreement that her child was engaging in disruptive behavior.

The process selected for data collection included conducting three interviews, three home observations, and a 30 minute videotaped segment of the mother and child engaging in routine activities such as play time or snack time. The total time involvement with each participant ranged from 11 to 13 hours. Qualitative methods were used in the data analysis process.

Using a symbolic interactionist framework, the findings suggest three phases that mothers of children who are hard-to-manage move through as they try to make sense of their lives. The first phase focuses on the mothers' interpretations of interactions centered around the children's misbehavior. As the mothers discussed the negative interactions with their children and others, six themes emerged as common to all and suggest that the mothers' perception is that they are imprisoned by the children's misbehavior. The six themes are: loss of freedom, loss of control,

involvement in intervention, feelings of isolation, development of coping strategies, and hypervigilance.

The second phase centers around the mothers' struggle with their identity of self as parent. Positive interactions with their children and brief moments of satisfaction with their parenting behaviors, when compared with other mothers, contribute to their self-perceptions of being "good parents." However, the culmination of the actions and interactions with others, their interpretations of those actions, and the negative interactions with their children result in the mothers' perceptions of themselves as "bad parents." This then leads to feelings of guilt and self-doubt.

In the third phase, the mothers seek understanding of the misbehavior and search for ways to resolve the conflict they feel in their identity as parents. They move through both an internal and an external process in an attempt to resolve the dissonance of the polarity of good parent and bad parent. In the internal process, they seek understanding by trying to find the cause of the children's misbehavior. In the external process, the mothers search for resources that may assist them in managing the child's misbehavior.

The following recommendations for intervention services evolved from this study: focus on family strengths, build and maintain supportive relationships, work toward a holistic approach to delivery of services, establish support groups run by mothers of hard-to-manage children, establish a system of telephone partners, and develop special interest groups among the mothers.

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Chapter I

INTRODUCTION

For years it was thought that behavior problems that were present in the preschool years were transitory. However, research conducted over the last two decades has shown that behavior problems occurring in preschool aged children are not always transitory and may, in fact, be predictive of future behavior problems and negative outcomes (Fischer, Rolf, Hasazi, Cummings, 1984; Campbell & Ewing, 1990; Rose, Rose & Feldman, 1989). Professional counselors, educators, and social workers, in recognition of the early onset of the behavior problems, are expanding intervention programs to provide services to preschool children and families. Intervening early, thus reducing or eliminating behavior problems, has a positive effect on social and cognitive competence, which in turn, can lead to increased opportunities for positive future outcomes.

Recognition of the early onset of behavior problems and the downward shift in delivery of behavioral intervention services has resulted in research that explores possible causes and contributing factors of preschool behavior problems, as well as outcomes of treatment programs. However, current research has included few qualitative studies of children experiencing behavior problems and their families. Stratton-Webster and Spitzer, the former a prolific researcher and writer in the area of conduct disorders and its treatment, pointed out "our understanding of child conduct disorders and treatment remains superficial without the insights to be gained from qualitative research" (1996, p.

2). She further states that through qualitative research the opportunity is there to “advance our understanding by giving new dimensions and depth to factual knowledge, embedding fact in culturally relevant meaning” (p. 4).

Building on Stratton-Webster’s comments, I have chosen to engage in a naturalistic inquiry that explores problematic behavior from the parent’s perspective. The study focused on mothers and the purpose was to better understand their experiences of living with children who are hard-to-manage. The knowledge gained from this study may be beneficial in providing more effective intervention to families which in turn, will enhance the child’s potential for future successful outcomes. The remainder of the chapter is devoted to a discussion of the supporting theoretical perspectives, literature review, and summary of the purpose and research questions.

Theoretical Perspectives

This study is influenced by three main theories: family systems theory (Nichols & Schwartz, 1995), Bronfenbrenner’s theory of human ecology (Bronfenbrenner, 1979), and the theory of symbolic interactionism (Blumer, 1969). Each particular theory adds an important dimension to the study. Family systems theory allows for consideration of each family member in relation to others within the family and among the various environments within which the family operates. Bronfenbrenner’s work focuses on the mother in relationship with the child and how each contributes to the development of the other within their total environments. Symbolic interactionism will bring understanding to the

social interactions of the mother on all levels. The following is a discussion of the three theories used to guide this study.

Family Systems Theory

General systems theory was originally conceptualized by von Bertalanffy in 1968. Bateson, building on von Bertalanffy's work, introduced general systems theory into family systems therapy (Nichols & Schwartz, 1995). Since that time, many others have added important elements to a framework that is recognized for its insightful look at families, the interaction within the family, and between the family and its environment.

As defined by Nichols and Schwartz (1995), a family system is any social unit with which an individual is intimately involved. The composition of the unit may take on many forms ranging from the "typical" mother and father with children, to two co-habiting adults with no children. No matter what the unit may look like, it is an evolving system, and as such, must change and adapt to demands in order to continue to survive. According to Gladding (1995), to "separate individual and life cycles from one another or to separate interactions" (p. 4) is an artificial process that does not allow for understanding of the family unit. By nature of the interrelatedness of family members, what happens to one, impacts others within the family. Several principles from family systems theory are particularly relevant to this study and will be discussed below.

1. *Circular causality* pertains to the idea that each member influences and is influenced by the other. The interrelatedness of the family is acknowledged, with changes in one member affecting all other members. The interaction within a family is seen as a

series of feedback loops with each member affected and, in turn, affecting other members (Minuchin, 1985). In school-based assessment and intervention, professionals tend to consider the family in relation to the child without giving full consideration to the impact of the child on various subsystems within the family. When treatment is approached from a family systems model, the causality is seen as circular rather than linear, meaning that the mother is also affected by the child's behavior and her reaction, in turn, affects the child. The effect of the child's behavior on the mother's life was a focus of this study.

2. Families are composed of *subsystems*. Each member is a subsystem in his/her own right, and each will also be a member of other subsystems such as parent/child, sibling, marital, and parental subsystems. A child in the family displaying behavior that is routinely disruptive places stress on all family subsystems. Kazak (1986) discusses the impact that a child with special needs has on all the subsystems in a family. Family routines are disrupted, stress is placed on the marital relationship, and siblings may be restricted in their activities because of the unique demands of a sibling. In addition, there may be financial constraints, and traditional family roles often undergo changes (Kazak, 1986). Understanding those differences from the mother's perspective adds another piece to the puzzling picture of families with children with hard-to-manage behavior.

3. *Homeostasis* refers to the balanced, steady state of equilibrium within a family (Nichols and Schwartz, 1995). Family members maintain the status quo through feedback to each other. When a member behaves in ways that upsets the family equilibrium, the homeostatic mechanism seeks to reestablish order through the negative

feedback sent to the offending member. Changes in family roles and behavior are seen as threatening and, when one member seeks to make changes, that member may meet resistance from those with whom he or she is intimately involved.

Mothers of children with hard-to-manage behavior are constantly working to find successful strategies for managing misbehavior. Some of the changes that the mothers may initiate include new parenting strategies, changes in their own personal behaviors, or new responses to the child's behavior. The changes may be unfamiliar and cause discomfort to other family members or significant others. When this happens, the feedback given to the mother may be negative, leaving the mother feeling unsupported in her efforts to improve the child's behavior.

Intervention plans may actively involved the mother in the treatment process, but fail to consider the impact of the child on the mother's life. How she comes to understand her life experiences with others and her child has a direct impact on her child. In a family systems approach, development is viewed from the context of the family as opposed to the individual.

Bronfenbrenner's Ecological Model

Another theory, related to family systems theory, is Bronfenbrenner's ecological theory (Bronfenbrenner, 1979). A major point that directly impacts this study is the proposition that a hierarchical relationship exists across the multiple levels of a family system (Bailey & Wolery, 1992). According to Bronfenbrenner (1979), influences on development can be divided into four major systems. Those four systems include the

microsystem, mesosystem, exosystem, and macrosystem. Each system has the potential to contribute to the development of the individual, and the more supportive systems in which an individual is involved, the greater the opportunities for future development. The strength of the links between the systems also contributes to developmental potential.

The microsystem refers to the immediate settings in which an individual is involved. For a child, this may be a day care or preschool, while for the mother it may be the home or workplace. Within these settings, people interact with each other over time and in a variety of ways. Brofenbrenner (1979) describes the mesosystem as consisting of relationships among those microsystems with which the child or mother participates at different points. McMillan (1990), in an analysis of Brofenbrenner's work, refers to the mesosystems as a series of links connecting the microsystems. These links would include the relationship between the child and his/her teacher, or an indirect link such as a conference between professionals discussing the behavior problems of a child. The mesosystem is a set of connections as opposed to particular settings.

The next level is the exosystem, which consists of societal structures that may influence the individual even though the child may have no direct connection with that existing environment. Decisions that may be made in the school district or in the place of employment of the mother or other family members are linked to the family. Decisions made within the family and directly affecting the child or the mother may be made based on events in one of these outside environments in which the members may or may not be directly involved.

The macrosystem refers to the broad cultural and subcultural context in which the micro-, meso-, and exosystems operate and would include economic, social, educational, and ethnic cultures that impact each of the other environments. While the exosystem has family members who are involved at the microsystem level, the macrosystem does not assume any direct involvement. An example of this would be the legislative acts passed regarding the social welfare system. Legislation is passed without any direct involvement of the family at a microsystem level but the actions taken by others can have a direct influence on decisions made at the family level.

Brofenbrenner saw these four systems as nested within each other. These environments are interdependent and, as such, each individual must be assessed in terms of the systems within which he or she operates. McMillan (1990) points out an extremely important element of Brofenbrenner's work, namely, that "the system is not simply to be admired from outside, as it were, but represents the set of meanings held by those who inhabit it" (p. 36). According to the theory, understanding of the individual comes by gaining knowledge of the total environment of that individual.

Bailey and Wolery (1992) state that the professional must learn to see the family's perspective when seeking to meet the needs of those family members. Mothers do not operate in isolation any more than a child can be isolated from the home environment in assessment and treatment. The mother is interpreting her world based on the immediate context and relationships she has within other contexts. These separate environments are interrelated and impact how she may relate to her child. To meet the needs of a child

successfully, professionals need information about the total environment of the child, including the mother and all the subsystems of which she is a part.

The idea of four nested environments is related to both the mothers who were the focus of this study, and the welfare of their children. The naturalistic design of the study allows greater knowledge to be gained about the family environment. Within the family environment will be a mesosystem that may include spouse or significant other of the mother, siblings, friends, and relatives in relation to the mother and child. An example of the influence of the macrolevel system for participating families is that of Head Start with its policies and practices. In addition, there are cultural and ethnic norms that directly and indirectly impact the family.

Symbolic Interactionism

The third theoretical strand involves the work of Blumer (1969) and the concept of symbolic interactionism. Central elements in this theory are meaning, interaction, and interpretation, and they are discussed in the following three basic premises:

1. Human beings act toward things on the basis of the meanings that the things have for them. ("Things" are defined as everything a person notes in his/her world.)
2. The meaning of such things is derived from, or arises out of the social interaction that one has with one's fellows.
3. These meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters. (Blumer, 1969, p. 2)

The first element, understanding meaning in the lives of the participants, is central to this study. Blumer states that to neglect the role of meaning when trying to understand formation of behavior is a mistake. A person's behavior can be understood if it is considered in light of how the individual constructs meaning in interactions with the environment.

Secondly, the interactional process holds a place of importance in symbolic interaction because meaning grows out of the interaction between two people (Leavitt, 1994) and is "formed in and through the defining activities of people as they interact" (Blumer, 1969, p. 5). This process of interaction is what sets symbolic interactionism apart from other theories. In the process, people have to take into account the actions or intended actions of others and, based on that information, formulate their own actions.

The third element in symbolic interactionism entails how that meaning, once defined, is used. This involves an interpretative process that occurs not only within the self, but also between the self and others. Within this interpretative process are two distinct stages. In the first stage, the person has to indicate to one's self that things have meaning. This involves communication in which the person is interacting with self. In the second stage, the "interpretation becomes a matter of handling meanings" (Blumer, 1969, p.5). As the meanings are evaluated and manipulated, the interpretation becomes a formative process rather than an "automatic application of established meanings" (p.5). This process of understanding behavior allows us to move beyond the mere actions of an individual to the understanding of why a person chooses to behave in a certain way and how the person constructed the behavior based on meaning that was assigned to the

interaction. The interpretation will shift and change based on the way the person communicates with self and this, in turn, causes different formations of behaviors. People do not respond to an "objective reality or to how others perceive it but, rather, to how they interpret it" (Woods, 1992, p. 351).

To fully understand the lives of mothers of children with problematic behavior, it is necessary to begin to understand how they interpret the world around them. Hargreaves (1994), in a discussion of symbolic interactionism and teachers, explains that teaching is more than just technical skills. It involves "teachers' evolving selves, within the realistic contexts and contingencies of their work environments" (p. 3). This approach helps in understanding teachers' actions that, to an outsider, may be seen as inappropriate, but, in actuality, are strategic responses to the constraints of the teachers' workplace. The actions may begin to make sense to an outsider when viewed from the teachers' perspectives. In the same way, symbolic interactionism can be applied to mothers of hard-to-manage children. Often their actions are seen by outsiders as inappropriate or irrational when, in reality, the actions may be quite sensible and strategically planned based on the mothers' interpretation of interactions with others. Behavior on the mothers' part that may be seen as unsupportive may, in fact, be an action that enhances the family life of the children when seen from an insider's viewpoint.

Symbolic interactionism can help to explain the conflicts that may arise as professionals interact with families. When different meanings are assigned to situations, conflict is a potential result. How a mother constructs reality may be vastly different from professionals, friends, and even other family members. Interpretations can vary according

to the situations, time, place, and persons (Woods, 1992). In a joint activity, such as a mother and professional working together in an intervention program, opportunities for improvement are enhanced when complimentary meanings are attached to the mother's, child's, and teacher's actions.

Professionals, at times, may ascribe meaning to parents' behavior based on the professional's understanding of the child and the behavior problems within the classroom setting. Perspective-taking occurs when one is able to place oneself in the role of another and to be able to interpret from another's position (Woods, 1992). For professionals, this implies working to understand the child from the mother's perspective. Because the professional does not have the same experiences with the child as the mother, it may be difficult to accurately attach meaning to a mother's actions and reactions to her child, friends, family, and others. The burden rests on the professional world, which includes researchers, to move toward a deeper understanding of the world of these mothers who have lives very different from the expected norms of parenthood.

Blumer states that we each possess a "self," meaning that a "human can be an object of his own actions" as we each define ourselves (1969, p.12). This occurs when one is able to see one's self as an outsider. In this process of role-taking, one is then able to define self based on the outsider's view. With this in mind, a mother of a child who is hard to manage becomes the object of herself when she sees herself through the eyes of others. Based on how she sees and interprets herself, she may define self as a "bad mother," and through this definition of self, interact with her world accordingly. Mothers may be receiving messages from all parts of their environments that reinforce feelings of

inadequacy as a parent, spouse, extended family member, and friend. Understanding how mothers' have constructed their identity based on interactions becomes an important issue when working to enhance children's lives. Knowledge gained regarding the mothers' identity may provide important information to be incorporated into intervention programming.

Literature Review

Behavior and the Child

Prevalence of behavior problems in young children. In the past, the general thinking in the field of psychology could be summed up by Robins' (1979) comments that "until age 6 or 7...symptoms have little predictive value for later adjustment (p. 492)." The behaviors documented prior to that age were considered to be transitory and unstable (Rose, Rose, & Feldman, 1989). This might partially account for the lack of research in the preschool years regarding children with behavior that was considered hard-to-manage but yet not severe enough to qualify for the label of severely emotionally disturbed. However, over the past 15-20 years, researchers have been able to document that a relationship does exist between preschool behavior problems and later negative outcomes (Fischer, Rolf, Hasazi, & Cummings, 1984; Campbell & Ewing, 1990). Before reviewing some of the literature showing the connection between behavior and future outcomes, it is important to consider the prevalence of inappropriate behavior in the preschool child.

In one of the earliest studies of preschoolers and behavior problems, Richman, Stevenson, and Graham (1975) conducted a study of 705 three-year-old children. They

found that 7% of the children had behavior problems that fell within the moderate to severe range on the Behavior Screening Questionnaire while another 15% fell within the mild range for behavior problems. The problems noted as problematic included such behaviors as overactivity, attention-seeking, difficult-to-control behavior, and temper tantrums. Other studies have been conducted with similar findings indicating the prevalence of problematic behavior falling within the 20-24% range for the preschool population (Earls, 1980; Crowther, Bond & Rolf, 1981).

The tie between preschool behavior problems and future negative outcomes has been established in studies that have assessed children from low to middle class families and have included children as young as 2 years of age. According to a study by Fischer, Rolf, Hasazi, and Cummings (1984), children who are undercontrolled, that is, exhibiting acting out behavior, in the 2-6 year old range are almost three times more likely to be categorized as having severe problems seven years later. In the seven year follow-up, parents were asked to complete the Child Behavior Checklist (Achenbach & Edelbrock, 1981). Researchers found that the externalizing behavior problems that were present in the preschool years remained stable into late elementary school and junior high. Rose, Rose & Feldman (1989) added to the body of literature with a study of the stability of behavior problems in a population of children of low socioeconomic status (SES). Their findings were similar, adding to the evidence that supports the idea that serious behavior problems noted in the preschool years are not always transitory.

Campbell and associates (Campbell & Ewing, 1990; Campbell, Breaux, Ewing, & Szumowski, 1986; Campbell, 1990) have tracked children with hard-to-manage behavior

over several years. In the original study, the children were identified at age 3 years by the mother. In follow-up studies, the behavior problems were found to still be present at age 4, and at age 8, with teacher ratings confirming the problems noted by mothers at 3 and 4 years of age. At age 8, there was documentation of overactivity, poor concentration, peer difficulties, discipline problems, unhappiness, and poor sibling relationships. The findings indicate that children whose behavior problems persisted into the elementary school years were more likely to have ongoing behavior problems throughout childhood than children whose behavior problems had diminished by the time they entered elementary school.

Identification of problem behaviors. When looking at the preschool population, a major issue has been that of identifying behavior that is considered problematic. A wide range of behaviors are included in the repertoire of children in the 2-5 year old range. Behaviors that are quite appropriate at one stage become a matter for concern when seen in another stage. Because children develop at different rates, it is difficult to decide what may be developmentally appropriate for one child and yet markedly inappropriate for another (Campbell, 1990). For example, in a child around 2 years of age, a temper tantrum is considered a part of the normal developmental process, while at 4 years of age it may be indicative of a child who is experiencing self-regulation problems. The very issue of defining a temper tantrum becomes problematic. For some parents or teachers, a child screaming, yelling, or stomping might be tolerated under certain circumstances while for others, a raised voice could be interpreted as inappropriate.

Moreover, behaviors that are acceptable in one culture may be inappropriate in another. When a child comes from a home or culture with values that differ from the

culture of the classroom, the child may be perceived as behaving inappropriately. In actuality, the behavior may be quite acceptable within the home environment. For example, African American mothers encourage their children to fight back when confronted by others in contrast to white mothers who often teach their children other methods of handling conflict (Hale-Benson, 1986). Separating problematic behavior from developmentally or culturally appropriate behavior becomes a difficult task for many teachers.

Not only is it difficult for teachers to accurately assess and identify inappropriate behavior, but it is also a struggle for parents who must distinguish between age appropriate and problematic behavior. Parents often express concern regarding behavior during the toddler and preschool years when the child is developing rapidly and behaving in new, and often, challenging ways. During this time many preschoolers are considered inattentive and overactive by parents and teachers. But, in fact, Campbell (1990) found that most of these problems were not severe enough for the child to receive a clinical diagnosis 3-6 months later. However, if the problems that were present at age 3 years were still of concern at age 4, a clinical diagnosis of hyperactivity was likely to follow.

Another issue, in identifying children as hard-to-manage, centers around how children who are identified are perceived by parents and others working with them. Teachers have expressed reluctance to place labels on children that may follow them throughout their educational careers. This reluctance is documented by Rose, Rose, & Feldman (1989), who report that many preschoolers are not referred for services even though behavioral difficulties are noted.

Included in the issue of identifying behavior problems in preschoolers is the concern that the inappropriate behavior may be a reflection of inexperienced or inadequate teachers. Preschool classes often operate with staff members who lack sufficient training or experience in child development and education (Bredekamp & Willer, 1993). They may not have been trained in techniques for managing children who present behavioral challenges beyond the normal behavior of the preschool population. Conversely, Field (1991) studied children who attended child care programs rated high in quality by the parents. She found that the children, as later rated in elementary schools by teachers, were less likely to have problems with aggression and showed positive academic gains. This would suggest that the role of the teacher is important in separating behavior that can be effectively controlled with consistent management techniques from behavior that has the potential for long range negative outcomes.

Preschool teachers who carefully assess the classroom environment may find that environmental conditions such as "room arrangement, materials available, number and personalities of other children present and the caregiver's own behavior" may contribute to a child's misbehavior. In addition, a child may not understand classroom rules and expectations (Scott-Little, & Holloway, 1992, p. 604). If a teacher is able to discern that such conditions are contributing to the misbehavior, then with environmental modifications, the behavior problems may be reduced or eliminated.

Marquard and Greenfield (1996) broadened the discussion by including environmental issues when assessing behavioral and learning problems. In a qualitative study, children who had transitioned from Head Start to public schools were observed for

risk or special needs. The authors proposed a contextual approach in assessing learning problems that included assessment of all environments of the child for factors that were causing or maintaining inappropriate behavior. They found that it was often not the child in need of intervention, but the child's environment. Suggestions for modifications included one-on-one developmentally appropriate practices, peer modeling of socially appropriate behavior, working cooperatively with Head Start staff to ensure continuation of intervention programs begun during the child's attendance there, and providing support to families facing stressful situations. In addition, curricular adjustments were recommended to enhance strengths of children identified as at risk.

The identification process is a complex issue with a wide range of behaviors falling into the category of behaviors exhibited by children who are hard-to-manage. Achenbach and Edelbrock (1981) divided the behaviors into 2 categories--externalizing and internalizing. Hard-to-manage children engage in behaviors in the externalizing category. Some of those behaviors include aggression, noncompliance, distractibility, and hyperactivity (Achenbach & Edelbrock, 1981) and aggression toward peers, disobedience, and temper tantrums (Campbell, 1990). Barkley (1990), an investigator in the area of attention deficit-hyperactivity disorder (ADHD), lists overactivity, impulsivity, and inattentiveness as the "holy trinity" (p.40) of ADHD. The symptoms, whether labeled as specifically ADHD disorder or as reflections of generalized problems relating to aggression or discipline, are common characteristics of the child with hard-to-manage behavior.

Impact of behavior on development. Having established the prevalence of behavior problems emerging in the preschool years, it becomes important to look at the impact of the behavior on the child's performance in school. The developing child's world expands to include additional peer relationships and environments that require new learning and adaptations. For those children who attend preschools, the experiences are likely their first extended exposure to the social and behavioral expectations in a classroom setting. Children are faced with obeying classroom rules, attending to tasks, and learning to get along with peers and teachers (Feil, Severson, & Walker, 1995). As research documents the connection between preschool problematic behavior and long-range negative outcomes, professionals recognize the importance of early intervention. That knowledge places an added burden on professionals working with children to actively seek workable plans for intervention. Teachers and staff struggle with the management and control of children considered to be hard-to-manage who have difficulty functioning within the normal classroom setting. Marshall, Temple, Montes, & Russell (1996), in discussing the impact of inappropriate social behavior in preschoolers, state that a disproportionate amount of teacher time is involved in managing classroom disruptions and complications that are associated with such children.

As children who are unable to meet the challenges of the classroom successfully are identified, preschool teachers work to ameliorate inappropriate behavior. Early identification and intervention by the teachers enable some children to master behaviors that facilitate classroom functioning, thereby eliminating the need for special services in

the future (Page, Poertner, & Lindbloom, 1995). But for others, the impact of the behavior has long range implications in social, behavioral, and academic development.

Impact of behavior on cognitive and social development. Children experiencing behavior problems such as impulsivity, overactivity and inattention are at risk to be less successful in their academic careers. They tend to be inattentive to directions which results in more mistakes, experience difficulty in staying on task, take short cuts in completing work and give up too quickly when faced with challenging work (Barkley, 1990). Moving from preschool to kindergarten does not ensure that a child will mature enough to handle the pressures of the learning environment. The learning problems seem to accumulate, with the results of one study suggesting that children with behavior problems perform at least one year below grade level (Epstein, Kinder, & Bursuck, 1989). Kauffman (1993) makes the statement that few students with emotional and behavioral disorders are academically advanced and most perform below their same-age peers on standardized tests. Symptoms of the problematic behavior such as sitting still, attending, compliance, cooperation, organizing actions, carrying through on instructions, sharing, positive interactions with peers (Barkley, 1990), overactivity, impulsivity, and aggression, place children at greater risk for reading and academic failure by the time they reach second grade (Palfrey, Levine, Walker, & Sullivan, 1985).

Clearly, there is a link between behavior and academic performance. However, there are two positions regarding the relationship between them. One school of thought suggests that the education failures of a child can cause the behavior problems of aggression, non-compliance and overall antisocial behavior. Strayhorn & Strain (1986), in

summing up studies done on the connection between reading and behavior with elementary students, found that the common factor between poor readers without conduct problems and children with antisocial behavior who were also poor readers was the large family size, history of family reading difficulties, speech delay and poor concentration. Strayhorn and Strain suggest that factors within the home contribute to the reading difficulties, which, for some children, develop into behavior problems. The findings suggest that for some children, "educational failure causes antisocial problems to arise" (p. 295). For example, a child who cannot keep up with class assignments may seek other ways to gain attention or to alleviate boredom, thereby creating a disruptive atmosphere. In the preschool years, a young child with language deficits may engage in disruptive behavior when unable to adequately express needs and desires. As time passes, the communication skills may improve, but inappropriate responding patterns may become a part of the behavioral repertoire of the child.

In other studies, Strayhorn and Strain (1986) found that the behavior problems preceded the academic difficulties. Preschoolers with problematic behavior were found, upon follow-up, to have low achievement in the second grade. This would tend to suggest that learning requires a certain amount of ability to comply and attend to task and that inappropriate behavior can interfere with that process.

These two positions oversimplify the relationship between learning and behavior problems. In reality, it is extremely difficult to factor out when a child's inappropriate behavior interferes with the ability to engage in task-oriented behaviors or when the child is unsuccessful in cognitive tasks and, therefore, resorts to behavior considered

inappropriate for learning. Because of the interwoven nature of behavior and academic skills, when problems are ignored, each has the potential to escalate rapidly with resulting negative outcomes in both learning and social/behavioral domains.

The impact of social competence on the developing child is another critical factor associated with child behavior. Guralnick (1986) states that "establishing successful relationships with one's peers is one of the most important accomplishments of early childhood" (p. 93). Odom, McConnell, and McEvoy (1992) place great importance on social competence by stating that it is a "central organizing theme for development and, essentially, for life" (p. 4).

Many studies document the association of poor social skills, which implies poor peer interaction, and future negative outcomes. Ladd, Price and Hart (1990) have shown that children who display social incompetence in the preschool years may continue to display difficulties in establishing peer relationships in the middle childhood years which has an impact on adult relationships.

In summarizing research in this area, Parker and Asher (1987) evaluated the consistent conclusions of the current research. They found that even though there were some methodological problems that needed improvement in future research, the evidence generally supported the position that poor peer interactions early in life were predictive of later negative outcomes. They also state that a child's social competence is one of the best predictors of later psychological adjustment.

Chandler, Lubeck, and Fowler (1992), in a review of preschool social skills and generalization, reported the relationship between peer interaction and development. They

found that "peer interaction has been related to general developmental progress, communicative competence, and academic success (Curl, Rowbury, & Baer, 1985; Hendrickson, Strain, Tremblay, & Shores, 1981; Ichinose & Clark, 1990; Strain & Odom, 1986)," (p. 415). In addition, they reviewed long range studies that showed a correlation between adolescent and adult adjustment problems, such as alcoholism, interpersonal problems, mental health problems, and childhood social deficits (Hartup, 1978; Strayhorn & Strain, 1986).

We know that children with peer problems and social rejection have greater incidence of adult maladjustment, but it cannot be concluded that the negative peer interaction caused the adult problems. Rather, it appears that the underlying problems such as aggression, overactivity, impulsivity, destructive behavior and other behaviors that are typical of hard-to-manage children, interfere with positive social interaction (Guevremont, 1990). Children who engage in some or all of these behaviors do not have the necessary social skills for successfully connecting with others. When play is interrupted by aggressive acts, domination and/or destructive behavior by the hard-to-manage child, it becomes more difficult for the child to be socially accepted. Hard-to-manage behavior cannot be considered the sole explanation for the development of poor peer relationships; however, it is not uncommon for rejected children to exhibit high rates of aggressive, destructive behaviors coupled with a deficit in social skills (Guevremont, 1990).

In summary, the impact of behavior on cognitive and social development has been the focus of multiple studies with clear evidence that children who engage in problematic behavior are at risk for future negative outcomes. Bailey and Wolery (1992) proclaim that,

considering the documentation of potential risk to the developing child, there are few defensible reasons for allowing problems that are present in the preschool years to not be addressed through intervention.

Behavior and the Family

It is extremely difficult, if not impossible, to determine the external conditions that cause a child to engage in disruptive behavior. However, within the family there are several issues that affect the developing child, including parent-child interaction, stressors, and parental dysfunction such as maternal depression which has been linked to child behavior problems (Campbell, 1990; Webster-Stratton & Herbert, 1994).

Parental interaction. The interaction between the mother and child appears to play a major role in the future development of the child. How the mother responds to the needs of the child has been shown to be predictive of future outcomes. Baumrind (1996), in defining responsive parenting, states that mothers who are responsive to the child's needs act as if the child's needs are in harmony with their own needs, while a rejecting parent acts as if her own needs and the needs of the child are in opposition to one another. Responsiveness by the mother leads to the development of good communication, warmth within the relationship, and motivation on the part of the child to be cooperative and compliant. Within the parenting process, rejection has been shown to be more influential than the presence of harsh, physical punishment. Rejection by a parent has a long lasting impact while the effects of physical punishment diminish when withdrawn (Simons,

Johnson, & Conger, 1994). In addition, children of rejecting parents often exhibit behavior problems as they mature (Baumrind, 1996).

In looking at the relationship between the mother and child, Rothbaum, Rosen, Pott, and Beatty (1995) found that maternal acceptance or rejection of the child was predictive of later externalizing behavior when rated by teachers. They assessed the quality of the relationship between the child and parents when the child was between 18-24 months. Later, upon entrance into the first grade, both teacher and parents of each child were asked to complete the Achenbach Child Behavior Checklist. Maternal acceptance, which is conceptualized as responsiveness by the mother, predicted well-socialized behavior in the child within the school setting.

An additional finding in the Rothbaum et al. (1995) study was that the father-child relationship was not able to predict future adjustment in school. This was hypothesized to be true because of the greater involvement by the mother with the child. Even in two working-parent families, the mother spends considerably more time in child care activities than the father (Hochschild, 1989). It appears that the relationship with the caregiver who spends the most time with the child is the best predictor of future adjustment. Primary caregivers, most often mothers, are a vital link between the child and the child's future.

An additional consideration when looking at the mother-child interaction is the temperament of the child. Studies have shown a connection between specific traits in the child such as lack of adaptability, and frequent and intense negative affect and future behavior problems (Bates, 1990). The mother's acceptance or rejection of the child may, in fact, originate from the mother's perception of the child as being a difficult baby.

Campbell and Ewing (1990) found that irritable babies who were difficult to console were more likely to be reported by the mother as exhibiting problematic behavior at the age of 6 years. Their work supported earlier findings by Bates and Bayles (1988), who also found that maternal reports of infant difficultness was predictive of problematic behavior at the age of 6 years.

In another study, Sheeber (1995) was able to distinguish effectively between the behavior and the temperament of the child. Mothers who experienced difficulties in parenting as self-reported were assessed pre- and post-treatment. The mothers filled out questionnaires that measured maternal affect, behavior problems, and child temperament. The intervention, consisting of education and skills components based on child temperament, resulted in improvement in child behavior ratings while the child temperament ratings did not significantly change. These findings suggest that behavior and temperament ratings are distinct. Webster-Stratton and Eyberg (1982) also found that behavior ratings changed in response to intervention while temperament ratings did not, offering further support to this distinction. The implication of these findings is that effective intervention can make a difference in the life of a family even when child characteristics are present that may be considered difficult to manage by some parents.

To say that the child's temperament or the mother's responsiveness to the child will predict future outcomes is a simplistic view of family life. The interactions within a family are complicated and it is very difficult to decipher which factors determine how the child ultimately learns to negotiate the world. Some parents are able to exercise management techniques that facilitate the successful socialization of their child even when

such behaviors as hyperactivity, inattention and impulsiveness are present. Other parents may find these characteristics difficult to adapt to with the child developing future socialization and behavioral difficulties.

Stress and the family. Day-to-day life is stressful and because of the reciprocal influence of family members on one another, pressures that impact the parent will, in turn, likely influence the behavior of the child and vice-versa. With the close links that exist between the mother-child interaction and future behavior, the stress of the mother is particularly salient when looking at the relationship between the mother and child.

LaFreniere and Dumas (1995) found, in a study of 218 children and their mothers, that a reciprocity rule existed. Children responded in kind to the behavior and affect of the mother in both low, average, high and very high stressed groups (as measured by the self-report on Abidin's Parenting Stress Index). In the very high stressed groups, children exhibited less positive behavior overall and this was attributed to the general lack of positive interaction and more negative, controlling behavior by the mother. High and very high stress mothers had a lower rate of responding when a child complied, and very high stressed mothers expressed less positive responses when positive affect was expressed by the child. In addition, very high stressed mothers failed to recognize the positive improvements by the child, thus maintaining the negative reciprocity within the relationship. LaFreniere and Dumas' study illustrates the interdependent relationship that exists between mother and child. The mother's less than nurturing parenting and the negative behavior of the child are interwoven and can exacerbate the level of stress the mother experiences.

Stress may originate from several different sources in the mother-child relationship. Single mothers raising children may experience pressures that two-parent families do not experience. Many single mothers report feeling overburdened and exhausted by the tasks of parenting, managing a household and earning an income (Colletta, 1983; Hetherington, Cox, & Cox, 1978; Weiss, 1979). In addition, social support is often reduced or eliminated because of the time demands of managing the home and family. In an often quoted study by Weinraub and Wolf (1983), 14 single mother-child dyads were compared to 14 married mother-child dyads using behaviorally scored observations and rating scales. The results indicated that single parents have an increase in stressful life changes and work load with limited time available for child care and household responsibilities. In both single and married parent families, stressful life events were associated with a reduction in maternal nurturance which, as discussed previously, can be predictive of future negative outcomes for the child.

An additional finding in Weinraub and Wolf's study was associated with the relationship of social support and the single mother. Single mothers tended to be more isolated and reported feeling less supported by the social contacts that were in their lives. One type of social interaction involved single mothers who lived with family. They often experienced stressful contacts with family members due to disagreement in child rearing practices.

Other single mothers had social contacts outside the home which meant that the mother was limited in the time spent with her child. She was often placed in the position of having to choose between seeking social and emotional support for herself or spending

time with her child. Married mothers were, as a rule, not faced with this type of decision since their emotional and social needs could usually be met within the context of husband and child (Weinraub & Wolf, 1983).

In a later study, Gringlas and Weinraub (1995) looked at solo mothers, that is, nonmarried women who were rearing children since birth or shortly thereafter without the presence of a male partner. Their findings indicated that unlike children of marital disruption, young children of solo mothers looked no different from children from two-parent families. However, as adolescents, children of solo mothers showed greater socioemotional and academic problems than children from two-parent families. These findings coincide with research on children of divorced families. In explaining their results, Gringlas and Weinraub (1995) stated that diminished nurturance and acceptance, often attributed to single parenting, did not hold true for the solo mothers. Factors that did appear to be significant were lack of parental support or isolation and the frequency of stressful life events that solo mothers experienced. When solo mothers reported low levels of stress, the children looked no different from the children of two-parent families. Parental stress appeared to be the determining factor when children of solo mothers exhibited problematic behavior and other socioemotional difficulties.

Stress, no matter what the source may be, appears to diminish the mothers' ability to provide a warm, stable environment in which the children's needs are considered of primary importance. Without maternal nurturance, a child is at risk for future behavior problems. When single parenting is combined with economic hardships, the task can appear overwhelming. Poverty and economic hardships contribute to the diminished

capacity to parent in a positive, consistent manner which can impact the quality of the relationship between mother and child.

McLoyd (1990), in an analytic model, demonstrated the link between the economic hardship of black mothers and a child's socioemotional development. Pulling from the work of many others, she tracks the impact of economic hardship on family functioning and the implications for young children. The constant state of poverty produces financial distress, disruption in relationships, and may lead to psychological dysfunction such as depression. With the constant stress, the parenting ability of the mother is jeopardized, leading to less nurturing behavior available for the child, in turn, resulting in an increase in overall behavior problems.

In further research on economic hardship and African American mothers, McLoyd, Jayaratne, Ceballo, and Borquez (1994) conducted the first study on the impact of unemployment, African American women, and the parenting process. They interviewed 241 mothers and their adolescent children, testing maternal unemployment and work interruption, and the impact on parenting and adolescent socioemotional functioning. They hypothesized that the increase in financial strain as represented by unemployment and work interruption would increase maternal depression, which would lead to decreased maternal nurturance. Findings support that unemployment predicted higher levels of depression which, in turn, were linked to increased punitive parenting with the adolescent. The adolescents showed increases in socioemotional dysfunction. Even though the study addresses emotional distress in the mother and its impact on the adolescent, it is reasonable to assume that maternal depression in the African American population

resulting from economic hardships, would likely have a similar negative impact on young children. However, this area is open to research.

Support systems, including the presence or absence and quality of such systems, are important in helping define the experiences of the mother. Some of the systems that are usually thought of as being supportive and of help to the mother may actually be sources of further stress. In some of the above studies, a discussion of parental support has been included as a condition that impacts the quality of the parenting a child receives. Further elaboration will be included because of the important role support plays in the emotional welfare of the mother.

The interpersonal support of parents and the influence that has on a child's competence is considerable. Parent-child socialization is positively influenced when parents feel supported by spouse, friends, neighbors, and child care supports (Swick & Hassell, 1988). For single parents, emotional and physical support become issues of great importance. Without a full-time partner in the home and other interpersonal support systems, single mothers may feel less supported in their parenting role and have less involvement in community activities. The parent must develop a support system among friends and relatives outside the home, but often the economic demands of raising a family leave little time (Weinraub & Wolf, 1983).

In addition, the behavior of the child plays a role in the quality of the support and how it is perceived by the mother. The perceived social support of the mother is important in developing a bonding relationship between the mother and child. For mothers who perceived that they were socially supported, they reported that the children exhibited

fewer behavior problems, while toddlers with difficult behavior negatively impact the social support of the mother (Crockenberg, 1980). Both mother and child are integrally linked with individual outcomes dependent on the bond between the two.

Support systems available to a parent are not always positive. Both formal and informal networks of support can negatively affect mothers. When friends or family do not sanction the mother's parenting practices, the mother may experience additional stress. Support that may be thought of as beneficial can result in adding to the level of stress felt by the mother when that support is critical of the mother and her parenting (Kieschnick & Olson, 1993; Weinraub & Wolf, 1983). Formal support, such as that provided by teachers, physicians and social agency personnel, can be seen as intrusive and undesirable. Concerns may be minimized, with mothers feeling unsupported, and the information given may be in conflict with information received from other professionals or their personal values (McLoyd, 1990). Moreover, teachers may add additional stress by the demands they place on the mothers. Parents may receive calls from teachers regarding behavior problems. When it is necessary to leave the worksite to respond to the school's requests, the parent's job may be jeopardized. This places an additional stress upon the parent and may impact the relationship between the parent and the teacher. Parents may also be asked to participate in intervention plans that are difficult or impossible for a parent to carry out, further complicating the raising of her child.

As with many factors under consideration when assessing a child's behavior problems, it is difficult to clearly distinguish between sources of the mother's stress, the child's behavior and how each affects the other. What is clear from the research is that the

stressors in the mother's life, no matter what the source, have the potential to negatively impact the future of the child.

Maternal depression. The psychological welfare of the mother has received a fair amount of research attention as those who work with families try to understand the dynamics of family life. Among the various affective disorders, depression is the most common dysfunction associated with parents, and mothers in particular, of children with problematic behavior (Campbell, 1990; Webster-Stratton & Herbert, 1994). It has been estimated that between 33%-36% of lower SES mothers of toddlers are depressed (Garrison & Earls, 1986). Parenting is difficult under the best of circumstances, but for one suffering symptoms of depression, effective parenting is especially difficult. In addition, it has been established that children of depressed parents are at risk cognitively and socioemotionally (Forehand, McCombs, & Brody, 1987). It is understandable that for some mothers, the accumulation of stressors in their lives can lead to a state of depression.

In a review of research on depressed mothers and child functioning (Forehand, McCombs, & Brody, 1987), 34 studies were examined. Results indicated substantial support for a negative relationship between child functioning and parental depression. Four areas of child functioning were included: externalizing problems, internalizing problems, prosocial behavior and cognitive functioning. As a result of the review, Forehand et al. suggested that because the depressed parent and the developing child are nested within the family system, there probably exists a link between the child as the antecedent for the depression in the parent.

The reasons for a child being at greater risk for behavior problems and other negative outcomes are related to the nature of the interaction between the depressed parent and child. Depressed mothers are less responsive to needs of the child and are more likely to perceive their role as parent to be difficult (McLoyd, 1990). In investigating low SES African American and white mothers of 5-7 year olds, Longfellow, Zelkowitz, and Saunders (1982) found that they were more likely to be hostile and dominating, using physical punishment more frequently. They also placed more responsibility on the young child. The depressed mothers were able to verbalize how difficult it is for them to be nurturing when in a depressed state.

As with other scenarios in which the child is not in a nurturing environment, the directionality of cause is not necessarily unidirectional leading from the depressed mother to the child. Patterson (1980) found that mothers developed depression over time in response to the child's non-compliant behavior. An interesting aspect of this particular research is that in-home observations over time were conducted that revealed the presence of the non-compliant behavior prior to the depression of the mother. A study based on a single observation might have led to the conclusion that the misbehavior was a simple result of the depression. Patterson's findings were further supported when, upon completion of treatment, the mothers were more in control of behavior problems and displayed no depressive symptomology.

Mothers who are rejecting or less nurturing in their parenting place children at risk for behavior problems. Depressed mothers tend to exhibit less nurturing behavior thereby increasing the possibility that the child will develop behavior problems if such problems

did not exist prior to the depression in the mother. Addressing depression in the mother or contributing stressors that lead to depression is one avenue for intervening with children with behavior problems.

Intervention

If behavior problems that emerge in the preschool years can be shown to have a long range impact on a child's social, emotional, and academic development, then it would seem appropriate to initiate intervention strategies aimed at improving future outcomes within those early years. However, there are few programs in place that are specifically designed to address the unique needs of the young child and family (Lyman & Hembree-Kigin, 1994; Webster-Stratton & Herbert, 1994). Lyman & Hembree-Kigin suggest several reasons for the absence of preschool intervention programs. Preschool-aged children are felt to be psychologically immature and that to label a child's behavior as psychopathological is premature. In addition, limited language skills in young children may hamper the assessment process and the understanding of intervention which is often verbal in nature. Lastly, the complexity of development at this young age is a deterrent to researchers seeking to design methodologically sound studies (Lyman & Hembree-Kigin, 1994).

In examining what intervention is available to parents, Webster-Stratton (1993) stated that the need for intervention programs in the early years is "particularly urgent"(p.437). For many families, problems may be dismissed as being age appropriate, so an attitude of "wait and see" is adopted by professionals, such as pediatricians or

counselors. For many, the passage of time does indeed result in a decrease in inappropriate behavior as preschool children mature.

For other families seeking assistance with a child's problematic behavior, the mothers' specific child-related problems may initially go unaddressed. The family is encouraged by the physician or mental health worker to enter treatment for family dysfunction prior to receiving help for child-specific behavior problems (Webster-Stratton & Herbert, 1994). Mothers who continue to experience difficult-to-manage behavior in their children may be left feeling unsupported in their concerns and frustrated as they struggle to manage the young child's behavior. By the time the family again seeks professional assistance, the persistent behavior problems may be firmly entrenched and increasingly more difficult to remediate.

Some young children are involved in preschool programs associated with the educational system. Usually, the children are experiencing some form of developmental delay or have been identified as at risk to do so. When behavior problems are addressed for these preschoolers, it is because of the serious nature of these problems and associated cognitive or developmental delays. Even though services for developmental delays are in place for preschool children, families and school personnel may be left without adequate resources in addressing the behavioral needs of the child. Personnel, when they have received professional training in the educational and developmental needs of preschoolers, may still lack sufficient training needed for managing serious behavior problems.

However, there are some programs in place that specifically address the behavioral needs of young children. The following is a review of the types of intervention programs

that are currently available for young children. A discussion of direct approaches will be considered that includes the use of medication, parent training, and child training programs. Other approaches are designed to work indirectly to remediate problematic behavior or to prevent future problems in populations that are at risk. Some examples would include programs that provide counseling, job training, and self-help skills training.

Medication. The number of children involved in pharmacotherapy has increased in recent years. Page, Poertner, & Lindbloom (1995) stated that "the use of medication is clearly an important part of intervening with children with emotional and behavioral difficulties" (p.168). The use of medication for the preschool population has become a more popular practice especially among children who exhibit severe symptoms associated with ADHD. However, it is recommended that the use of medication be used in conjunction with other training programs rather than the only source of treatment (Hansen & Cohen, 1984; Dupaul & Barkley, 1990).

Parent training programs. Parent skills training programs comprise one of the major treatment strategies when intervening with young children (Webster-Stratton, 1993; Lyman & Hembree-Kigin, 1994; Page, Poertner, & Lindbloom, 1995). The parents, as the primary participants, are taught skills that enable them to act as change agents in the child's behavior. Training in the use of time-out, reinforcement, role-playing, and social modeling enables the parent to learn new ways of responding to the child's inappropriate behavior. Parent training programs focus on teaching behavioral techniques to parents with the underlying assumption being that the lack of parenting skills is the major component of the child's behavior problems (Patterson & Stouthamer-Loeber, 1984).

Based on this assumption, parent training programs focus on teaching parents adequate skills needed to manage and control behavior problems. Parents are taught new ways of responding to old behaviors with a strong focus on change within the parent. Page et al. (1995) state that "the changes in the children can be assumed to be produced by parents" (p. 172).

A particularly interesting example of a parent training program is the BASIC parenting program at the University of Washington Parenting Clinic (Webster-Stratton & Herbert, 1994). Utilizing videotaped vignettes, therapists model appropriate parenting strategies in small group sessions. As a part of the clinic's work, a qualitative study was conducted with parents entering treatment (Spitzer, Webster-Stratton, & Hollinsworth, 1991). The findings of that study appear to have heightened the staff's sensitivity to the parents' experiences of living with a difficult child. This translates into treatment that might be more responsive to the unique needs of the family.

Child training programs. When reviewing current child training programs, Webster-Stratton and Herbert (1994) described two approaches to intervention. Some programs chose to focus on teaching social skills while others relied on training children in cognitive processes. In social skills training programs, the children were taught behaviors that would facilitate the interaction with others in their environment. Some notable examples were programs that focused on skills related to play and friendships (Mize & Ladd, 1990), behavioral control strategies (Bierman, Miller & Stabb, 1987), and social interaction training (Coie & Krehbiel, 1984).

In cognitive-behavioral training programs, children have been taught such skills as problem-solving, self-control, and perspective taking. Intervention has involved teachers and other staff members acting as the change agents in programs that focused on the child with little active participation by the parents. Various approaches have included behavioral prescriptions written for each child (Rickel & Lampi, 1981), problem-solving training (Sharp, 1981), and role-playing (Koenigs & Oppenheimer, 1985).

An additional approach in child training programs involved working with children in a clinical setting with parents often involved as the change agents (Page et al., 1995). Page and associates found these programs harder to evaluate because interventions were often designed to meet specific needs of individual children. In addition, the programs covered a longer span of time, as a rule, than the aforementioned types of intervention. The results seemed to be mixed when evaluating the efficacy of the psychoeducational approach.

The results of child training programs are less than promising with young children (Webster-Stratton & Herbert, 1994). One possible reason may be that "the programs are too cognitively sophisticated and not developmentally appropriate for this age group" (p. 32). In addition, the failure of newly acquired social skills to generalize across settings has been disappointing. The negative results might also be related to the fact that parents are not included in the child training programs.

In extending the discussion of generalizability of social competence across settings, Chandler, Lubeck, and Fowler (1992) reviewed intervention studies conducted with preschoolers that focused on peer interaction. Even though all studies reviewed showed

results during intervention, only 14 of the 51 maintained positive results that were equal to or greater than the behavior during treatment. Interestingly enough, it was found that the most common behavior-change strategies implemented by the least successful intervention studies were instructions, modeling, and rehearsal. This coincides with Webster-Stratton and Herbert's comments (1994) that the methods used with preschool children may be developmentally inappropriate. The results were somewhat inconclusive regarding what elements of intervention with preschoolers support generalizability. However, the programs that were deemed successful had several practices in common, including prompting, positive reinforcement, feedback, and sustained intervention. The authors conclude by arguing for further research in the area of generalization in social skills training in the preschool population.

Webster-Stratton and Herbert (1994) in summing up current training programs for children with behavior problems, concluded that "effective intervention must address and integrate as many of these individual and social factors as possible" (p. 33). For maximum benefits to occur, the child, the child's family, and the environment must all be considered when approaching intervention. They further emphasize the importance of intervening early and designing programs to encompass all aspects of the child's world.

When parent and/or child training programs are available, the programs focus on behavior change in some form. Parents and other care takers of the child may be taught new ways of responding to the child's behavior. On the child's part, new skills may be taught that, hopefully, will facilitate positive changes in the behavior while inappropriate behaviors are minimized. Page et al. (1995) summed up a review of intervention programs

for preschoolers by stating that the parents are central to the intervention process and, as such, are the persons “most capable of making long-term changes with the child’s behavior” (p. 174). The most successful programs involve the parents and school in partnership to facilitate the reduction of behavior problems.

Indirect approaches. In addition to training programs that target children who are already exhibiting behavior problems, there are a variety of programs that are, by design, primarily preventive in nature. These programs are aimed at children and families at risk for future academic and emotional development. Some programs target the needs of the child while others address the mother and her needs. Children of young mothers have been shown to be at risk for future negative outcomes (Brooks-Gunn & Furstenberg, 1986). But in looking at the children of young mothers who do well, positive outcomes have been attributed to changes within the young mother’s life (Barratt, 1991). Programs that support maternal education, employment and parenting skills increase the mother’s ability to support the development of the child. Implementation of such programs that intervene with young mothers is based on the premise that changes within the family will have positive effects on the future of the child. Additionally, goals that address infant-mother attachment, maternal self-esteem and maternal depression are predicted to enhance socioemotional outcomes for children of adolescent mothers (Hubbs-Tait, Osofsky, Hann, & Culp, 1994).

In school/community intervention, programs are not only designed to intervene but to prevent future problems. Some programs have been targeted for specific populations such as communities that are characterized by poverty and are considered at risk for future

problems (Bry & George, 1980; Offord & Jones, 1983). Other programs such as the High/Scope Perry Preschool Program (Schweinhart & Weikart, 1988) and Head Start Preschool programs (Karweit, 1993) have targeted the preschool populations. Both of these programs, along with other programs similar in nature, are designed to improve social, emotional and academic growth specifically while also incorporating components that address the problems and needs of the family.

Family counseling as an indirect approach to remediating behavior problems seeks to address the needs of dysfunctional families. When there are factors related to marital distress, depression, lack of support, and environmental stressors, it has been noted that parenting was disrupted and there were relapses in treatment (Dumas, 1984; Dadds, Schwartz & Sanders, 1987). Both parent training and counseling programs place outcomes for improvement on the ability of parents to change or make improvements. In addition, the parents may be involved in counseling to learn new ways of handling stresses in their lives which, in turn, impacts how they respond to the child.

The stress of parenting appears to be a particularly salient factor that impacts the mother-child relationship. LaFreniere and Dumas (1995) found that mothers who are highly stressed report higher rates of externalizing behavior problems in preschool aged children than teachers report for the same child. It is not clearly understood whether the child's behavior creates the maternal stress or if the highly stressed mother's negative expectations become a self fulfilling prophecy for the child. LaFreniere and Dumas argue for intervention that addresses the needs of the mother rather than child-specific treatment strategies.

Participation in intervention. Parents play a crucial role in early childhood intervention. Without parental participation, the intervention is significantly less effective with children whose behavior is considered hard-to-manage (Marshall et al. 1996; Barkley, 1990). Classroom teachers spend hours working with children who are experiencing behavior problems. If they provide suggestions for management and discipline techniques for use in the home, they may find that parents experience difficulty in following through with planned intervention strategies. However, Guerney (1991) found that designing and implementing intervention programs that incorporated parents as partners brought about significant changes in the child's behavior, and the parent(s) remained involved.

Ideally, the involvement of both parents of the child in intervention programs is desired. However, in reality it is often the mothers who are contacted when problems arise outside the home. Because of their availability, mothers are the ones most frequently called in for conferences with teachers and solicited for participation in intervention programs. Two factors contribute to this. First, with changing family composition, the traditional family make up of a father, mother, and one to three children has given way to new family constellations. The fastest growing family configuration is that of the single parent household (Kieschnick & Olson, 1993). Of the children born in the 1980's, an estimated 40-50% of them will grow up in single parent homes (Hetherington, 1979) with a greater number of mothers in the role of single parent. In reviewing the 1992 U. S. Bureau of the Census report, Gringlas and Weinraub (1995) found a rise in female-headed families from 3.8 million in 1970 to 10.5 million in 1992.

Secondly, when there are two parents living in the home, the mother most often maintains the role of primary caregiver, even when both parents work (Parcel & Menaghan, 1994). She is the one who retains the responsibility of managing care of home and children, in addition to the responsibilities related to employment outside of the home (Hochschild, 1989). By nature of her role within the two parent or single parent household, the mother is most often the parent who is primarily responsible for determining on a day-to-day basis how best to meet the needs of the child. Moreover, Turbiville, Turnbull, & Turnbull (1995) suggest that fathers are often excluded, consciously or unconsciously, in intervention decisions because professionals lack knowledge concerning priorities, interests and concerns of the fathers.

The problem of participation is common to many intervention programs. Efforts to include parents in behavioral intervention programs have been disappointing, with lower participation than anticipated. Frequently, the ability to follow through with intervention or to maintain positive gains over time is a result of stress related to the family. Some of the factors include solo parenting, parents experiencing marital discord (Campbell, 1990; Budd, 1985), parental depression, or families forced into treatment by social agencies. In addition, those with poor attendance or who drop out are less likely to experience improvement in the child's behavior (Forehand & McMahon, 1981).

In addition, some mothers may elect not to become involved in intervention programs because of their personal dysfunction or because they feel unmotivated and unsupported to change their behaviors (Webster-Stratton & Herbert, 1994). However, it must be noted that participation in intervention programs does not automatically mean that

the child's behavior ceases to be described as problematic. Long range follow-up studies show that from 30-50% of treated parents and 25-50% of teachers who work with the children, report that behavior problems persist within the deviant range (Forehand, Furey, & McMahon, 1984; Webster-Stratton & Hammond, 1990). Even when parents actively pursue help for the family and child experiencing disruptive behavior, positive outcomes do not automatically follow.

Legislation and Guidelines

Parents have long been recognized as important components in the development and education of the child. The following discussion will look at pertinent legislation and guidelines for educating young children and the resulting impact on early childhood education (ECE) and early childhood special education (ECSE).

Special needs children. Legislation dating back to 1935 addressed the developmental needs of children with mental retardation. Title V of the Social Security Act (SSA) of 1935 included a maternal and child health care component along with crippled children's services and child welfare services. Additional legislative acts provided for interdisciplinary training centers for children with mental handicaps, early medical intervention and prevention for poor children, and screening for factors known to contribute to mental retardation (i.e. phenylketonuria) (Shonkoff & Meisels, 1990).

Within education, the enactment of Public Law 89-313, passed in 1965, was one of the first laws to provide state supported education for school-aged children with handicaps. In 1973, services were extended to preschool children through Section 504 of

the Rehabilitation Act (P.L. 93-112) which mandated that public school services available to preschoolers without handicaps must also be offered to preschoolers with handicaps (McCollum & Maude, 1993).

When the Individuals with Disabilities Education Act (formerly known as the Education for the Handicapped Children Act, P.L. 94-142) was passed in 1975, federal funds were provided for the public education of all children with handicaps from 3-21 years of age. Included in this document as one of the guiding principles was a parent participation component. Even though P.L. 94-142 specifically mandated the inclusion of parents in the educational programming of their child, the delivery of services was not viewed by many as complying with the spirit of the law (McCollum & Maude, 1993). When amendments to the Individuals with Disability Education Act (P. L. 99-457) were passed in 1986, programming in early childhood special education shifted from a child-centered approach to one of focusing on the needs of families as they care for their children. In addition to planning for the specific needs of children, an individual family service plan (IFSP) was mandated that expands services to include all family members for the birth to three population.

Children of the poor. Important legislation was also passed that indirectly affected the education of young children with special needs. In 1965, the Economic Opportunity Act (P.L. 92-924) was passed. Out of this legislation, Head Start was created. The community based programs were started in the belief that through early support for the low income families and their children, the long term effects of poverty could be mitigated (Bricker, 1989). Working to support the family in meeting their needs,

as well as working with the child within a preschool setting, has always been a founding principle of the Head Start programs.

Two amendments were passed as part of the Economic Opportunity Act (P.L. 92-424 and P.L. 93-644) that served to strengthen services for young children with handicaps in Head Start programs. By law, 10% of the total Head Start enrollment would be set aside for children with special needs, and services would be provided to meet the needs of that population (Bricker, 1989).

Educating young children. As programs for preschool children with and without special needs have developed, many have voiced concerns about the quality of services available to young children. In an attempt to define best practices in early childhood education, the National Association for the Education of Young Children published guidelines designed to describe practices that best support the young, developing child (Bredekamp, 1987). A revised edition of developmentally appropriate practices was published in 1997 (Bredekamp & Copple, 1997) with the family component strengthened. In the latest revisions, one of the major guidelines addresses the need for a reciprocal relationship with the parents to be established. This relationship recognizes that the child's development is impacted by multiple social and cultural contexts and that parents know their child and can join in partnership with the professionals in meeting the curriculum needs of the child.

The field of early childhood special education has also adopted guidelines for best practice when working with children with special needs (DEC Task Force on Recommended Practices, 1993). The family is recognized as being the constant in the

child's life and, as such, services are to be delivered in a manner that strengthens the family's capacity to meet their own needs and the needs of their child (Fox, Hanline, Vail, & Galant, 1994).

In the delivery of family focused intervention, there is some evidence to support the statement that there is a discrepancy between the typically delivered services and ideal family focused services (Bailey, Buysse, Edmondson, & Smith, 1992). McBride, Brotherson, Joanning, Whiddon, and Demmitt (1993) found that teachers can describe a family centered approach, but in practice often remain engaged in child focused practices. These results were supported by Burton's study (1992) that showed a majority of 154 kindergarten and preschool public school teachers reported their programs as primarily child focused. Interestingly enough, Head Start teachers in Burton's study were able to describe a family centered approach to the recipients of their services.

However, even as services in early education have shifted to a more family-centered approach, intervention for problem behavior often remains focused on the child with little attention given to the mother's thoughts, feelings, and experiences. When the mother is included in the treatment of the child, goals often center around the mother and her parenting skills which, when improved, will improve the child's behavior problems. The mother's behaviors are seen as the source of the child's behavior (Nichols & Schwartz, 1995). Hatch (1995) elaborates by stating that a dominate theme in child study has been that of the mother "having the primary responsibility for the upbringing of the child, and if problems arise, she is generally to blame (p.119)."

Most treatment programs focus on the child and the cessation of inappropriate behaviors with little consideration of the mother and child's interconnectedness through larger systems such as the family, extended family and friends, school, and work settings. Webster-Stratton and Herbert (1994) state that two general approaches seem to dominate the clinical field when dealing with children with behavior problems. Either the parents' concerns are minimized with little help given to the distressed parent, or the family is considered dysfunctional with the professional "implicitly or explicitly blaming the parent for the child's problems" (p.xii).

Legislation and discipline-specific guidelines are in place that recognize and value the role of families in the positive well-being of the young child. The professionals of early childhood education and early childhood special education are now in the process of striving to implement services that establish partnerships with families in planning for their needs and the needs of their children.

Qualitative Research

In examining the status of the relationship between families, children who are hard-to-manage, and intervention, we must look at the role of research. The complex nature of the family makes the task of producing rich, meaningful data seem overwhelming. The following discussion examines the study of families across disciplines, then looks at the role of qualitative research and families. After that, the role of qualitative research in early childhood education is discussed followed by a discussion of qualitative research in special

education. The summary ends with an examination of the qualitative research that is available on families of children who are hard-to-manage.

Families. The role of research in families, both quantitatively and qualitatively, has undergone changes over the past few years. With the recognition of the central role of families in the life of the developing child, researchers are giving more attention to understanding families. Initially, research in this area caused concern because of conceptual and methodological weaknesses (Gavidia-Payne, 1995). But over the last decade, researchers have made strides in achieving increased understanding of families through methodologically sound research, especially with families of children with special needs (Dunst, Trivette, & Deal, 1988; Turnbull & Turnbull, 1986).

The above named authors are addressing the field related to young children with special needs as they call for more research on families. They encourage the exploration of connections between the members of the families and between families and external systems. Through such research, children will benefit as knowledge and understanding increase. However, research on families is not new. Daly (1992) speaks of the long history of qualitative family studies in the social sciences field. Handel (1992), in speaking of his earlier work (Hess & Handel, 1959), stated that it was the first study to take into consideration the individual perspectives of all family members. The explicit goal of Hess and Handel's Family Worlds (1959) was to understand how families function. To that end, all family members were included in the ethnographic study of the interrelatedness of families. Through qualitative methods, the processes by which families construct and share meanings have been explored over several decades.

Not all professionals who work with families turn to qualitative research as the first step in understanding families. For example, researchers engaging in quantitative work in the field of family therapy have long been divided between those who champion process in therapy (clinicians) and those who focus on outcomes of therapy (researchers) (Nichols & Schwartz, 1995). Newly emerging research methods are beginning to look at how the process of therapy is associated with outcomes (Jacobson & Revenstorf, 1989). Qualitative research has been called a method of research that may serve to bridge the gap between the clinicians and researchers by providing contextual data that facilitates interpretation (Nichols & Schwartz, 1995). The awarding of student research grants for qualitative investigations by the American Association of Marriage and Family Therapy, and an increase in publication of qualitative articles in leading journals are two indicators of an increased awareness of what qualitative research brings to the process of understanding families for those engaged in the work of family therapy (Nichols & Schwartz, 1995; Moon, Dillon, & Sprenkle, 1990).

Early childhood education. In the field of early childhood education, Walsh, Tobin, and Graue (1993) argue for interpretive research that seeks to explain how children come to understanding in their day-to-day lives. Studies conducted in the settings that children inhabit, such as day cares and schools, can facilitate understanding of how meaning is constructed by children and those who work with children. Prolonged observations of locations where children work and play facilitate understanding of meanings behind actions, thereby providing insights that were previously unavailable. Studies with a qualitative approach give teachers access to information that allows them new and

different ways of viewing the unique child. In addition, the voices of teachers are recognized as important sources of knowledge.

In an review of qualitative research in early childhood education, Browning and Hatch (1995) discussed several different dimensions of the child and setting that have been studied using qualitative measures. Some examples that illustrate the wide range of areas studied include cross-culture studies (Tobin, Wu, and Davidson, 1989); the culture of day cares (Woodhouse, 1988); peer culture (Corsaro, 1988); the relationship between kindergarten teachers' philosophies and their professional practice (Hatch & Freeman, 1988); reading instruction in an Appalachian community (Bennett, 1991); and kindergarten teacher's beliefs about retention (Smith, 1989). Even with the increase in high quality studies, there continues to be a need for qualitative research in early childhood education. Browning and Hatch concluded that quantitative approaches in studies of children still dominated the field as late as 1989.

Families and children with special needs. A review of the literature pertaining to children with special needs reveals that the primary sources of research remain quantitative in nature. However, the number of qualitative studies conducted and the number of published articles are increasing. Different facets of the field of children with special needs are being explored through qualitative methods. Some of those topics include: children with specific disabilities such as language deficits (Haas, 1996; Kliwer, 1995), parent-professional relationships (Minke & Scott, 1995), inclusive settings (Green & Shinn, 1994) and work, home responsibilities and the families with children with developmental delays (Freedman, Litchfield, & Warfield, 1995). These studies seek to go beyond the

generation of statistical analysis to gaining insights into the people behind the disabilities. Hopefully, researchers will continue to ask questions that explore how those in the field of special education construct meaning in their lives and professions.

Even though there is an increase in qualitative studies in the field of special education, it was very difficult to find qualitative studies about children with behavior problems. There is a long history of quantitative research that seeks to understand why children behave inappropriately and what treatments are effective. There is also a large body of research that examines relationships between family members, and characteristics of the children and the families that set them apart from families that have children who are considered easy to manage. Little qualitative research is available that contributes to what we know about how parents make sense of their lives with their behaviorally disruptive children.

One notable study was conducted at the University of Washington Parenting Clinic in Seattle, Washington (Spitzer, Webster-Stratton, & Hollinsworth, 1991). The focus of the study was to understand the experience of parents undergoing treatment and what it means to them as they learn new parenting strategies and ways of dealing with stress. Data were collected from 77 mothers and 60 fathers. Videotapes and audio tapes of intake interviews, group therapy sessions, and therapist consultations were analyzed using a constant comparison method of analysis (Glasser & Strauss, 1967).

From the analysis, five core phases were identified as offering insights into the experiences of families learning to cope more effectively with children with conduct problems. The five phases show a pattern of development of the family that includes

acknowledgment of the family's problems, alternating despair and hope, readjustment of expectations, modifying techniques to fit the family, and effective coping by the family.

The results of this study were used to enhance treatment with the parents at the University of Washington Parenting Clinic (Webster-Stratton & Spitzer, 1996). The heightened sensitivity to the emotional state of the parents helped therapists identify strategies that could meet the needs of the family as the parents learned strategies to manage the out-of-control child.

In summary, the relationship that exists between preschool behavior problems and later negative outcomes is real. The research cited in this chapter suggests that young children exhibiting problematic behavior are at risk for negative outcomes in their academic and social development. It is difficult to determine exactly why children engage in disruptive behavior, however, contributing factors may include dysfunctional interaction between the mother and child, the temperament of the child, parental stress, and maternal depression.

The literature indicates that intervention programs specifically designed to meet the unique needs of preschool children and their parents are sparse. The programs available include parent training, child training, counseling, and preventive behavioral programming. However, parents who are recognized as vital in effecting successful intervention often find it difficult to complete treatment programs.

Research on the educational and economic impact of legislation on the lives of young children and their families provides additional information important in understanding what families are experiencing. The interconnections of many such factors

create the context of lives of mothers trying to raise hard-to-manage children. This study seeks to understand from the parents' point of view how the child's misbehavior impacts their lives which may in turn, provide guidance in designing effective intervention.

Purpose and Research Questions

The research question that guided this naturalistic inquiry was: What are the experiences of the mother of a child who is hard-to-manage? Through a naturalistic inquiry, I sought to gain a better understanding of what the mother's life is like as she struggles with the child's problematic behavior. With increased knowledge concerning the experiences, feelings, and thoughts of mothers of hard-to-manage children, those who are in positions to aid the family may be more effective in their efforts.

The following questions were designed to guide the research process.

1. What is the mother's perception of how her child who is hard-to-manage has influenced her life?
2. What is the mother's perception of her child's difficulties?
3. From the mother's perspective, what are effective and ineffective ways of managing her child?
4. What is the mother's perception of her relationship with her child and with other individuals involved in the family's experience?

Chapter II

METHODOLOGY

This research is a part of a larger, federally funded study. I received a Head Start Scholars Research grant from the Administration of Children and Families that is designed to support doctoral students in research conducted with local Head Start programs. The grant specified that 18-20 mothers would be interviewed from 2-4 hours and one 30-minute videotaped segment of the mother and child together would be collected. The dissertation study was designed to allow me to spend additional time talking with and observing some of the mothers. Eight of the original grant mothers agreed to participate in the dissertation study. However, two of the mothers who initially agreed to participate were unable to follow through with appointments on multiple occasions for a variety of reasons, leaving a total of six participates in the dissertation study.

The initial selection process, which is described below, was used for all mothers in both the grant study and the dissertation study. After describing the Head Start setting and how all the mothers were selected, I describe how I chose the mothers who became participants in the dissertation study. Prior to beginning the study, I had met all university requirements regarding research with human subjects (Appendix A). All confidentiality forms conform to university approved guidelines and were secured from participants in a timely manner. For detailed information regarding protection of confidentiality see Appendix B.

Setting

The Head Start program is comprised of five centers located around the city. In addition, there is a homebound component serving 33 children and their families who live too far from centers to be involved in daily center-based services. The five centers range from ten teachers and 177 students at the largest center to six teachers and 103 children at the smallest center. The racial make-up of the children for the 1996-1997 academic year included 48% white, 46% African American, 4% multi-racial, and 2% other nationalities, with a total enrollment of 735 children.

The racial makeup of the research site differs from the overall composition of Head Start centers nationally. This may be partially explained by the racial make-up of the southeastern city in which the research took place. The estimated population of the city for 1995 was 167,854 with a non-white population of approximately 17.9% (Department of Economic and Community Development, 1997). The nonwhite population included black, Hispanic, middle eastern, and other nationalities. The National Head Start Association enrollment for the fiscal year 1995 was comprised of 36% black, 33% white, 25% Hispanic, 4% American Indian, and 3% Asian (Head Start Yellow Pages, 1996).

The social climate of the state within which the research took place contributes to an understanding of life for the mothers in this study because of their involvement in some form of public assistance programs. The state had implemented a welfare reform program prior to federally mandated welfare reform legislation with aggressive time lines for removal of recipients from the welfare rolls. In September, 1996, there were 91,499 enrolled in the Aid to Families with Dependent Children (AFDC) program. By November,

1997, the enrollment had dropped to 56,611 (Mayshark, 1998). Mayshark reported that a number of the mothers involved in the welfare reform program, Families First, felt that they were taken off welfare too early and were left without support or resources. Benefits received during job training programs were terminated when employment was found. Low paying jobs, low number of hours worked per week, withdrawal of transportation assistance, loss of freeze on rent, and loss of food stamps due to increased income have made it difficult for many of the Families First mothers to become self-sufficient.

Of the grant mothers interviewed, 8 of the 18 were actively involved in the Families First program. Four mothers were receiving a major portion of the family's support through disability income and did not participate in the Families First program. Five mothers were either working to provide some part of the family's income or living with mates who provided the family with some public assistance. One mother was in the process of fighting for her right not to become involved in the Families First training program.

With the exception of one of the mothers involved in the dissertation study, all mothers had been recipients of welfare. The one mother who has been able to remain off public assistance is supported by her husband, with some assistance from family members during times of crisis.

Financial concerns were discussed by all the mothers in both studies. Those involved in the Families First program expressed concerns and frustrations with the implementation of the program that appeared not to meet their needs. Often they misunderstood the expectations, outcomes, and benefits forthcoming in the program,

leaving them mistrustful of the welfare reform changes. Mayshark (1998) reported similar feelings among those interviewed regarding the current status of the Families First program.

Participants and the Selection Process

Before I could make the first contact with mothers who lived with children who are hard-to-manage, I had to establish a relationship with Head Start teachers. After gaining the approval and support of the Head Start director for my study, I worked with the Head Start educational coordinator to identify which of the five centers might produce the largest number of initial contacts with potential participants. This initial state of identifying participants involved a review of the Head Start Behavior Checklist which had been completed on each child by the classroom teacher. Based on the number of children exhibiting behavior problems, one center was pinpointed to begin. I was unable to solicit enough mothers from the one center to meet the criteria of 18-20 participants. Eventually, it was necessary to contact all five centers for referrals. The same introduction procedure was used at all centers.

Criteria

The Head Start teachers were vital links between the mothers and myself and, as such, it was very important that they understand and support my study. In a meeting in which all teachers were present, I explained the study and the important role that each

teacher could play. The following criteria were discussed with the teachers to aid in their identification of potential mothers who could become participants in the study:

- Her child will be enrolled in a Head Start preschool class for 3-5 year olds,
- Her child will have been engaging in hard-to-manage behavior, that is, behavior that is deemed inappropriate when compared to other children of comparable age and cultural background. This will include such behaviors as aggression toward peers, overactivity, inattention, impulsivity, and discipline problems including noncompliance and defiance,
- Her child's behavior problems will have been noted as problematic for a minimum of four months with documentation verifying that a problem exists,
- Her child's hard-to-manage behavior will be documented through reports of parent-teacher conferences and results of the Head Start Child Observation Form completed by the Head Start teacher;
- She is in agreement that her child is engaging in highly disruptive behavior.

It was important that the parents had previously been informed of the problems and were in agreement that the child was at risk behaviorally. Documentation of behavior problems included previous conferences with the parent about the behavior problems and completion of the Head Start Child Observation Form by the Head Start teacher. The mother and the teacher, with the aid of the Head Start Child Observation Checklist, verified that a child's behavior deviated from accepted norms for children of comparable age and cultural background, thereby identifying the child as hard-to-manage.

Later, the mothers who participated in the dissertation study were asked to complete the Child Behavior Checklist (CBCL) (Achenbach, 1992). It is a standardized instrument designed to assess behavioral/emotional problems in young children. All six mothers placed their child's behavior in the clinically significant range on the externalizing behavior scale. The importance of completing the scale is that it adds validation to the mother's perception that her child is hard-to-manage.

Definition of Hard-to-Manage Behavior

Many terms are used to describe children who engage in hard-to-manage behaviors. The term used in this study, hard-to-manage, is a term used by Campbell (1990) in referring to children who have displayed some or all of the following behaviors: aggression toward peers, overactivity, inattention, impulsivity, noncompliance, and defiance.

Factors that aid in defining hard-to-manage behavior include frequency, duration, and stability of behavior (Campbell, 1990; Barkley, 1990; Breen & Altepeter, 1990). All children engage in problem behaviors at one time or another. For children who are hard-to-manage, the behavior occurs more frequently and with greater intensity and duration, establishing a relatively consistent pattern of inappropriate behavior. This type of behavior is in opposition to the definition of adaptive behavior which refers to behaviors of children who are capable of responding appropriately to social rules across different settings including home, school, and community. Children exhibiting adaptive behavior have the

ability to conform to the environment in ways that are age, culture, and context appropriate (Horn, 1996).

Initiating Contact

The working definition of hard-to-manage behavior was explained to the Head Start teachers and they were given introduction letters to give to the mothers whom they felt met the criteria. The letter briefly described the nature of the study, the expected involvement of the mother and child, and contained a release form (see Appendix C). This process allowed each designated mother to decide if she was interested and had the time to commit to being a participant in the study. If the mother agreed to participate, she signed the form that allowed the Head Start teacher to release her name to me, at which time I made an initial contact, explaining the study. If the mother agreed to participate, we made arrangements for the first interview which would take place at the Head Start center.

The child of each selected mother was also a participant, and his or her involvement included a videotaped session in the mother's presence. The purpose of the videotaping was to provide another source of data documenting the interaction between the mother and child. The videotape could then be used in analysis as a method of triangulation. Since the presence of the child was required for the videotaping session, the mother was asked to sign a consent form during the first interview stating that she gave her permission for the child to be videotaped in her presence. The child's assent was obtained at the time of the first observation.

An added feature of the grant study was the availability of funds to compensate the mothers for a portion of their time. The grant provided each mother up to \$40 worth of vouchers for her participation in the study. There were two \$10 vouchers for a local grocery store chain and two \$10 vouchers for a toy store. If the mother chose to withdraw before all interviews and the observation were completed, she received a prorated portion of the vouchers. The mothers who elected to participate in the dissertation study did not receive any further compensation from the federally funded grant. However, I did provide additional compensation in the form of food, and in one case, a resource book in which one mother was particularly interested.

As the interviews progressed, I identified, for further study, mothers who were verbal and appeared to have insight regarding their life experiences with their child whom they considered hard-to-manage. Moreover, because of their openness, rapport was easily established between the mother and myself. However, the final selection of mothers for the dissertation did not turn out as anticipated. In selecting the mothers, I had hoped to have a sample that was racially representative of the Head Start population (46% African American, 48% white). This would have included three African American mothers and three white mothers. It was not possible to get the selected African American mothers to continue past the initial grant requirements. The two African American mothers whom I did ask to participate, based on the above criteria and their stated interest and availability, were unable to follow through on our appointments. I can only speculate about possible reasons why the mothers were unable to join with me in the dissertation portion of the study. Certainly, the issue of a white, middle class researcher going into the homes of low

income African American families cannot be ignored. In addition, the mothers may have been reluctant to add additional pressure to their already stress-filled lives. After multiple missed appointments, I made other selections for the dissertation participants. However, the final pool of participants did include two white mothers who are involved in long term relationships with African American men and the mothers identify their children as biracial.

Data Collection

It was important to spend time getting to know the mother and hearing her experiences of living with a child who is considered hard-to-manage. The process that I selected for collecting data included conducting three interviews, three observations, and a 30 minute videotaped observation of the mother-child interaction for each family. The total time involvement with each participant ranged from 11 to 13 hours. The individual interviews averaged one and a half hours and each observation was two hours long.

Interviewing

I met two of the mothers, Shelly and Haley, at the Head Start center for the first two interviews. The interviews were scheduled while the children were attending the Head Start program. One mother, Tonya, was unable to meet during the day but met with me twice on the university campus after her work day was completed. By the time I was ready to conduct the observations, Tonya was no longer employed and the observations were conducted in her home. Two of the mothers, Nelly and Ellen, had children enrolled in Head Start's home bound program. This necessitated meeting with them in their homes for

the first two interviews and the observations. Shannon, the sixth participant, owned and operated a day care. Because of her long working day, she wanted all phases of the study to take place in her home.

To guide the interviews, I compiled a list of questions that initially helped focus my observations and interviews of the mothers (Appendix D). In keeping with a cyclical research design (Spradley, 1980), further questioning evolved as I became immersed in the setting. My interaction with the mothers opened up new areas for investigation, revealing the richness of the information to be collected. The questions that evolved during the observations and interviews provided further guidance for obtaining data that provided assistance in interpreting what was seen and heard. All of the interviews were audio taped for later transcription and analysis.

To begin the first interview, basic demographic information on each family was collected. The collection of this information allowed me to spend time getting to know the family and also aided in establishing rapport. The information included: mother's age, number of children, marital status, employment status, education level, and ethnicity; child's age, disability if present, birth order, and age of siblings.

Once the demographic information was collected, I shifted the focus to the research questions, opening with two broad, descriptive questions. These questions allowed the mothers a degree of latitude in how they wanted to respond. The first question focused on the child--"Tell me about your child." The second question focused on the mothers--"Tell me about the experience of living with your child." Building on responses,

probing questions were used for eliciting greater details while summarizing comments were used as a means of redirection.

The interview guide was used to structure the interviews, however, I exercised flexibility in the order and manner in which I discussed topics. The emphasis was on open-ended questions that allowed unanticipated areas of concern to emerge rather than a standardized set of questions that might limit the range of responses. As the study progressed, it was necessary to redefine some of the areas. An example of redefining took place in the area of intervention. There was a wide range of involvement with intervention programs. Some mothers had only been involved in a pharmacotherapeutical approach to treatment, while others had extensive experiences with other types of intervention programs. Based on the mothers' experiences, I made adjustments in questioning that allowed me to fully explore their experiences. Another adjustment that was made pertained to similar information that repeatedly appeared in the mothers' stories that was not covered by any of the questions on the initial interview guide. I adapted my questioning to explore the commonality of the mothers' experiences in subsequent interviews.

The final interview included an individual review of the videotaped session with each mother. For four of the mothers, Shelly, Tonya, Nelly, and Ellen, the final interviews occurred on the university campus. I provided transportation for each mother and after reviewing the videotape together, I took the mother to lunch as a small token of my appreciation for her participation in the study. Shannon and Haley preferred to stay at home, and I was able to compensate them by taking food for Haley and her children, and

by giving Shannon a book on developmentally appropriate practices in which she was particularly interested.

I used the final interview as a time to check my perceptions of what I had seen and heard as I spent time with each mother. In addition, it was a time for the mother to have the opportunity to elaborate on the interaction between her and her child. Actions were placed in context through the mother's explanations of the child's behavior and her responses. Specific areas were pinpointed for clarification and elaboration, allowing the mother to confirm information or correct misconceptions on my part.

It was also a time in which I was able to ask each mother a question related to the accuracy of my information. The question I asked was, "Do you think I have gotten a fairly accurate view of what your life is like with your child through the interviews, observations, and videotaped segment?" Without fail, each mother said that she felt that by spending time with her and her child(ren), I had been able to see a representative portion of what their lives were like. However, they each wanted me to know that it is very difficult for an outsider to fully understand what they go through 24 hours a day, 7 days a week. One mother summed it up with "unless you've been there, no one understands."

Participant Observation

Naturalistic observations of mother and child participating in everyday activities supplied an added dimension to the data collection process. Mothers' descriptions took on

a deeper meaning when placed within the contextual setting of the mother-child interaction within the home environment.

After the initial two interviews, but before the final interview, I completed three 2 hour observations in the home with each mother and child. In addition, when there were other siblings, they became a part of the naturalistic observations. In fact, the siblings were such an integral part of the mothers' stories that it was necessary to conduct an additional observation with Shelly and her family in order to include a time when two of the other siblings were home. Shelly felt that I would obtain a more comprehensive view of the family's life by observing while the siblings were present.

The locations for the observations were in the homes of each mother. The role that I took during the observations was that of moderate participant as described by Spradley (1980). In this role, I not only observed the interplay of action between the mother and child, but also was available for communication with the mother and child. During the observations, I took field notes of the ongoing action that were filled in within 24 hours of leaving the site. This process is described in the Data Analysis section.

Videotaping

The purpose of the videotaped segment was to increase the depth of understanding of interactions between mother and child, thereby adding strength to the interpretative process. The use of videotapes allowed me to triangulate with other collected data. The mothers' stories were strengthened, and in some cases, brought to life by our joint viewing the taped interaction. I was able to see the mothers demonstrating examples of their

discipline and management techniques that before had only been described to me. In addition, the actual interaction between the mother and child served as proof of the relationships described in interviews. The analysis is strengthened by comparing the mother's words with her actions, thus lending authenticity and power to her story.

The videotaped segment was completed at various points after the second interview. For some, it occurred before the observations and for others it occurred after the last observation. The timing of the videotaping varied depending on when each mother was invited to join the dissertation study. As noted earlier, there were complications in finalizing the selection of mothers for the dissertation study. For this reason, three of the dissertation mothers were asked to join the project after the taping of the mother-child interaction had been completed at the Head Start center or in their homes.

I felt that it was important for the mother to be a part of the selection of the activity to be taped. The mother was given the opportunity to decide what activity she would allow an outsider to document. For most, they chose a common activity that the children were familiar with, such as the morning dressing routine for Shelly or table time at the day care for Shannon. For Tonya and Haley, spending one-on-one time with the child was difficult. They were not accustomed to spending one-on-one time with the child and, in the case of Tonya, even when encouraged to include a sibling, she remained focused on the one child. This resulted in somewhat stilted videotaped segments that the mothers acknowledged were somewhat unrepresentative of the mother-child interaction. However, since I had spent several hours interviewing and observing, the mothers still felt that I had seen a "fairly accurate" overall depiction of their lives.

Since each mother and child has a long history together, it is important to note that the taping of a 30 minute segment can only capture what is happening at that particular point in time. Many of the behaviors that occurred on film were part of a series of ongoing behaviors. Actions and reactions may be extensions of earlier events and, when viewed, may appear without meaning. For these reasons, member checks were used to verify the accuracy of the data collected.

The final interview provided an opportunity for a member check. During the interview, the mother and I viewed the videotaped segment together, and the mother had the opportunity to correct misconceptions and to elaborate on scenes viewed. Each mother interpreted for me her perceptions of the actions and behaviors and placed them within her family context. Explanations of the child's behavior and her responses provided me, the researcher, insight into her assessment of the filmed action. During this process, the mother provided additional information, rich details, and new insights regarding her interaction with her child that proved valuable in the process of analysis.

Data Analysis

The following section describes the analysis of the data, a process that began after the first interview was completed. The sources of data for analysis included interviews, field notes from home observations, and audiovisual documentation. All interviews were tape-recorded and complete transcripts were available for analysis along with expanded field notes of the home observations. Funding from the grant was available for transcribing

the first two interviews. The transcriptionist was asked to sign a pledge of confidentiality.

I transcribed the third interview that was conducted with each mother.

Analysis Process

Data analysis was an ongoing process as recommended by Lincoln and Guba (1985), Spradley (1980), and Miles and Huberman (1994). In Spradley's Developmental Research Sequence (DRS) (1980), the analysis process is described as an ongoing cycle that proceeds from formulating the research questions to data collection to ethnographic recording to analyzing the data. Using Spradley's model as a guide, I will describe the process that guided the analytic process.

The first interview was conducted, transcribed, and reviewed prior to entering the second interview. Upon reviewing the data, I identified new areas for questioning that emerged and sought clarification of comments. Thoroughly familiar with the mother's first responses, I entered the second interview more alert to important details that, when probed, elicited richer information.

The accumulated data from the first two interviews were reviewed before the first observation session was conducted in the home with the mother and child. This process continued in such a manner that before each interaction with the mother, all data collected on that mother were available for review. In the final interview with the mother in which we sat together to view the videotaped segment, I had specific areas pinpointed for clarification and elaboration by the mother. It was also a time for me to present my perceptions about the interaction of the mother and child, based not only on the videotape,

but also on the interviews and home observations. The mother then had the opportunity to confirm or deny the accuracy of my perceptions.

The data collection and review was an ongoing process with each mother. In addition, it was a process that cut across all participants. As interviews and observations were completed and transcribed for each participant, the information became available for review before further contact with any mother. Information obtained from other mothers guided interviews and observations that were occurring with the current participant. This allowed me to explore domains, patterns, or relationships that appeared to be significant as I continued the interviewing process across all mothers. Some areas that initially appeared insightful proved to be insignificant when checked out with other mothers.

Wolcott (1995) calls *mindwork*, or “what is going on in [one’s] mind” (p.90) an essential element to the qualitative research process. He explains that the thinking that accompanies each act involved in research from the fieldwork to the writing up process lends authenticity and trustworthiness to the project. In keeping with Wolcott’s advice, I found that mindwork was an important component of the recursive cycle explained above. I made contact with the mothers, reviewed the interviews mentally, read and reread transcripts, listened to audio tapes, reflected once again and followed up on new insights with each successive contact. I followed up on hunches and ideas, discarding those that did not fit the data and pursuing those that seemed to hold promise for meaning in the lives of the mothers. The mindwork for this project was ongoing and continued into the final stages of writing.

In addition to the mindwork, I applied several very concrete methods to facilitate analysis. Following Spradley's process for categorizing (1980), I began a domain analysis. In the first stage of categorizing, the interview questions provided a basis for sorting vast amounts of data. I knew what areas each mother discussed based on the recursive process of reviewing all interviews prior to future contacts. For example, each mother discussed parenting strategies. As a novice researcher and analyst, knowing that each discussed this topic, I could begin categorizing based on this knowledge. As the process continued, many other categories emerged. With many domains emerging, the focus was narrowed by moving to an in-depth study of what seemed most relevant to understanding the mothers' experiences. Through taxonomic analysis, the relationships within and among the domains were explored.

The physical management of the categories was accomplished by using large sheets of paper to draw the categories as they emerged. After the first set of interviews, observations, and videotaped material of one mother were charted, I used the chart as a template to guide my categorization of the next set of data. As new categories emerged they were added to the charts. The process continued in this manner for each mother.

Using the four guiding questions that had been designed to direct the research process, I could begin to make sense of the data. The domains were organized in such a way that each question could be answered based on the mothers' responses found in the data. As each mother's data were reviewed and coded, I wrote a summary of each question based on all that I knew about the mother. The data appeared to be interrelated in ways that were not readily apparent using the four questions as a guiding framework.

Wanting to take the data to another level, I resorted to Miles and Huberman's use of visual displays to reorganize the domains (1994). This process allowed me to move to another level of analysis that I feel gives a richer, deeper meaning to the data collected. Using Wolcott's descriptions of analysis, I have included descriptive and analytic reporting, with interpretative analysis being included when appropriate (1994). Descriptive analysis remains closely tied to the original data. The analysis process goes beyond coding and categorizing and moves into finding meaning based on facts presented in the descriptive portion while the interpretative process "transcends factual data and cautious analyses and begins to probe into what is to be made of them" (Wolcott, 1994, p.36).

Issues of Trustworthiness

The use of qualitative methodology requires that careful attention be paid to all phases of the research process to ensure that findings can be represented as accurate reflections of the words and actions of the participants. This issue may take on even more significance when reporting on the lives of mothers who come from low social economic groups in our society. The following is a discussion of how I handled trustworthiness within the study based on suggestions offered by Lincoln and Guba (1985).

Credibility and triangulation. To achieve credibility, I built into the research design opportunities that would allow sufficient time in the field for gaining information about the experiences of each mother's life. This included not only interview time, but also multiple observations within the home of each mother. I carefully built a rapport with each mother during the interview times that would later become the foundation for gaining

entrance into the home. If I was to get beyond superficial information, I knew I had to gain the trust of each mother in order for her to feel safe in revealing personal, and often painful, information. As acknowledged earlier, two African American mothers whom I had initially selected as participants in the dissertation study, did not follow through with scheduled appointments. This would seem to indicate that I was not successful in establishing a level of rapport necessary to gain entry into their homes and personal lives.

However, for the six mothers who did participate in the dissertation study, an intimate rapport was established. I feel that two conditions contributed to the level of intimacy we were able to achieve: one, the mothers needed to talk, and two, I consider myself to be a good listener. For most of the mothers, they had not had a sympathetic listener in quite a while. I suspect that some of the mothers have never had someone who allowed them to speak and to be the center of the conversation for hours on end. Several mothers commented that I was easy to talk to and others revealed very intimate details of their lives, lending support to the sense of comfort afforded the mothers during the research process.

Triangulation was built into the design. The videotaped segments provided a method for comparing the actual interactions between the mothers and children with the spoken words of the mothers. Actions that were previously only described by the mothers appeared on the tapes, bringing deeper meaning to the spoken words. In addition, home observations were vital in supporting the words of the mothers. In all cases, I was able to witness the children and to actually see examples of the behavior problems as described by the mothers.

Member checking. The member checking process that contributed to the credibility of the study was comprised of two phases: 1) each mother viewed the mother and child videotaped session with me, and 2) three mothers were asked to read the completed analysis for accuracy.

At the time of the review of the videotaped session, the rapport that the mothers and I had established allowed freedom for both of us to converse openly about sensitive topics. I was able to ask in a forthright manner about issues related to the relationship with mates and significant others and to present my perceptions of the personal and family issues. On the part of the mothers, several revealed heretofore unknown personal information about their life situations. Even though very personal and intimate information was not revealed in the data analysis, many of the details are presented in the introductory vignettes of each mother. The open and honest conversations of the mothers contributed to my gaining a rich, accurate view of the mothers' lives.

In the second phase, three mothers were asked to read my analysis of the data. Two of the mothers, Ellen and Shannon, were selected as readers because they talked of their love of reading during the interviews. The third mother, Nelly, is learning disabled and allowed Ellen, her friend, to read the chapter to her over the phone.

In addition to reading the analysis, Ellen decided to engage in a self-reflective process. When she read the four guiding research questions listed in the first paragraph of the written analysis, she stopped and responded in writing to those questions. Her written responses were remarkably similar to the themes clearly delineated in the data analysis, which at that point, she had not read. She spoke of feeling out of control and that her

“relationship (with Julie)...is very rocky. I love her and would die for her, but there are days I could walk out the door and never look back. My friends and family don’t come around, and [they] always try to butt in when it comes to Julie, not realizing I need help, not criticism.” In addition, she states when disciplining that “everything is ineffective.” She concluded with the comment, “my child has really made my life hard to deal with. I’m depressed a lot and just give up.”

Upon completion of reading the analysis, she again responded to the questions, noting that her answers had “changed drastically” from her written responses made prior to reading the analysis. Comments made after reading the analysis focused on perceptions gained by Ellen as she read the collective analysis of all six mothers. She came to the realization that she is not alone in her struggles.

Shannon stated that she felt that mothers who have a child who is hard-to-manage are talked about from the “clinical point and the mothers don’t get to say anything. [The analysis] is good in relaying to others what the experience is like.”

When all three mothers were asked if they agreed that the analysis was an accurate portrayal of what their lives are like, they responded in the affirmative. Each felt that I had captured the essence of what their experience of living with a child who is hard-to-manage is like.

Peer debriefing. Peer debriefing was an integral part of my research process. Lincoln and Guba (1985) suggest that the process of peer debriefing allows the researcher’s work to be subjected to outsiders’ inquiry and to provide an environment to test ideas about analysis. I was a member of a group of doctoral students involved in the

pursuit of qualitative research. Several members were also involved in issues revolving around young children. The common bonds of qualitative research and young children made this group invaluable to me as a forum for testing my categories, taxonomic analysis, and themes. I was able to utilize the group to verify the emerging themes and patterns. Through probing questions and discussions, I ensured that the emerging analysis was true to the data.

Journal reflections and record keeping. Journal reflections have been an important component in ensuring trustworthiness. I incorporated multiple journal reflections on each individual mother that, upon review, allowed me to cognitively reconnect with mothers and issues during the data collection and analysis process. I also kept a personal journal focused on personal and professional insights, revelations, questions, and frustrations that arose during all phases of the data collection process. In addition, tracking records of all contacts with each mother, and precise procedures for physical management of the raw data and transcriptions were initiated prior to entering the field. These procedures provide a clearly delineated audit trail for verification purposes.

Summary

This chapter presented the research methodology including the selection process, data collection, and the analysis process. A description of procedures used to address the issue of trustworthiness throughout the research process completes the chapter.

Chapter III

IN THEIR OWN WORDS: INTRODUCTORY VIGNETTES

Each of the six mothers in this study is quite unique with variations in family composition and characteristics, living arrangements, personal backgrounds, and lifestyles. These differences add to the strength of the data analysis. The mothers are bound by the common thread of hard-to-manage children. They face similar issues on a regular basis and respond with similar feelings and reactions. They often use the same words to describe phenomena in their lives. An example of this is the use of the word *embarrass* to describe how their child's misbehavior in public makes them feel. They all use the word *constant* in referring to the struggles of managing the seemingly unrelenting behavior problems. And yet these mothers are very different. Some of those differences are illustrated in Table 1 of demographic information.

Table 1. Descriptive information on each mother.

Name	Ethnicity of Mother	Age of Mother	Marital Status	Education	Employment
Shelly	Caucasian	32	Married	GED	Homemaker
Haley	Caucasian	34	Divorced	11th	Unemployed
Shannon	Caucasian	46	Divorced	Post H. S.	Self-Employed
Tonya	Caucasian	23	Single	GED	In training
Ellen	Caucasian	25	Married	10th	Homemaker
Nelly	Caucasian	25	Married	H.S. Grad	Part-Time

In addition to the differences in demographic information on each mother, there are variations in family compositions. Table 2 contains descriptive information about the children in this study.

Table 2. Descriptive information on each child.

Name of Mother	Name of Child	Ethnicity of Child	Age of Child(Yr/mon)	Number of Siblings	Age of Siblings
Shelly	Meshack	Biracial	4-10	3	11, 8, 7
Haley	Ramona	Caucasian	4-9	3	16, 10, 5
Shannon	Jarrold	Caucasian	4-11	2	over 21
Tonya	Frankie	Biracial	4-8	1	3
Ellen	Julie	Caucasian	4-8	0	-
Nelly	Dana	Caucasian	4-8	1	2

All mothers have children enrolled in Head Start which, by definition, means the family's financial resources are limited. However, among the six families, the financial resources vary greatly. Shelly's family of six is totally supported by public assistance, while Ellen's family of three is supported solely by the earnings of the father. The mother who owns her own business, Shannon, was formerly a welfare recipient, but has worked her way out of the system. Two mothers, Tonya and Haley, receive support from live-in companions but do not report the money. None of the mothers lives in public housing projects. Shannon and Nelly own their own homes, Haley lives in a house owned by her parents, and Tonya, Ellen, and Shelly rent small houses or apartments.

Short descriptions of the mothers are provided to help the reader follow the deductions drawn from the data. This chapter introduces the six mothers and their families. Each mother is presented in a detailed vignette that gives pertinent information that is unique to her life. To retain the richness of the mothers' words, the quotes that are

used are in their original state with minimal editing. The editing that was done consisted of the elimination of pauses, hesitations, and repetitive phrases such as "you know." In some instances, it was necessary to clarify particular passages by inserting a word, as denoted by brackets.

Shelly: "Nobody Appreciates Me."

Shelly is a 32-year-old white mother of four boys. She has been married to Robert, the African American father of the three younger boys, for approximately 10 years. He is 20 years older than Shelly and has serious health problems that limit his ability to work. The family lives in a rented house in a small neighborhood located within two blocks of a complex of public assisted housing. The primary source of income for the family is derived from disability checks and other public assistance. The husband is physically disabled and one of the children has been determined to be emotionally disabled.

Shelly grew up in an abusive home in Vermont. Her mother's physical abuse of her resulted in Shelly's placement in a foster home when she was eleven years old. She remained in foster care during her teen years and was involved in counseling for depression and attempted suicide. At the age of twenty-one, after reconciliation with her mother, Shelly and her mother moved to Tennessee. When the abusive behavior began again, Shelly moved out and has only seen her mother a few times in the past 12 years. She returned to Vermont this past spring for the first visit with her foster family since leaving when she was twenty-one. She stated that she did not discuss her family difficulties during this visit to Vermont.

To fully appreciate Shelly's experiences with her son, Meshack, it is necessary to have information about all four sons and their unique characteristics. The following are summary paragraphs with phrases and words used by Shelly to discuss her family.

- Cecil, who is eleven, is white. In describing Cecil, Shelly uses phrases such as honor student, excellent behavior, and great kid. As her first child she "had a lot more time to spend with him." As the study continued over several months, Shelly reported that Cecil got into some trouble both at school and within the neighborhood. Both Shelly and Robert state that they have a very difficult time accepting that Cecil is exhibiting problematic behavior.
- Mason is an eight-year-old biracial child who is currently attending a full-time, self contained class for children who are emotionally disturbed in the local school system. He has exhibited behavior problems from a very young age. Treatment for him has included residential care for 8 weeks, medication, and mother and child intervention programs. According to Shelly, his aggression and destructive behavior are difficult to understand and manage. Her prognosis for him is that he is "juvenile bound if he doesn't change his ways."
- LJ, a biracial seven-year-old, is less than a year younger than Mason. Shelly describes him as quiet, a daydreamer, and follower rather than initiator of activities. He is the silent member of the family and little is said about him except in relation to events or behaviors of the other siblings.
- Meshack, the target child of the study, is a biracial 4-year-old enrolled in Head Start at the time of the study. In the first year of Meshack's two years at Head Start, Shelly

was informed that Meshack would have to be removed from the program because he was hurting other children. Initially, she felt that Meshack was “just acting out because Mason does,” but she now knows that he acts out on his own. She also questions her role in the boys’ misbehavior by stating that she sometimes “feel[s] that it’s [her] fault.”

Additional information that impacts the lives of this family includes the clinical diagnosis of the three younger boys as ADHD. During one of the home observations, Shelly showed me a small box containing 7 or 8 bottles of medication prescribed for the boys.

Shelly finds it hard to discuss Meshack without talking about all her children. As she begins to describe one problem with Meshack, it turns out that it is tied to activities of the other boys. For example, she found that Meshack had been throwing rocks at a neighbor’s window. When the whole story unfolded, both Mason and Meshack had been guilty of breaking out windows. Yet during the home observations, Meshack was compliant, easily responding to Shelly’s requests and directives. Shelly explains this by saying, “there are two Meshacks.” When she and Meshack are alone, he is sweet, easy to manage and enjoyable to be around. However, when the other children are present, she describes him as aggressive, destructive, and hard-to-manage. She also says of herself that there are “two Shellys.” She feels that she behaves in one way when she and Meshack are alone, but when all four boys are home, she is different. The boys’ behavior requires that she be alert and actively monitoring all activities leading to her expression of feelings of frustration and stress.

Shelly relates her own personal situation when she was growing up to her struggles with enforcing punishment and feelings of guilt when she does punish. She states that she knows the feeling of “disliking, just hating your parents and I don’t want my kids to hate me.” Verbal abuse and threats from her sons have lead her to believe that they may dislike her if she follows through at all times with disciplinary measures.

Because of the serious nature of the behavior problems with her three younger boys, Mason’s behavior in particular, Shelly has been involved in several intervention programs. Some of the services she has participated in include education about ADHD, skills training (parent and child together in treatment), parent support groups (parent alone), and personal counseling. Shelly found the skills training sessions to be extremely uncomfortable and she dropped out. The parent support group was more beneficial to her, teaching her new information about ADHD, coping strategies, and disciplinary techniques.

As I engaged in interviews and observations in the home, Shelly verbally conveyed to me how difficult her life is. She experiences frustration and stress related to the boys’ behavior and the many duties incumbent to maintaining the household of a 6 person family. Even though Robert is home most of the time, she does not feel supported by him. She feels like she is “doing it all on [her] own” and that “nobody appreciates [her]”.

Haley: “I Was Perfectly Normal.”

Haley is a 34-year-old divorced white mother of four children. The two older children are her natural children, the two youngest children of whom she now has custody, are the children of her fiancée’s niece. Haley has been divorced for several years, and her

fiancée lives with her and the children. At the time of the interviews, Haley stated that she would not marry her fiancée for fear that she may lose welfare assistance (Aid to Families with Dependent Children-ADFC). He is employed and his financial contributions plus welfare assistance support the family.

Haley grew up in the area in which the research was conducted. After divorcing her first husband, Haley moved in with her parents for a period of time before moving into her current residence. She worked as a waitress to support her children up until about 6 months ago. After taking custody of the children, Haley found that she often was called at work or had to leave work because of behavior problems the children were exhibiting. According to Haley, her boss was unhappy with the work interruptions and fired her.

When the children's birth mother took the children to the Department of Human Services (DHS) and left them, she stated that she "couldn't handle them any more." Because Haley, with the help of her fiancée, had earlier cared for the children for extended periods of time, she was asked to take custody of Gary and Ramona. Initially, Haley turned down the custody of the children, but later reconsidered when it was explained to her that no one else would take the children. At the time that Haley accepted custody of the children, neither DHS nor Haley knew that both children had been physically, sexually, and emotionally abused. "I [knew] that they hadn't been treated right...I thought there's more or less neglect. I didn't think there's any physical, mental, or sexual abuse involved."

To understand Haley's relationship to Ramona, it is necessary to have information about the other children in the family. The following paragraphs are summaries of each child.

- Jonathan is a 16-year-old whom Haley considers a support in caring for the children. During home observations, I observed him preparing food for them, assisting the children during meals, mopping floors, washing clothes, and making repairs around the house and yard. Often he initiated the tasks on his own and all of the activities were done without complaint. In watching him assist the children as they opened juice cartons, he knew to pop the lid and then to reseal it so that when Gary opened it, the juice would not spill. It was the kind of action a parent would do with a young child, making Jonathan appear very comfortable in the role of care taker. Haley describes him as a good boy but says that he cannot manage all three of the children on his own because of the difficult behavior of the two younger children.
- Elizabeth, an eleven-year-old, is a slow learner and is currently placed in a special education class. She has also been diagnosed ADHD. According to Haley, Elizabeth is jealous of the two younger children. She must now share the attention of her mother and mother's fiancée and also has to share her bedroom with Ramona.
- Gary, a five-year-old, is the natural brother of Ramona. According to Haley, he lies, hits others including teachers, bites, cusses, and, in general, Haley finds it difficult to get him to comply with requests. He talks constantly and the main form of interaction centers around questioning others.
- Ramona, who is a four-year-old, is currently enrolled in Head Start. She is described by Haley as being chunky-like, and very pretty. At times she can be very loving, but at other times, Haley says she is hateful, violent, and will hit and kick other children. In addition, Haley states that she tells lies.

When Haley discusses Ramona, it is very hard for her to separate her behavior from Gary's behavior. The frequency and intensity of Gary's misbehavior makes it very difficult to ignore him. Haley believes that it is important for children to have rules and boundaries. She set limits with her older children and expected them to conform. Now as she tries to set limits with the two younger children, she receives criticism from outsiders who say she is too hard on the children. According to Haley, she has been reported for abuse for spanking the children. One of the conditions for accepting custody was that Haley could use spankings as a way of disciplining the children. DHS supports her in this discipline approach. Haley believes children need limits which, in her mind, justifies her use of spankings. However, she also states that she doesn't know what to do with them and that "nothing works."

The presence of two additional children with such behavior problems has made a major impact on Haley's life. Before she got the children, Haley described herself as "perfectly normal." Now she says she is depressed, for which she takes medication and is in counseling. Haley explains that she has "a lot of stress" and that the children have "put a big strain on [her] life" and the relationships in her life. The two younger children require constant care and attention, necessitating major adjustments in her lifestyle.

For support, Haley initiated contact with intervention services shortly after taking custody. However, at times, she feels that the professionals providing services have not been supportive of her. They criticize her discipline methods and have reported her for child abuse. Within her family, her fiancée is supportive but works long hours and is inaccessible during the routine day. There are no other family members who can care for

the children, thereby giving Haley a break. The children's natural grandmother will care for them at times, but she disagrees with Haley's structured discipline. The grandmother places few limits on the children. For these reasons, Haley does not allow the children to visit. She says it is more difficult to manage them when they return to her. Her own parents are too old to care for two active young children.

In the final interview with Haley, she summed up her life by saying that "my life has just turned upside down." She struggles to explain to others how difficult it is to live with children with extreme behavior problems and states that "unless you've had a child like that, you'd never really know." However, in view of all the problems, Haley is committed to the children and states that she will not "give them back."

Shannon: "Everything Is More."

Shannon is a 46-year-old, self-described "happily divorced mother" of three children. The youngest child, Jarrod, is by birth the son of Shannon's youngest daughter, Linda. Shannon considers him "the only child" because the older two daughters had left home before Jarrod came to live with her. Shannon gained custody of 5-year-old Jarrod four years ago and states that she is "going to adopt Jarrod." Custody was awarded to Shannon because Linda failed to care for even the basic needs of Jarrod such as feeding, bathing, and diapering. Prior to gaining custody of Jarrod, Shannon had been living alone and worked outside the home. Shannon reports being dissatisfied with the quality of the care Jarrod received while in daycare. She eventually completed training to become a Certified Daycare Associate (CDA) and opened her own daycare in her home.

She is very proud of her daycare center and is in the process of conforming to state regulation guidelines. Shannon showed me around the house, pointing out new walls that she had built, sheetrock and flooring she had installed, and freshly painted walls. She is independent and self-sufficient, taking pride in the improvements she has made in an old house and in her business.

Shannon has relatives that live in the local area and she visits with them. She reports that it is often difficult to share her problems with them because they disagree with her decisions about her business and the raising of Jarrod. When speaking of her two daughters, Shannon considers the oldest daughter overwhelmed by her own life circumstance, and the youngest daughter has moved out of state to avoid losing custody of two additional children. Shannon states that she does not have anybody she can talk to or consider a support other than Jarrod. "We hold each other up, which is bad!"

Shannon placed Jarrod in Head Start because she felt it was important for Jarrod to be in a situation that wasn't his territory. At home, Jarrod ruled everything, and according to Shannon, considered "everything his--his house, his toys, his rooms." Jarrod may be Shannon's only child still living at home, but for several hours each day, there are from one to six other children present in the home. During that time, Jarrod has to share toys and follow rules established for the day care setting. This also requires that he share Shannon's attention, which, she states, is difficult for him to do.

Some of the behavior problems described by Shannon include being destructive, non-compliant, "very busy," raging that involved screaming and fighting, and running away from her and others. Even as Shannon describes the inappropriate behavior of

Jarrold, she is very quick to speak of him in very positive terms. In fact, many of the problems that he exhibits, she sees as future strengths when he learns to control the behaviors. Instead of describing Jarrold as hyperactive, she states that he is "very busy." His ability to remain on one task even when asked to move on, is seen as "focused" rather than non-compliant behavior. Shannon feels that his past experiences with his mother, Linda, have made him grow up before a young child should have to. He does not trust his mother to follow through on promises made to him, and Shannon attributes many of his problems to the relationship and interactions he has with Linda. Shannon sums up Jarrold by saying that he is "wonderful and horrible at the same time."

Shannon believes that she must provide a stable environment for Jarrold. She must follow through consistently when disciplining him because he picks up on inconsistent behavior and uses it to his advantage. She does spank him, but feels that it should only be carried out when she is calm, and when Jarrold is in danger, or is about to hurt another person. She also looks at the intent behind the behavior when determining if a spanking is appropriate. Acts committed with the intent to harm another are punished by spanking.

Jarrold slashed a chair because he was angry at Shannon. At that point, she made arrangements for Jarrold to see a psychologist. When in the presence of the therapist, Jarrold never exhibited any problematic behavior, leading the therapist to suggest that Shannon was "overreacting." Shannon felt the therapist was "condescending" and ceased attending therapy sessions. When a parent support group was suggested, she declined stating that since she must deal with him all day, to go to a group and talk about him some more would not be beneficial.

Throughout the interviews, Shannon stated that “everything was more” with Jarrod. She wanted me to know that this is an important theme when discussing Jarrod. She explained that he has more energy, he needs more control, he is more demanding of her and her time, and emotions of anger, happiness, and sadness are felt more deeply. “He is a child for whom everything is more.”

In earlier comments regarding Jarrod’s unpredictable behavior, Shannon summed up living with Jarrod as being like “sitting on a keg of dynamite. You can either use it to some sort of advantage or you sit there and hold your breath and not do anything. I can’t live just hoping for the best, I’ve got to try and do something with him.” Even with the many problems she describes with Jarrod, she is committed to him and expresses this sentiment when she says that “she’d probably try and kill anyone who tried to take him away. He’s very unique.”

Tonya: “It’s a Constant Battle.”

Tonya is the 23-year-old single, white mother of two preschool aged boys. She is currently living with her mate, Big Frankie, the father of the two boys. She discussed with me the possibility of getting married to Big Frankie in the near future. Due to the past instability of the relationship, Tonya filed for, and is receiving, child support from Big Frankie who is employed full-time. At the time of the first two interviews, Tonya was working. However, before she completed participating in the study, she was laid off and did not work outside the home. Tonya is currently involved in the Families First welfare reform program that is providing job training for her.

Tonya grew up in a local predominately black area. She claims her stepfather, who was African American, was her real father, stating that "anybody can make a baby, but it takes a real man to be a daddy." The stepfather provided for her, her mother, and younger sister, and spent time with them. In her eyes, "he did nothing wrong." Her real father, according to Tonya, had nothing to do with her, and forbid her to use his name for her sons because they were biracial babies. From the age of three on, Tonya lived within the black community with little contact with her mother's family because they disapproved of her mother's choice in mate. Within the black community, Tonya is complimented when her friends say, "[You're] a bleached out black girl."

Even though Big Frankie now lives with Tonya and the boys, Tonya does not feel that he spends enough time with the boys. She would like for him to be the kind of father her stepfather was by engaging in activities with Tonya and the boys. She describes Big Frankie's role in the family as that of a "warden." He is the one who punishes and while Tonya says that she lets the boys "get away with a few things, he doesn't." When asked to spend time with the boys, Big Frankie will state, "I've worked all day; they're yours."

The following is a description of each child.

- Frankie is a four-and-a-half-year old biracial boy who is finishing his second year in Head Start. Tonya describes him as having a "really bad temper, a mean one." When he gets angry, he hits others including teachers, he "breaks things," and he engages in temper tantrums which include screaming, throwing things, and cursing. He is persistent in seeking to have his own way, and Tonya states that he doesn't like to

share with his brother. In seeking to understand why Frankie behaves as he does, Tonya remarked that “it can’t be the terrible two’s because he is four.”

- Tyrone is the three-year-old younger brother of Frankie. He is also considered difficult to manage by Tonya. At times he is the recipient of Frankie’s aggressive behavior, but Tonya also reports that he is the initiator of fights between Frankie and Tyrone. When I observed the family, Tyrone would whine, a word used by Tonya, for something he desired for long periods of time. He was persistent in seeking the item and could not be distracted by Tonya. Tonya reports that he also is “getting out of control” because he “sees older brother do it and thinks he can do it.”

The interaction between the two boys is filled with arguing as reported by Tonya and she feels that they are jealous of each other and the time she spends with each. She feels that they compete to see who can get her attention and that “it’s a constant battle” that goes on “from the time I get off from work to the time I go to bed.”

Tonya doesn’t seem to have a clear understanding of why the boys behave as they do. At one time she stated that the misbehavior was a way to gain attention; at another time, she stated that Frankie picked up the behavior from daycare. And at still another time, Tonya stated that she felt the boys “know who they can and can’t act up with.”

As a young child, Tonya reports that she was an easy to manage child. It is difficult for her to understand why Frankie misbehaves. “I didn’t do this when I was little. I don’t show him to do this, so why is he doing it?” She learned to respect her elders and wants her sons to respect her. However, she admits that they do not always show her respect.

As she struggles with disciplining her sons, she states that nothing is working and that she has tried everything. She reports that she does spank her sons because she believes that to “spare the rod, [will] spoil the child.” Yet she also states that even spanking doesn’t always work. She realizes it is important to work on the problem behaviors now because she doesn’t want the boys to misbehave as they get older.

Tonya describes living with the boys as a “constant battle” with little support from Big Frankie. For outside support, Tonya lists her mother and sister as sometimes being persons in whom she can confide about her problems. But family disagreements often lead to times of estrangement. She also reports that she does not have many friends. When she does become close with others, disagreements arise that terminate the friendships, leaving her without support in her life.

At times the boys’ misbehavior “gets to [her]” and she feels like she is “going crazy.” At one point she was suicidal and entered therapy. She states that she would have taken her own life if not for knowing that her sons need her. She recognizes the importance of her role as mother by stating that “if it wasn’t for them two, I wouldn’t be here.”

Ellen: “If I Can Fix It, I Must Be the One Who Broke It.”

Ellen, at 25 years of age, is married and has one child, Julie who is four-years-old. A younger child died within the first year of his life. Ellen has been married several years to Warren, who works full-time. Until recently, he was the sole means of support for the family of three. At the time of the home observations, Ellen had begun to baby-sit another

child during the day, providing a small amount of income. They live in a small, three room apartment, which requires the parents and Julie to share a bedroom.

Ellen grew up in Texas with four sisters, her mother, and an alcoholic father. Of the four children, she was the next to the youngest and the child singled out for abuse. Her father sexually and physically abused her for several years. According to Ellen, her mother "allowed him to take his paychecks and go drink where the kids would have no clothes, no food, no nothing...and she never tried to stop it." Her father died when she was 15 years old. Her mother has remarried and lives in the local area now. Ellen states that "there's a lot of conflict between my mother and I over things that happened when I was a child." Ellen promised herself that she would not parent as she was parented. "When I [have] children, things [are] going to be different...a lot different."

Julie is enrolled in the Head Start home program which involves a teacher coming into their home one day a week. Once a month, the mother and Julie are transported to the Head Start center for a full day of activities. Julie is in the classroom with other children, while Ellen is involved in parenting workshops. The Head Start teacher has offered suggestions for managing Julie's misbehavior, but Ellen has not found the suggestions to be helpful.

Julie's misbehavior includes talking back to her parents, non-compliance, destructive acts, temper tantrums in which she kicks, throws things, and screams, defiance, and persistence in seeking to gain what she wants. According to Ellen, she is "sneaky," which means that she will engage in behavior that she has been warned against doing. Examples include leaving the porch to play in the yard, jumping on the bed, flooding the

bathroom by playing in the water, and playing with forbidden items. She often lies to her parents about her actions. During the observations, I witnessed her defiance of her mother's commands and persistent whining for desired objects such as food or TV time.

Julie is described by her mother as "real smart and creative." The relationship between the two is punctuated by times when Julie is "just so sweet and lovable, I just want to mash her little face up and kiss her all over" and times when "she's just horrible." Ellen finds it difficult to understand why Julie acts as she does and blames herself for the inappropriate behavior.

Ellen describes her relationship with Warren in positive terms. She states that she loves him and considers him a friend. They each feel that they are the one responsible for the unmanageable behavior of Julie. Warren wonders if he needs to be home more to spend more time with her. However, Ellen is home with her all the time and the misbehavior continues. Ellen continually questions her role in Julie's misbehavior and asks herself, "What do I do wrong? It has to be something that I do or that I don't do that causes this."

There are times when Ellen says that she blames Warren for the problems. In the management of their child, they often are in conflict as to the best approach for disciplining her. Ellen describes Julie as pitting one parent against the other, causing further problems between the two parents. She would tell a lie about one parent to the other parent. On one occasion, she told Ellen that Warren had kicked her. Ellen became angry at Warren until they realized that Julie was lying. Ellen said, "She uses things to

bring us together into an argument.” Ellen controls the type of discipline used by Warren and has forbidden him to “whip” her.

In disciplining Julie, Ellen states that she feels very strongly about the use of spanking as a method of discipline. Because she was physically abused, she will not “whip her like [she] was whipped.” She does give her swats on the buttocks, but states that “her child will never be hit when I’m mad.” This leads to Ellen giving in to Julie’s demands because Ellen does not want to become angry.

Ellen believes that the misbehavior is a result of something she has done wrong as a parent. As the parent, she states that she is about the only person that can help her but “I don’t know how.” In an effort to seek help, she had Julie evaluated by a mental health agency. Based on results from behavior checklists, the therapist stated that Julie was attention deficit hyperactive disorder and made recommendations to Ellen. Ellen was uncomfortable with the recommendations that included locking Julie in the bedroom, buying expensive games and toys that Ellen could not afford, and ignoring misbehavior, a technique that Ellen feels allows Julie to go unpunished for misbehavior. Ellen was angry that she was never referred to a “doctor, someone who has been trained in this specific field.”

Ellen has a dream for Julie’s future that includes “going to school, college, getting married...and having a good career and being able to depend on herself.” She feels that correcting her misbehavior now is important because she “can’t wait until she’s 18 and try to do it. [She] needs to do it now before it gets worse.”

Nelly: "I Don't Think I'm a Very Good Mom."

Nelly is the 25-year-old mother of two children, Dana and Andy. Nelly and David, the father of the two children, married when Dana was about 3 months old. Both contribute to the support of the family with David working full-time while Nelly works part-time. David is actively involved in the children's lives. He is their caretaker on Saturdays and Sundays, the two days that Nelly works. The family receives vouchers for food items, but they do not qualify for any additional public assistance. They are making payments on a trailer.

Nelly's childhood experiences included an unstable home life. Her mother was an alcoholic who died when Nelly was 12 years old. According to Nelly, she drank "just all the time." After the death of her mother, Nelly was cared for first by her older sister, then by a stepmother, and finally, she lived with the mother of a boyfriend. She calls her sister her "mother figure." When speaking of living with the stepmother, Nelly stated that she was "real unhappy then 'cause he (her father) picked my step-mom over me." Her father, who was a truck driver, was often gone from home. She summed up her feelings about her father by saying, "I just felt really let down that he chose them over us" referring to the stepmother and her daughter. When the situation became very difficult in the stepmother's home, Nelly said she "found a family" to live with. When she moved in with the mother of a boyfriend, she felt wanted and loved the woman. From there, she graduated from high school and moved out on her own. None of Nelly's living relatives lives in the local area.

The following is a description of Nelly's children.

- Dana, who is four, is described by Nelly as being a “very beautiful, very bright child who wants to learn.” The home observations seemed to confirm that she picks up quickly on new material presented to her, such as rules for games, and is inquisitive, displaying verbal skills characteristic of an older child. In speaking of Dana’s misbehavior, Nelly says “she has bad days and she has good days.” Interestingly enough, Dana made a similar comment to me: “I’m a good girl and a bad girl. I’m both.” On the bad days, Nelly describes “anger rages” in which Dana would scream and hit Nelly causing Nelly to have to restrain her. In addition, Dana is often argumentative, stubborn, destructive, attention-seeking, and “very mean to her brother.” Nelly states that she (Nelly) does not like “being told what to do.” She says this leads to conflict within the family “because everyone in our family is boss.” This was evident in the home observations when the children refused to comply with Nelly’s requests which lead to verbal arguments and, at times, physical force by Nelly to guide the children to comply with her requests.
- Andy is the 2-year-old younger brother to Dana. According to Nelly, he is “a whinny little thing” and is “starting to act pretty much just like her.” To appease him, Nelly states that “we just give him his way so he’ll shut up.” During the observations, there were many occasions when he would whine when not given what he desired. I observed both Nelly and Dana giving in to him when he continued to whine for an object. Nelly states that even Dana does not like to hear him whine and will “just let Andy have it so he’ll quit [whining].”

As Nelly sought help for Dana's behavior problems, she took her to a pediatrician who, according to Nelly, was a "behavior doctor." He evaluated Dana and diagnosed her as ADHD, placing her on medication. The medication caused her to be lethargic, "laying on the couch with her pillow and blanket." Nelly was not happy with the effect of the medication, stating that "I didn't like the change. I didn't want a child like that." At that point Nelly withdrew her from the medication and looked into other options for intervention. She found out about a local agency that would engage Dana in therapy, but stated that she had already decided that the changes had to come about within her as a parent. "I want to help ourselves. I want to learn how to be a better parent." She was not able to locate services that met this requirement.

Nelly's attitude about disciplining her children is firmly rooted in her past. In speaking of how she was parented as a child, Nelly states that "I just grew up without any [discipline]. But I knew that I was going to make my children mind." She believes in whipping a child even though she was not whipped as a child: "I've learned that I'm going to discipline my child." However, she also states that even though she whips the children frequently, she "doesn't feel like it does anything" to change the behavior.

In speaking of her husband, Nelly says "I don't think [we could make it] if we didn't have each other." She considers him a "very good dad" who spends time doing activities with the children. Despite the support she feels from him, there are many times when he criticizes her methods of discipline. According to Nellie, "every night I get told I don't do it right." They fight over how to best discipline the children and she refuses to

allow him to use some types of management, such as throwing a shoe to get the child to attend to commands.

At several points throughout the interviews and observations, Nelly made comments about her parenting abilities, for example, "I just always get told I'm doing the wrong thing." In addition, she feels that "my whole day is spent in correction" leading her to feel like she is "mean" and that she is "not a very good mother." For her it is a "day-to-day struggle to get her to mind" and the struggle takes "a toll on every day and you have to ask yourself, 'Is it going to get better?'"

It is important to recognize that each mother has her own unique perspectives. Charon (1992) defines perspective as a point of view from which we observe events and strive to make sense of those events. In addition, perspectives can be described as conceptual frameworks, a set of assumptions, values, and beliefs used to organize our perceptions and control our behavior" (p.8). It is not possible to view events without who we are as a person influencing our point of view. The mothers' perspectives are just that--the point of view that allows them to make sense of their world. The perspectives are not fixed but are ever changing as the mothers interact with the world around them. As the situation changes, so does the perspective, based on the role that the mother takes on in the situation.

As a researcher, my background, the experiences that I have, and personal beliefs that I hold all contribute to the interpretation that emerges from the data for me. In the same way that my personal and professional perspectives impact how I interpret my world

and the experiences I have, the mothers continually act and react according to their life experiences, beliefs, and personal characteristics. Their perspectives are influenced by what life experiences they bring to any given situation.

In the next chapter, I present the data analysis and interpretation. This analysis includes a process that the mothers moved through as they worked to make sense of the children's misbehavior.

Chapter IV

HEARING THE MOTHERS' VOICES: ANALYSIS AND INTERPRETATION OF THE DATA

Method of Data Presentation

My research focus for this study has been on the mothers of children engaging in problematic behavior. The specific research question is: What are the experiences of the mother of a child who is hard-to-manage? With that focus in mind, I designed the following four questions to guide me in that process:

1. What is the mother's perception of how her child who is hard-to-manage has influenced her life?
2. What is the mother's perception of her child's difficulties?
3. From the mother's perspective, what are effective and ineffective ways of managing her child?
4. What is the mother's perception of her relationship with her child and with other individuals involved in the family's experience?

During the data collection process and the coding of the data, the questions were helpful in exploring the interaction of the mothers and significant others involved in their social world. The broad scope of the questions guided the formulation of open-ended interview questions, which in turn, provided an opportunity for unanticipated topics and concerns of the mothers, and to me as the researcher, to emerge during interviewing and

home observations. In the coding process, the questions were beneficial in organizing categories in such a way that relationships between the categories were revealed, providing a foundational view of the mothers' experiences of living with hard-to-manage children.

As I began to write up the analysis of the data, I found myself in conflict. I originally thought that I could write about the overall interpretation of the data and then use the guiding questions as a method of summarization. It quickly became apparent that such a narrow approach to the data analysis would not work. The theoretical underpinnings for this study suggest that the mother and child are best understood by investigating the impact of the child's misbehavior on the total environment of the mother. Therefore, it is only through a holistic approach to the data analysis that the reader can understand how a child's misbehavior fits within the context of the mother's life. Family systems theory places emphasis on how each family member influences others and that individual members do not act in isolation. The patterns take into consideration the mothers' feelings and experiences, both positive and negative, with their children and others with whom they have contact during the course of a day. Bronfenbrenner's theory (1979) was beneficial in understanding the multiple levels of the family system and the relationships that exist between the various systems. It is easy to see that the patterns that emerge from the data must remain contextualized within the actual actions and interactions of each mother as she lives each day.

One of the underlying strengths of qualitative research is that it allows the data to dictate the collection and analysis of data (Wolcott, 1995; Lincoln & Guba, 1985).

Unforeseen developments often alter initial design, implementation and, as I have discovered, analysis. Presentation of the data as dictated by the four questions would not be an inaccurate account of the mother's experience; however, it would be an incomplete analysis that does not remain faithful to the theoretical rationale of this study. The most revealing approach to analysis is one that seeks understanding by revealing the interconnectedness of the data.

Consequently, I will present the data analysis of the mothers' experiences within the framework of a model. The model illustrates the process that the mothers experience as they attempt to make sense of their lives. It evolved in response to the third guiding theory which is that of symbolic interactionism. Through symbolic interactionism, we can begin to understand how mothers come to define their parenting identity in relation to the child's misbehavior and the conflict that the mothers experience as a result of their definitions derived from social interactions. The actions that the mothers take, based on their interpretations of self and their situations, aid in understanding what their lives are like.

Some of the findings will be flagged as they relate to the four guiding questions to alert the reader to portions of text that correspond to a particular question. However, by nature of the interconnectedness of the data, it will not be possible to flag all responses without interrupting the flow of data presentation. The question--*From the mother's perspective, what are effective and ineffective ways of managing her child?*--is a good example, with relevant data embedded throughout both chapters four and five. Noting each and every response would be distracting to the reader. A portion of text responding

to that question will be flagged, but the reader will also find other applicable data throughout chapters four and five, as is the case with each of the other three questions.

Overview

As noted earlier, the data analysis will be presented within the framework of a model that illustrates the process that mothers experience as they strive to understand children's misbehavior. An orientation to the visual display of the process follows (see Figure 1) with references to the model included throughout the chapter.

The figure represents three phases that mothers move through as they work to make sense of the children's misbehavior. First, the three overlapping circles represent the mother, child and others and the interactions, both positive and negative, that center around the child's misbehavior. Second, based on the mothers' interpretations of the interactions, the mothers formulate their perception of self as either a good parent or a bad parent. The third phase shows the mothers taking actions as they strive to resolve the conflict that exists between the two perceptions of self as parent.

In the remaining portion of the chapter, the data will be presented under three main headings: influence of misbehavior on mothers, mothers identity of self as parent, and seeking understanding and solutions.

Influence of Misbehavior on Mothers

The interactions that the mothers have with persons involved in their social world are a crucial element to understanding the mothers' lives. The interactions occur in two

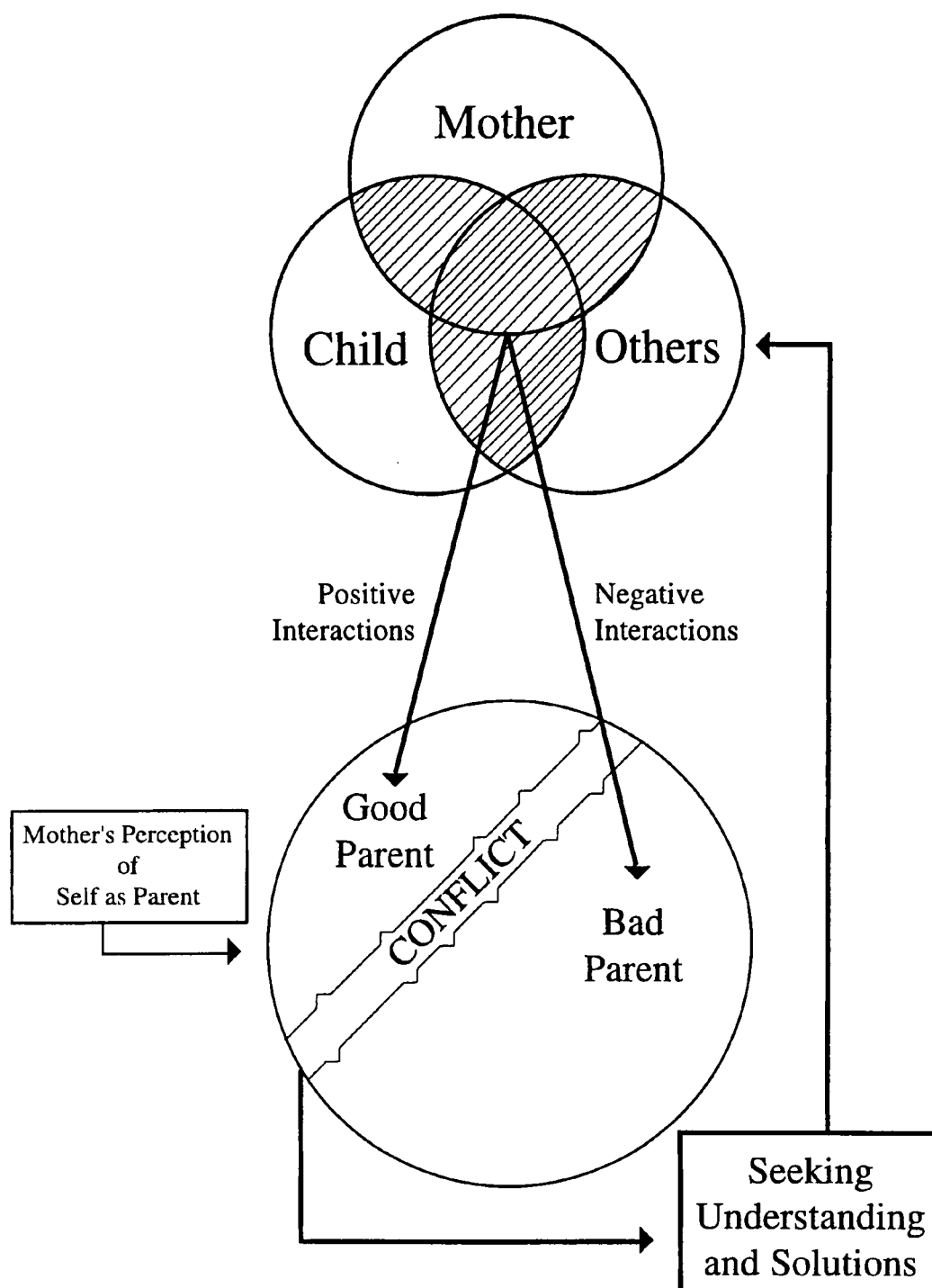


Figure 1. Mothers making sense of children's hard-to-manage behavior.

dimensions. The first dimension is the relationship with the children, while the second dimension is that of the interactions with significant others who are involved in the mothers' lives. Understanding the interactions, the mothers' interpretation of interactions, and the actions of the mothers based on interpretation, gives insight into how they view living with hard-to-manage children and the impact that these children have on their lives. The first section reviews the mothers' interactions with their children. Embedded within this section, material on positive and negative interactions and how those interactions influence mothers, are responses corresponding to the guiding questions: *What is the mother's perception of her child's difficulties?* and *What is the mother's perception of how her child who is hard-to-manage has influenced her life?*

Positive Interactions with Children

The negative behavior of the children and the negative interactions between the children and their mothers were quite visible as I reviewed interview sessions with mothers by listening to the audio tapes and reading the transcripts. As a researcher and past counselor of children with behavior problems, I expected to hear the negative information that each mother readily revealed about the children. However, that is not the whole story for these mothers. The positive interaction that is present in each family plays an equally important part in explaining what life is like for these mothers. This information is subtle and initially was overlooked because it becomes overshadowed by the negative stories of the mothers. During the data coding process, it became evident that the positive interactions between mother and child are an important component of each mother's life.

The home observations and videotaping sessions allowed me to witness the looks of affection, hugs, and exchanges of conversation that clearly point to a relationship between the two that is based on love and positive communication.

The thirty minute videotaping of Ellen and Julie illustrated the positive interaction that was present in each relationship. During that time, Ellen actively engaged in Julie's play. She asked questions about the play and praised the efforts of Julie. Both appeared at ease with the other as if the activity was a part of their normal interaction together. Ellen confirmed at a later point that, indeed, the two of them spend time together with Ellen as an active play partner for Julie. Ellen's comments while viewing the videotaped segment reflect the positive relationship that exists between her and her daughter.

That's my best friend right there...I always show great interest in what she's doing no matter what it is...I'm like, 'Oh, Julie, that's the best thing I've ever seen in my life'....She gets plenty of praise and lots of attention and I show interest in everything.

As initial interviews began, I asked each mother to tell me about their experiences of living with their child whom they considered hard-to-manage. To aid the mothers in verbalizing their stories, I asked the mothers to describe the child to me by painting a verbal picture of the child. Since I had not met most of the children at the time of the first interview, this question often provided a way for the mothers to begin talking about their children and the problematic behavior. With the exception of one mother, each started with positive descriptions that included words or phrases, such as "very, very bright," "beautiful," "pretty," "a good kid," "lovable," "the sweetest kid," and "helpful." They wanted me to know that, in addition to the negative behaviors of the child, there also were

positive attributes. For the one mother, Tonya, who did not verbalize many positive characteristics, she did speak of a deeply felt love and commitment to her children. In speaking of a time in her life when she was suicidal, Tonya stated,

I feel like I would have taken my own life a long time ago. But, because of those four people, ...mainly my kids. I mean, my mom can do without me. Well, that's the way I felt...she would be fine, but those two boys need me. They need me to raise them.

After the initial positive description by each mother, the verbalizations focused on the negative behaviors and situations that were characteristic of their daily lives. Nevertheless, evidence emerged during the coding process of the interviews and observations to support the existence of a positive relationship between mother and child. The custodial mother, Shannon, who is actually the grandmother of the child, stated that Jarrod is the "center of [her] life" and is of "very, very, very great value to [her]." Haley speaks of the two foster children who are hard-to-manage as "my kids," incorporating them into the family experience along with her two natural children. "All four [are] my kids." Shelly sums up her feelings about Meshack and how special he is to her in this way.

I love this part of the day (referring to the morning routine of bathing and dressing for school). I just love working with Meshack in the morning. I do! He's the most glorious...it's hard to explain. The other ones (referring to her other three children) I get aggravated and agitated with them in the morning getting them dressed and stuff. But with Meshack it's just different. I don't know. I love all my kids but Meshack is just so...what do you say? He listens to me. He listens to what I'm talking about, he listens to what I'm saying. Where the other ones, they don't. I just love this time of the day with Meshack ...every morning.

The positive interaction between Shelly and Meshack was readily apparent during the videotaped segment which was filmed during the morning care routine. The two laughed together and teased each other with Meshack readily complying with Shelly's requests.

With the exception of Haley, all other mothers displayed similar comfort with, and pleasure in their child when videotaped. Haley appeared ill at ease as she tried to engage in play activities with Ramona. Haley later confirmed that play with Ramona was not a comfortable activity for either of them. During the final interview, she stated that the behavior problems of both Ramona and her older brother are such that she is unable to spend time alone with either child. According to Haley, if she tried reading to Ramona, the activity shown on the videotape, the older sibling would interfere, which would lead to a fight between the two children. During the home observations, I did not see Haley engage in any play type activity with either child. She talked to them continually, but did not attempt any physical play with them. For Haley, her commitment to keeping the children and providing a safe home environment is evidence of the importance the children play in her life and the value she places on them. "I consider them two, Gary and Ramona, mine because I'm not giving them back for [any] reason. I am not giving those kids back."

From the positive interaction and feelings of commitment, the mothers derive positive feelings about themselves and their child. They know their children well and are able *at times* to manage the misbehavior successfully. They know that they *do* engage in correct parenting practices *at times* that have positive outcomes with the children. The positive feelings lead to their perception of selves as "good parents."

Negative Interactions with Children

Nonetheless, the mothers report the interaction with their children as being stressful. By definition, the children in this study were characterized as hard-to-manage,

which means that the frequency and duration of inappropriate behavior is greater than that of the behavior of peers. All the mothers agreed to this definition and the evidence to support the characterization of each child emerged in the interviews and observations.

The negative interaction between mothers and children centers around the misbehavior of the children. It is not the children, but the misbehavior that creates the difficulty in the relationship. Most mothers of young children would agree that they experience difficult times with their children. However, the mothers of children who are hard-to-manage are under tremendous strain because of the seemingly constant inappropriate behavior of the children. They describe the impact of the misbehavior with such words as "stressed," "depressed," "I cry a lot," "physically and emotionally drained," "nerve-wracking," and "hopeless." For most mothers of young children, these may be prevalent feelings at times. The difference between parents of children who are not considered hard-to-manage and children who are is the ongoing management of the inappropriate behavior and the toll it takes on the mothers over time.

All mothers referred to what they perceived as a large amount of time required to care for the children and used the term "constant" or "constantly" as a way of measuring the time involvement. The common characteristic of non-compliant behavior makes it difficult for mothers to carry out even the most basic daily routines such as getting the children to eat meals or take a bath or go to bed. Haley reports on the mealtime routine: "It's usually an hour, at least an hour and a half at night. At supper time...you have to sit there and watch them or they won't eat. They'll throw the food behind the refrigerator or in the garbage or something." For Tonya,

all day is difficult, but putting them to bed is the worst. I think a bath gives them more energy....then they'll get to fighting over the pillows...we have to fight them about putting toys in the bed. They're always sneaking something in the bed with them....they're up and down to the bathroom...Frankie would throw something down there and hit Tyrone and Tyrone would start crying and then Tyrone would climb up the ladder and do something to Frankie and jump back in the bed. You know, it's constant...after fighting with them for two and a half hours, I'm wide awake!

Ellen struggles to get Julie to go to bed earlier and to sleep in her own bed.

I've tried to set bedtimes. She will not go to sleep by herself. She will not go to bed. She will not sleep by herself....we go to bed at 10:00. Every night. 10:00. But where she's gonna be starting kindergarten, I try to get her in bed, I would like for her to go to bed at 9:00. And I tell her, 'Julie, it's 9:00, you need to get in bed.' 'I'm not going.' She will not go by herself. We've tried everything...She will not go to sleep by herself. She will not go to bed. She will not sleep by herself...But if I say 'Julie, it's 9:00. It's time for you to go to bed...not unless we all go. If we all go, she'll go.

The mothers refer to the care and discipline of the children as ongoing and constant. For the families in which there are siblings, disagreements and quarrels create an atmosphere in which the mothers are monitoring activities which often include fighting among the siblings. "They fight constantly." "It's an argument and a fight all day long." "It's a constant battlefield between the boys."

In addition to the issue of time involvement, six themes emerged that were common to all mothers. They are: loss of freedom, loss of autonomy, intervention, isolation, coping strategies, and hypervigilance. A discussion of each follows.

Loss of Freedom. Most mothers of young children must make accommodations in their personal time schedules or in the scheduling of family activities. That is the nature of having young children. Their needs and demands require adaptations in the day-to-day routines. However, for the mothers of children with hard-to-manage behavior, the

misbehavior requires additional accommodations that must be taken into consideration.

The mothers of this study speak of restrictions in activities that go beyond what is normally expected in families with young children.

All mothers experienced loss of freedom in activities with their children outside of the home. Shopping and eating out were specifically mentioned as activities that had been severely limited. The inappropriate behavior of the children included “screaming and crying” for desired items, running away from the mother, and arguing over what food they would eat, all of which leaves the mother feeling like she’s on “an emotional roller-coaster.” Even though all children may engage in these behaviors occasionally, it is a pattern of behavior that has occurred so often for these mothers that they now prefer to refrain from these activities. Ellen reports “We don’t even go to K-Mart,” and “we go through a drive-through (fast food restaurants), we wouldn’t even stop.” The other mothers report similar feelings about taking the children to public places.

The misbehavior also restricts other activities. Quality time within the family is limited. Family time together at the dinner table is disrupted and individual time with each child in the family becomes difficult to achieve because of the attention-seeking behavior of one or more siblings. Likewise, the mothers report having little time for activities related to personal care and pleasure.

Loss of Control. The overwhelming feeling of not being in control of the children or their own lives is a prevalent theme among the mothers. The children’s misbehavior controls the world around them and all the activities of the mothers. The mothers feel they have tried all methods known to them to discipline with little success on a regular basis. In

addition, the inconsistent behavior that is characteristic of hard-to-manage children frustrates the mothers because methods that work on one day appear to be ineffective on other days. Instead of the mothers feeling as if they are making decisions regarding the children and the life of the family, the children are making the decisions. Shannon states that Jarrod "wanted to rule everything" and "wants to be in control." Tonya questions how to find a method of discipline that works:

Sometimes it makes me sit back and think, what do I need to do? Do I need to spank him? Do I need to do this? Do I need to do that? ...What do I do? What do I do? When I was growing up and you had acted like that you got your bottom busted. Now you can't do that. You have to actually sit back and think, What do I do? What can I do? With my own kids, in my own home? Yeah, you're right, sometimes I do feel out of control. Like I don't have the upper hand. I can't get the upper hand.

Nelly reported feeling especially threatened by Dana's non-compliant behavior. Both she and her child are strong-willed and, according to Nelly "everybody in our family is the boss, or thinks they are." During home observations, several incidents occurred in which Dana and her brother questioned and defied Nelly's directives. She used physical management to gain compliance on several occasions. Nelly reports that she does not "like to be told what to do" and states that her children are "not going to run over [her]" which leads to power struggles and conflict within the family. Shelly is especially aware of her inability to control her children at times.

They don't listen to me. They laugh at me, or when I get to a point, sometimes I just, I just shut myself off. I just shut myself in, in my bedroom. I go lay down. I cry my eyes out, you know, and I can, they all stand at the bedroom door and they're, the boys, they laugh at me because they got me. They got me where they wanted me. They got me just to that point where I just can't stand it no more.

The mothers and children battle for control with the mothers losing many of the confrontations.

Intervention. The mothers of hard-to-manage children are often involved in some form of intervention. All of the mothers but Tonya have actively searched for services designed to aid in the management of their children. Parents of typically developing children may experience some difficulty in maintaining control at times with their children, but the periods of time are of short duration and usually are associated with developmental stages or transitional issues. With the passage of time, the parenting issues are resolved or at least the parent begins to feel more in control of the child, perhaps because they have made adjustments in their parenting practices. The parents of children with hard-to-manage behavior realized that the behavior problems were not merely related to developmental stages or other transitional issues. Thus began the process of seeking professional help.

Five of the six mothers sought professional evaluations, while Tonya, the sixth mother, is scheduled for an evaluation in the near future. Of the four children diagnosed as ADHD, only two have been prescribed medication. Shelly's son, Meshack, is currently on medication, while Nelly chose to remove Dana from medication. She felt that the medication made changes in Dana that were not positive. Dana became "too zombie-like...and things changed when she got on that ritalin. I didn't like the change, I didn't want a child like that." Shelly continues to use medication with Meshack and states that

he's hard to manage, very, very hard to manage without his medication...They (Head Start teachers) pick him up at 12:00, he takes it at 11:00 [before being picked up by Head Start], and then he takes it here at 3:00. By 3:00 he's just really overactive and starts getting aggressive; just before his medication time.

Haley, Shannon, and Ellen have spent time involved in intervention counseling. Shelly has attended programs related to the problematic behavior of an older son. Nelly tried to locate parenting classes that would help her to become a better parent, but at the time of the study, had not attended intervention classes. Tonya has not sought outside help for her children's misbehavior. However, the Head Start teachers have begun a preliminary evaluation of Frankie, which was not completed as of the end of the Head Start school year.

Counseling, conferences with day care and school personnel, and evaluations, all centered around disruptive behavior, are activities that most parents are not involved in with young children. Their presence in such activities indicates to the mothers that they have somehow failed in their parenting abilities. Not only are they feeling inadequate as a result of the interaction with their children, but they are also having to be involved in additional activities that require time, effort and emotional expenditure because of the misbehavior.

Isolation. Another theme that emerged was the feeling of isolation from others, both emotionally and physically. The mothers report they are unable to find baby-sitters, relatives, or friends willing to keep the children. In addition, visits to the homes of others are restricted because of the parents' fears that the child may harm other children, experience difficulty getting along with peers, or damage property of others. The restriction in visiting opportunities also limits the social activities of the mothers. "I've

turned down invitations to go out with my friends because I am embarrassed about how they [her children] will act.”

Family members and mates frequently do not agree with discipline strategies employed by the mothers, and, in addition, are often unable to control the children themselves. Ellen’s mother has refused to keep Julie by herself in order to allow Ellen to have free time. Ellen states that it is because of Julie’s hard-to-manage behavior. In addition, Ellen and her mother disagree about the discipline approach that would be most beneficial for Julie and, according to Ellen, her mother allows Julie to do as she wants rather than trying to make Julie obey. “She’s too much for my mother to handle.”

Haley states that her parents are not physically able to handle Ramona and her brother.

There have been a couple of times that they’ve watched after Gary, like if I had to go to the doctor or something...the bus would drop him off down at my mom’s and he’d just literally run all over them. I’m not going to put that on my mom and daddy ‘cause they done had their part. They done raised us.

In some cases, there are not family members in the area for the mothers to turn to for support, either physical or emotional. The mothers of Shelly and Nelly are deceased and the foster mothers who raised them live in other states. For the mothers whose own mothers were still actively involved in their lives, family issues that may or may not be related to the children at times hinder the communication process, thereby eliminating additional sources of support for the mothers. Tonya and her mother “had a falling out” that was related to the stepfather of Tonya. “I mean, she’s still mom, we still call, talk. But as far as like before I’d go out there and sit, spend time with her. I can’t do that any more,

because of him.” In addition, Tonya’s mother lives across town and transportation difficulties often prohibit visits by Tonya with her mother.

With the exception of Nelly and Ellen who have maintained at least one friendship over time, the other mothers report having no friends. Shelly explains how her son’s destructive behavior in the neighborhood has isolated her from her neighbors. Rock throwing incidents, fights with other children and destruction of property have brought Shelly to the point that she is ashamed to speak to the neighbors and the neighbors do not initiate contact with her. “No one waves as they drive by or speaks to me. I’m the mother of *those* [mother’s emphasis] kids.”

In the case of Tonya, who is currently unemployed, the one individual she felt was a friend was associated with her workplace. When she was laid off, she lost contact with the one person with whom she felt she could talk. Tonya speaks of disagreements that have come up with other friends and neighbors thus ending friendships. When asked if she had friends that she considered a support for her she replied that she had “nobody.” Shannon and Haley made similar responses when asked about friends in their lives.

It is hard to separate out why the friendships are lacking in the mothers’ lives. There are several contributing factors that might partially explain this phenomena. The reasons for lack of friendships are varied and include other factors that are not related to the misbehavior of the child. Limited financial resources, changes in working status, and the mother’s social skills are factors that influence relationships. However, the mothers’ perception remains that they do not have people in their lives whom they consider friends that would be available to support them during highly stressful times.

Another interesting aspect of the isolation theme is that there are people with whom the mothers have contact almost daily. In fact, when observing in Shelly's home, there seemed to be people coming and going often during the time I was there. Shelly also received several phone calls. On the last home visit, I asked her about the presence of people with whom she knew and talked. Her reply was, "I don't have friends." When asked for a definition of friend, she replied,

A friend is someone you go places with. That you hang out with, go to their house, drink coffee or play cards, like that. Someone that I call and talk to if I'm upset about the kids or Robert, or something like that. And I don't have them.

Based on her definition of friend, Shelly clearly does not feel that she has friends.

Haley sums up the feelings of isolation that most of the mothers report experiencing. "It's just difficult for anybody to really and truly to understand it. They have to have a child that way to understand it...I mean you can sit and tell people until you're blue in the face, and they'll not understand what you're talking about." Nelly adds that "nobody knows.... You can be a doctor and you can see what happens, but until you live with it, you don't know."

Coping strategies. Most mothers are in need of time to get away from the day to day responsibilities of caring for young children. When the stress of all the incumbent duties of mothering piles up, mothers with financial and emotional resources have options not readily available to the mothers in this study. Baby-sitters can be hired. Mothers may trade out keeping children for each other to allow personal time alone. The mother may just send the child to another part of the house to play quietly or nap, thus giving the mother a few moments alone. There may be a mate who is willing to care for the children

while the mother leaves the home for a few hours to visit with friends or relatives, conduct business, or engage in pleasurable activities. Options such as these are not readily available for low income mothers of children with hard-to-manage behavior.

Nonetheless, all of the mothers spoke of ways that allow them to escape from the children during periods of high stress. All had devised strategies for relieving the pressure and strain they felt. Coping strategies allowed the mothers to temporarily have a break from the constant care, management, and discipline of the children. The strategies include three separate categories of coping: therapy, separation from the children outside the home, and separation from the children within the home.

Some mothers took medication for conditions related to the children. Prior to taking custodial responsibility of two young children, Haley described herself as "perfectly normal" and had not experienced any symptomology of depression. After the children came into her home she described the impact they had on her life.

I've had to go to the doctor, get help with my nerves because my nerves has been shot. I [did] that because I knew I was getting to the point where I couldn't handle it [any] more. I was worried about what I might do. I talked to my doctor about it and everything. I told [him] how my kids were and he agreed with me. I did need some help with my nerves on it. You know stuff to keep me calm and stuff because I was getting to the point, I mean I never tried to strike out at them or anything but I would scream at them.

Shelly recognized that she was depressed.

I get really stressed out with the boys. I just sometimes sit and I just cry. I mean they say things to me and I just sit there and cry. I don't really deal with them. I don't know how to say it, but I just get really stressed out. I mean they can be in the back just talking or playing, you know, being kids. I can't stand to hear them talking. Can't stand to hear them laughing. I just get real aggravated with myself. I just cry. Or I go in the room because I can't stand it. So they got me on medication.

Haley and Shelly were involved in counseling at the time of the interviews. It would be inaccurate to attribute the counseling solely to the misbehavior of the children because both mothers were experiencing multiple life stresses. However, they did attribute the use of medication to the stress of parenting, with counseling for the mother being a part of the overall treatment program.

The second category of coping strategies involved the mothers getting out of the home which allowed them to physically remove themselves from the presence of the children. Nelly accomplished this by taking on a part-time job on the weekends with her husband caring for the children while she worked. "I work on the weekends. Just enough time to get away. [I] need time to get away. If you don't, you'll go crazy...work is my sanity." One of Haley's coping strategies involved going outside and sitting in her car with the doors locked.

Or I've even went and got in the car and locked the doors and sat there in the car. You know to just get away from them. I mean, they're right there a beating and a banging on the windows of the car. But they're not right there in my face.

Other mothers speak of going outside of the house for short periods of time to calm down before returning to the children.

The third category involved separation from the child within the confines of the home. This was accomplished by either sending the child into another room or the mother separating herself from the child during highly stressful times. Shelly reports, "I take time-outs myself. A time-out for myself is I'll go to my room and I'll stay in there for fifteen or twenty minutes and get myself together."

The living arrangements made it difficult for some of the mothers to temporarily escape. The apartment of Ellen's family was quite small with little space for privacy. Ellen reports that her efforts to get away are not always successful.

She finally pushes me to the point where I yell at her. And I don't mean to, but that's just what she does. I mean, it's constant! And I find myself yelling at her. Telling her just get out of my face. Just go on and leave me alone. And she follows me. I will go into the bedroom, and I will clean, or I'll go outside and she's right behind me. And still going on about the same thing. So I try going to another room, I try reading a book, I try a lot of things to tune her out. And it's like the more I try to tune her out, the louder she gets. And she don't give up.

Several of the mothers use afternoon naps as a way of sending the children to their rooms which, in turn, gives them a few minutes of private time. Nelly makes her children take naps.

...And if they don't take naps, they're going to stay in the room for at least an hour, with the door closed. Because I feel like that's my time and if they don't rest or they don't take a nap, then they're just hell to deal with by 7 or 8:00.

Even though the time often required to get the children to calm down and fall asleep is great, Nelly, Tonya, and Haley all discussed that it was worth the effort in order to have time alone.

At first, upon hearing the mothers talk about sending the children to another room or physically removing themselves from the child, I did not think the strategy remarkable. But, as I became more familiar with the children and spent time in the homes, it became apparent that this strategy is difficult to employ successfully. The persistence of the children and the high rate of non-compliant behavior precludes the mothers being able to merely walk away from a child or to send a child away from them. The children tended to

question and argue. At times, the inappropriate behavior would escalate to crying and screaming as they protested being sent away.

As noted above, the physical support system of the mothers that allowed them to have a break from their children was not considered dependable by the mothers. All of the mothers spoke of their caregiver duties lasting 24 hours a day, seven days a week with few friends or family available to give the mothers a break from the physical care of the children. For Shelly and her family of six, she was totally responsible for all child care and household duties. She listed her husband's mother as someone who could occasionally keep the children for short periods of time. However, during the course of the study, the grandmother had a medical emergency. "She had a stroke. So we don't get any relief at all now. She's lost a lot of her memory. It takes her a long time to realize who you are. So she can't really keep the kids now."

Hypervigilance. For the mothers, it is necessary to be constantly aware of the activities and location of the child and siblings. Because the behavior problems occur frequently and may have serious outcomes that involve the safety of the child or playmates, or may potentially be destructive, the mothers, without exception, refer to a state of constant awareness, which I refer to as hypervigilance. The mothers are constantly on guard, monitoring the child. They fear for the safety of their own child or the safety of playmates.

Play with peers or siblings is punctuated with aggressive behavior that involves hitting and fighting. All the mothers described their children as experiencing difficulty in sharing toys or attention, behavior not uncommon for young children. The frequency and

extreme reactions are what separate these children from children considered manageable. When thwarted in efforts to be in control of a situation, the children strike out at others in such a manner that the peers or siblings are often physically hurt.

Ellen, Haley and Shelly report incidents in which their child physically harmed another child.

Meshack will literally attack the boy. The boy's real little for his age and Meshack will literally attack the boy with a stick, throw his Big Wheels at him, go up the street, punch him in his back.

She'll [Julie] either take the toy back, or she'll hit. And we've told her, 'you don't hit anybody else, that's not right, you do not do that.' Well, she doesn't care, she's gonna do it anyway.

She'll [Ramona] charge you and start hitting with her fist and kicking you and everything. She's done me like that several times. But mostly it's on other children that she does it.

Tonya and Nelly report the physical behavior targeted at siblings. Tonya's son, Frankie,

loves to hit. I can recall one incident that was really damaging. Frankie had pushed a ten foot ladder over on Tyrone and pinched a hole in his finger and that causes him to have 5 stitches. His reason was his brother wouldn't get out of his way. So he pushed the ladder over on him. It's like that all the time. Right before we moved into the house, we were staying at an apartment and Tyrone comes into the living room screaming. You know, grabbing his eye. Frankie [had] poked him in the eye with a pencil. 'Frankie, why did you do it?' 'His head was in my way.'

The issue of safety refers not only to the safety of the children but also the safety of the parent. For two of the mothers, the hypervigilance has been associated with fears that the child or sibling of the target child might cause physical harm to the mother. Both Shelly and Shannon report being afraid for their own personal safety at times because of the violent nature of the child or one of the siblings. Shannon tells of an event in which

Jarrold was angry because Shannon refused to allow him to come into the bathroom while she showered.

He went into the kitchen and got a butcher knife and he slashed a chair. He slashed it to ribbons...I need help, because even with all the training that I've been through, I can't deal with [it]. If I go to sleep, is he going to take a knife and slash me because he's mad at me? I mean it scared me! Or, is he going to get mad and slash himself? That's the second thing I thought of.

Shelly's experience with the older sibling of Meshack attuned her to the potential danger of a young child's out-of-control behavior. She awakened to find Mason (the older sibling), who was four years old at the time, standing at the foot of her bed.

I just woke up and I told Mason [to] get back in bed and I heard something hit the floor. And I, you know, something bang! Hit the floor and I was like, what was that? And my husband, I had woke him up when I turned the light on and there was a butcher knife at the foot of my bed that Mason was standing there with. When I took him to his counselor the next day, he had all these feelings that he hated Mommy and he hated Daddy and he especially hated Meshack, because Meshack came into the family...and anyway, he just, he hated, he said that he wanted to kill his baby brother. That he wanted to kill his Mommy and Daddy.

In addition, because of past histories of destructive behavior, the mothers are fearful of reoccurrence of such behavior. Shelly reported several incidents in which her sons had damaged the property of neighbors. Meshack was an active participant in two separate rock throwing incidents, and the destruction of a neighbor's fence that necessitated police involvement.

Many of the children are destructive with their toys. Shannon uses the toy room as a place for time-out.

I'll take everything out of it. He goes in and the requirement for coming back out again is stop the screaming, the kicking, the throwing things. 'Course he doesn't have anything to throw anymore, he still kicks. He doesn't injure himself, but he'll tear up anything or anybody.

Nelly reports that Dana

tears things up bad...we pay really a lot of money for things and we pay money because we want [her] to have nice things. Like, we got that bed for her. It's a beautiful bed. She took her teeth and scratched the gold balls off of it...it kills me when I buy her something and a week later it's tore up. Like she'll rip her Barbie dolls' heads off and she don't take care of things.

As I engaged in conversations with the mothers during home observations, it was not uncommon for the mothers to address a child or siblings who were in another room. Children would be reprimanded for inappropriate activities or language. In the exit interviews, I asked each mother about her apparent state of watchfulness as described in interviews and as observed in the home observations. The responses ranged from Shelly, who stated that she "hear(s) everything they say...because I want to know what's going on and who's doing what and who's starting what and who's saying what, because it's a constant battle field between the boys" to Shannon, who is "constantly, kind of sleeping with one eye open type deal. You never can relax, completely, because he doesn't" to Ellen, who states that she has "developed those senses (referring to hearing and seeing), where I know if I don't have them, something bad can happen. So I've got them and it's like I can prevent things from happening now that I do have them." For all the mothers, being ever mindful of the child's location and the type of activity that he or she is doing is of utmost importance if an unpleasant, destructive, or harmful situation is to be avoided.

In summary, the culmination of the mothers' interpretation of the negative interaction between them and their children leads to the mothers' perceptions of self as "bad mothers." As discussed earlier, although the mothers do have positive interaction, the negative interaction is much more pervasive. Their perception is their reality and for them,

this means that they feel inadequate as parents because of the persistence of behavior problems (refer to figure 1).

Interactions with Others

The mothers do not live in a vacuum. Daily they are in contact with individuals representing multiple levels of their environment. Within the home, there are mates. Outside the home, the possibilities for contact include family members, neighbors, friends, professionals, and personnel from various social agencies, including social workers, Head Start teachers, and the general public. In addition to the negative interaction between the mothers and children that centers around the hard-to-manage behavior, other relationships in the mothers' lives also are affected. In listening to the stories of the mothers, I heard repeatedly of others with whom they came in contact who did not understand what the mothers were experiencing and could not offer them support.

The picture would be incomplete if I did not include the interactions with family members and others that have played supportive roles for the mothers. As the mothers told their stories it was not uncommon for them to speak of persons who provided support at times. Interestingly enough, the persons who were considered helpful in some way, would also be cited by the mothers at a later time as being nonsupportive. Sometimes the change in status was due to physical causes, such as Shelly's mother-in-law having a stroke, rendering her incapable of keeping the boys. She was never able to care for the boys for extended lengths of time, but after her stroke, Shelly would not leave the boys with her at all. In the case of Tonya, the change in status centered around family issues

unrelated to the child or his misbehavior. But the end result was the same--the mothers did not have significant persons who could provide emotional and physical support.

Some of the contact with individuals or agencies is a direct result of the child's misbehavior. For others, the contact is with strangers that the mothers met while in public places. The children's misbehavior draws attention to the mothers and children. Even though the mothers do not know the persons personally, contact with strangers has an impact on the mothers. The following discussion will focus on the mothers' overall interpretation of their interactions with others and will highlight the research question: *What is the mother's perception of her relationship with her child and with other individuals involved in the family's experience?*

Mate. All but one of the mothers has a significant other who was living in the house at the time of the study. The mothers use a variety of terms to refer to the men in their lives, such as "my fiancée," "their daddy," and "my husband/boyfriend." I use the term "mate" to refer to the person to whom the mothers look for assistance and support in child-rearing duties. For three of the mothers, Shelly, Ellen, and Nelly, the mate is the legal husband and father of the children. The father of Tonya's children has been in and out of the home, and at the time of the study, he was living in the home. Haley's fiancée is living with her family and is actually the uncle of the two children for whom Haley has custodial care.

The degree of support by the mate varies within each relationship from no support as expressed by Shelly to relationships in which the mate is described as a resource at

times for the mothers. Nelly tells of her husband's support. "When I've had it, he takes over and when he's had it, I do something with her."

With the exception of Shelly's mate, the mates are involved in work which all mothers cited as taking them away from the home, leaving the mother solely responsible for the children for long periods of time. Tonya's mate refuses to keep the children for her when he is off work, stating, "I've been working all day; they're yours." Shelly's mate is disabled and does not work. She describes him as minimally involved in the day-to-day activities of the household and he spends little time with the children. "I've got four kids, and I feel like even though he's in the house, I feel like I'm doing it all on my own."

All five mothers report that the children's misbehavior serves as a source of conflict within each of the relationships with the mates. This was true even in the relationships in which the mothers cited mates as supportive. They stated that problems with the children or siblings became a source of arguing and disagreements between the mothers and mates. Some mothers felt that the mates were too harsh, while others felt that the mates should be firmer in delivering punishment. Even in the supportive mate relationships of Ellen and Nelly, there were incidents in which the father undermined the mother's authority and criticized her disciplinary approaches. Nelly reported such an incident.

The other day I said something about she [Dana] couldn't have something and he was on the phone and he just wanted her to be quiet. I'm like, 'No, Dana, you can't.' And, he's like, 'Yeah, Dana, go ahead.' I'm like, 'Why did you do that?! You don't do that. You don't undermine me in front of her! You know. It might have been something simple, but I said no, and that was what it was supposed to be. Now you wonder why they don't mind me.'

Ellen reported that her husband would not back her up by consistently following through when household rules were broken.

A lot of times he will overlook what she does. Or if she does something really bad that normally I do spank her for, he will not spank her for, or he will give her ten minutes in time-out. And it's like she really needed a whipping for that.

Tonya summed up the role of her mate in the children's lives as that of a warden.

It's more or less, he's just a warden, well, that's just my way of putting it...It's more or less when he comes home, they know they're gonna be in trouble. I'm not gonna lie, I let them get away with minor things. But he doesn't let them get away with nothing. When he is there he's strict on them...he's more or less a warden 'cause if it's not for punishment, he's not there.

Haley and her fiancée had been together several years prior to gaining custody of the two siblings. The difficulty of caring for the children with hard-to-manage behavior has created problems within the relationship that did not exist prior to the children coming to live full-time in their home.

He works long hours in the summertime on landscaping. [He] leaves at daylight and comes back at dark. That puts a lot more stress on him because that's making me have more time with the kids and him not there to help me with them. A lot of times at the end of the day when he comes in, he's tired, he's all bitchy, I'm bitchy and it's just, you know, we look at each other and we snap each others' head off. But it has put a strain on us. Because it wasn't like that [before the two kids came].

The mothers confirmed that the mates were not always available as a resource for support and comfort during highly stressful times, and indeed, at times, added to the stress of the mothers.

Extended family. In addition to the strained relationship between the mother and her mate, the mothers did not feel supported by extended family members. The relationships were strained with issues often revolving around the management of the

children. The mothers' interpretation of conversations and actions by the family members added to the perception by the mothers that they are not successfully parenting their children.

Some mothers do not talk to family members about the misbehavior. Several reasons account for this. Shelly reported that when she did discuss issues with her sister, the sister laughed at her: "My sister knows....My nephew's not as bad as my kids that way...he's very well disciplined....She laughed at a lot of the stuff. I was like, '*you're laughing?!'*'" She reported not wanting to discuss her family situation with her sister after this incident occurred.

Another mother reported that family members disagreed with her approach to disciplining the child. Nelly's father-in-law feels that Nelly and David are too harsh in disciplining the children. She reports:

Ron thinks we do wrong. But David says, 'Dad, you never let me get away with that stuff when I was a kid. And you wouldn't have let me talk to you like that when I was a kid.' 'Cause Ron, every time Ron's there, it's like, 'She's just doing this or she's just doing that.' David's like, 'Well, you didn't let me do that.'

Still another reported that the children's grandmother did not discipline the children enough, thus making it very difficult for her when the children returned home. Haley reports:

[The children's grandmother] just think[s] that...they shouldn't be corrected or anything like that. That's what the problem is right now....Their grandmother...says that I ought just let them go, let them be as they are. If they don't want to sit down and eat, I shouldn't make them eat....[The grandmother] thinks that they're too young for me to be giving them limits that I give them....The grandmother will take them, but when I get them back, I have pure hell....I'm better off just keeping them all the time.

The end result is that the mothers not only felt isolated, but they also felt inadequate as parents based on the interactions with family members. The mothers felt they were unable to meet the standards set by those who are important in their lives. Even though the parents may, in fact, utilize successful strategies at times, criticism and arguments with significant others lead the mothers to question their abilities to parent. Their confidence was undermined and more information is internalized that adds to the mounting evidence, in the mothers' mind, that they are not good parents. They are interpreting themselves, based on interactions with others, as "bad parents."

Friends, neighbors, and the public. Other relationships in the mothers' lives involve friends, neighbors and those people that the mothers have contact with but do not know personally, i.e. the general public. As noted earlier, the lack of persons considered friends is a prevalent theme in the lives of the mothers. For those who do maintain friendships, the child's misbehavior becomes an issue. Play among the children is often punctuated by aggressive behavior that may end in physical harm to playmates. In the case of Nelly and Ellen, who have maintained friendship over time, the misbehavior of the children requires constant vigilance by the mothers that often leads to early termination of visits when the children become hard-to-manage.

Tonya reports a conversation with a friend who offers advice on how to manage the children. She did not take offense, but at the same time states, "I don't have that many friends" implying that to take offense might leave her without a friend. Even though the conversation was not meant to be critical or to ridicule Tonya, the message was sent to Tonya that, on some level, she was not adequate as a parent.

Both Shelly and Haley have strained relationships with neighbors. Aggressive and destructive behavior by all of Shelly's sons has made it difficult for her to maintain a positive relationship within her neighborhood. Several neighbors have called the police for assistance in matters related to the boys' behavior.

There's an older man that lives on the side of us and he has a lot of cats. He's a cat fanatic. He's got probably thirty cats. Well, the kids went over and Meshack had a broom. My four-year-old had a broom and he was swatting at the cats with it. Well, the man came outside and tried to take the broom from Mason, excuse me, from Meshack. And when the man tried to take the broom from Meshack, Meshack was trying to hit the old man. I don't know what his name is. I won't say what his name is, but so the man called the police and the police came to our house. Because Meshack was hitting his cats and hit him with a broom.

On another occasion, Meshack had hit a neighbor's child.

The boy is a wimp. He won't fight [Meshack] back. I don't care who he, as little as Meshack was, he will not fight Meshack back. I mean, the boy's parents have been to my house, they've called the police on my kid. They have come to my house, you know, 'just keep your kids in your yard and I'll keep Dan and my kids in my yard.'

Haley discussed problems that had arisen recently with her neighbors. Some of the problems were not related to the behavior of the children originally, but the difficulties became centered on the children. The neighbors have reported Haley to social services claiming the she was unfairly collecting extra benefits. Additionally, the neighbors did not want the children in their yard or coming into their house. Haley fears that the neighbors will report her for neglecting her duties as a parent to the two children. When asked if my impression was correct, that maybe she was concerned that the neighbors would feel like she was not tending to the children as they thought Haley should be, Haley responded,

That's exactly true. That's especially true right over there (pointing in the direction of the neighbor's house). I mean, just like I told you, I mean, they done called food stamp on me, and everything. But, you know, I wasn't like that before I got them

'cause I've lived in this neighborhood all my life. And practically everybody in it has lived here. They've married, they've come back. I mean, and even the girl, her and him, both is from this neighborhood. I mean, she grew up right there across the street. He grew up right there. And, I mean, we all went to elementary school, all went to high school together.

At this point I asked, "Are you saying that the kids somehow changed the relationship with the neighbors?" Haley responded, "Yes, because of things they do. Because, I mean, they don't care to go over on somebody else's property or walk right in their house. I mean, you have to keep a constant eye on them when they're outside."

In response to questions about how the children behave when they are taken out to public places such as fast food restaurants or to general merchandise stores, every mother used the word *embarrassed* to describe how they felt about the children's behavior. The children ask for items and when the mothers refuse to buy the items, the children become loud, persistent and non-compliant. This creates a disruption that attracts attention to the situation, with other shoppers looking at the mothers. Even though most of the strangers do not verbalize their thinking to the mothers, the mothers interpret how they feel others view the situation and their parenting abilities. Nelly, in discussing the difficulties of eating out, stated,

I was embarrass[ed] a lot of times because she would just '*No, I ain't gonna eat it!*' Or, '*I don't want that! I didn't ask for that!*' You know. A lot of people just look at you too, it was a lot embarrass[ment] too, 'cause they're like, 'Don't you whip that child?'

Haley spoke of an incident in which Gary, the older of the two children, called out to a woman in an offensive manner.

It embarrasses me. And I've...picked his leg up and I smack that leg. I said 'You don't, you don't say that to people.' You know, they just look at you, you know, 'You piece of trash. Letting a little old kid like that talk like that.'

Haley's interpretation of the looks given her by others reinforced her feelings of embarrassment and inadequacy as a parent. Even though Haley is not the parent of Gary and Ramona, she has to apologize and is considered the one responsible for the children's misbehavior. In the eyes of the 'public' she is held accountable for the behavior of the children. Haley's interpretation of the reactions from the general public reinforce her feelings of inadequacy as a parent. All the mothers have had similar experiences with the unknown public that left them feeling inadequate in their parenting. They interpret looks, actions and in some cases, spoken words to mean that they are not "good parents."

Social agencies. Several of the mothers have had extensive involvement with various social agencies. For some, the involvement included participation in newly implemented social welfare reform programs (Families First) while others have been involved in intervention programs related to the children or siblings' hard-to-manage behavior. Haley, Shannon, and Ellen have experienced negative interactions with intervention programs supported by public funding. Haley was reported for possible child abuse by the agency providing services for her and her two children. The reports were investigated and no evidence was found to support the accusations. However, the children were monitored closely and Haley's parenting practices questioned. Shannon reported that the therapist working with her and her son was "condescending" in her attitude toward Shannon. Ellen felt she had not received adequate information and support.

I was doing better on my own, before I went over there. They really made me mad. We went, we didn't even get to see anybody that, we saw a social worker. Nobody that could, well when we went and we had the initial test we saw a...student. And then when we went to [counseling agency] over there on Highland Street, we saw a social worker...I just, I left there really mad. Because they would not let her see a

psychiatrist. They would not let her see a doctor of any kind, I saw a *social worker*. And she said, 'Well, I don't think she's ADHD, I don't think she's got any problems. Just ignore her.' And I left there, I was really, *really* mad.

Some of the mothers mentioned feeling supported by social agencies. Shannon had established rapport with a woman at the Department of Human Services who assisted her as she established her day care business. But Shannon reported that the woman was leaving her job, thereby terminating the relationship with Shannon. The Head Start preschool program was especially noted by the mothers as providing a place for the children to go. Not only were the mothers comfortable with the educational opportunities offered, but also the mothers considered that time away as a break from their child care responsibilities.

Even though all the mothers talked about persons who provided either physical or emotional support, their perception of what support was available to them was limited. No matter what the realities may be, for them, it felt like they were unsupported. These mothers have strained relationships in all areas of their lives. From the relationship with the children to the relationship with mates, extended family and others, there are significant issues centered around the misbehavior of the children.

Mothers' Identity of Self as Parent

The mothers were in conflict about their identity of self as mother. They were not comfortable with the conclusion that they are "bad parents." They see that they do parent appropriately at times. They do know what strategies work for their child, even though others may not agree. They do have times when the child is pleasant and compliant. These

times allow the mothers to interpret themselves as “good parents.” Yet the overwhelming interpretation of interactions with others is negative leading to the perception of self as a “bad parent” (refer to figure 1). Embedded within the following discussion are responses to the following question: *From the mother's perspective, what are effective and ineffective ways of managing her child?*

In examining the basis for the mothers' conflict in identity as parent, there are two issues that seem to support this stance. First, all the mothers refer to the two sides of their children. One is the positive side that makes being a parent worthwhile. Positive times allow the mothers to implement management and discipline strategies successfully that have positive outcomes. In addition, the pleasant times that each mother has with her child are a source of satisfaction and contribute to the mother's pleasure in being a parent. Shannon declares, “he's wonderful and horrible all at the same times.” Ellen describes Julie with these words.

[She is] just so sweet and lovable, you just can't help but, just want to mash her little face up and just kiss her all, like this morning when she got up, she was just, 'good morning, Momma.' Just all, just so sweet. And there for a long time. And then all of a sudden, oh, it just got real ugly around here.

Dana, Nelly's child, has even picked up on her mother's ambivalence about her behavior:

“I'm a good girl and a bad girl. I'm both.”

Shannon speaks of this aspect of her relationship with Jarrod. After discussing the strain of running a business and caring for Jarrod, she summed up her feelings about Jarrod.

It was giving me nightmares and I couldn't sleep and I work an average ninety-hour week so I need to sleep when I can find the bed. Anyway, the doctor gave me anti-anxiety medication because I was really, really, really stressed. Because my

business is growing--fast--and with everything that happened with Caitlin and then there's 24-7 [24 hours a day, 7 days a week] with Jarrod. That in itself is a job sometimes, but then other times he, he's so wonderful that it balances out.

The other side of the child is described in very unflattering terms, based on the mothers' experience of their children's misbehavior. Some of the descriptive words used included 'stingy,' 'horrible,' 'sneaky,' 'hateful,' and 'bad'; some of the descriptive behaviors included 'violent,' 'aggressive,' 'unpredictable,' 'persistent,' 'a real mean temper,' 'destructive,' and 'screaming and kicking.' This is the side of the child that requires vast amounts of time, energy and emotional expenditure. As the mothers tell their stories, they made it clear that these behaviors are a constant in the lives of the mothers and the children. Struggling with the two sides of the child adds to the conflict felt by the mothers as they strive to interpret their role as a parent.

The second issue in the role conflict is that the mothers do compare their parenting abilities to the abilities of other parents with whom they come in contact. Needless to say, much of the time they feel that other parents do a better job of controlling their children. But there are times, even if only briefly, when they feel good about what they have done as a parent and are critical of others' parenting. For Shelly and Shannon, they felt that they show more concern and care more about their children than other parents. At times they can say to themselves, based on what they see in other mothers, "I am a 'good' parent."

But the mothers are consistently confronted with evidence that other mothers are better parents. Whether in public places or around friends and family, they see other parents managing their children in such a way that the children comply with requests and directives. In addition, their friends are not involved in intervention programs or

counseling sessions. The message to the mothers of hard-to-manage children is that they have somehow failed in their role as mother because they cannot feel successful in controlling their children.

The conflict in how they view their roles as mothers leads to self-doubt as a parent. The story of Haley clearly illustrates this point. Before taking custody of two preschool-aged siblings, Haley had two children of her own. She was successful in using the same basic disciplinary techniques with the older children that she used on the two younger children. "I done mine the same way, I mean, and they seem to be turning out pretty good." Haley was able to maintain employment without receiving calls regarding her older children's behavior. She could leave them with a sitter when she needed to go out. She cited incidents of being able to allow them, as young children to play in the yard without constant supervision.

It was a lot easier. I mean, 'cause, like I could put Johnny and Elizabeth out there in the yard, and I could, you know, I, you know, they'd get their toys and everything. And I could tell them, 'stay right here and play,' you know. And that's what they would do, you know. I didn't have to worry about them wandering off and everything....And them two there (referring to Gary and Ramona), I can't.

Haley referred to herself as "perfectly normal" before taking custody of the children. She felt good about her ability to raise her first two children. After taking custody, she says her life changed and the care of the children "[has] put a big...big strain on my life." In our interview she confirmed that she feels at a loss as to what to do and feels powerless at times in knowing how to manage them. These are feelings she did not experience with her older two children.

There are times when Haley wonders if she can “handle it.” She has been faced with new behavior problems that she had not experienced with her two older children. At times, she has responded in ways that later proved to be inappropriate. When Haley caught Gary and Ramona engaging in sexual behaviors with each other, she spanked them. Later, the physician who examined them explained to Haley that her response was inappropriate. “But I never had dealt with nothing like that, so I spanked both of them.”

The five other mothers expressed similar doubts about their abilities to parent. The misbehavior of the children has undermined their self-confidence in parenting, leaving them full of questions, but not knowing how to respond to the questions. They know that their approach to disciplining is not working but they do not know how to correct the situation. Ellen verbalized her concerns.

I’ve done a lot of soul searching. And I pray, like God *please*, show me something I can do. *One* little thing. If it’s just one thing every six years. Show me that one thing I can do every six years to help her before it gets too...I’m afraid that as she gets older its going to get worse, and I don’t want that. I don’t want that at all and I’m ‘bout the only person that can really help her, but I don’t know how. I don’t know how.

They question their disciplinary techniques, commenting that over time, nothing seems to be effective. They engage in specific discipline techniques that make them uncomfortable as a way of striving to gain or maintain some control of situations. In reviewing an incident which occurred while her son was attending a church nursery school, Tonya told this story.

He called her ‘stupid’ and hit her (child care worker). And it kind of struck a nerve in me. And that’s when I walked in the room. And I told him. I said, ‘you don’t do it at home, you don’t hit me, and you’re not gonna come to church and hit your teacher.’ And I, I cooled off a little bit, but I did spank him. Because I, he knows that *hitting*’s not right. But nothing we do can...I’ve tried everything, it’s not

stopping. So I don't know what to do....I know he has a problem, I just don't know how to deal with it. I've tried everything.

Associated with feelings of self-doubt are feelings of guilt. They feel that they have somehow failed in their duties as a parent which leads to the questions, "What did I do wrong?" or "How can I be a better parent?" Ellen sums up the sentiments that all the parents express in one way or another.

And I've sit and I've thought, well what do I do wrong? It has to be something that I do, or that I don't do that causes this. I don't want to whip her all the time, 'cause if I did, she'd look like she'd been beaten. Because she's all the time needing a whipping.'

In summary, the conflict between the mothers' perceptions of self as both good and bad parents undermines their confidence in their ability to parent. In an effort to find resolution for the conflict, the mothers search for answers.

Seeking Understanding and Solutions

Out of the feelings of self-doubt and guilt, the mothers seek understanding of their children and the misbehavior. This is an internal process of questioning the cause of the behavior problems and assessing what role they, as mothers of the children, play in causing and maintaining the misbehavior. In addition to the internal process, there is an external reaction to the feelings of guilt and self-doubt in which the mothers actively seek solutions for successfully managing and disciplining their children.

Internal

In the internal process, the mothers discuss the causes of the child's behavior. Without fail each mother listed multiple reasons why each child was hard-to-manage. Some mothers explained that they had originally tried to rationalize away the problems by attributing them to developmental stages. Sometimes the reasons are focused on external conditions such as in the case of Shannon, who feels that Jarrod's natural mother created some of his problems by her neglect when he was an infant. Other mothers feel that the problems arise from internal sources such as in the case of Shelly who has been told that Meshack's ADHD condition is inherited. Some feel that the children are influenced by peers to behave as they do. Without fail, the mothers include their own actions as a part of the reason for the child's misbehavior. The universal commonality among the mothers is that each mother feels at some level that she is guilty of poor parenting. Ellen speaks eloquently for all regarding specific issues of guilt.

I have actually [sat] and tried to think day for day of her life, is there something that I have said? Is there something that I've done in a way that has caused this? I mean, did I speak too loud at her or did I lay something down in a way that just caught her different or, I mean I have actually sit and thought day for day as much as I could of her life to see where, where I have messed up to cause it... 'cause my husband's like 'you can't blame yourself because you don't know.' But *I'm* supposed to be the one who fixes everything. I'm the one who's always supposed to be there, no matter what. I mean, if the world falls apart, mom's supposed to fix it. You know... I just, I guess I automatically assume if I can fix it, then I must be the one who broke it.

There are many contradictions within each mother's story about why the children behave as they do. As noted above, the issue of cause is an example of such contradictions. They try out different lines of reasoning or explanatory thinking as they

seek meaning behind the actions of the children. They are trying to understand and they search for any possible explanation that will lead them to solutions. The contradictions are further evidence of the internal conflict of the mothers as they struggle with making sense of their world. Shannon contradicts herself several times during the course of the interviews and observations. At one point she stated that Jarrod could not control his behavior, but later stated that she knows he can control it. As I was departing from her home for the last time, she made the following comment to me. She had apparently been reflecting over all that she had shared with me. "You must think I'm full of contradictions, but Jarrod is full of contradictions."

External

As the mothers move from the internal process of searching for answers, they shift outward, seeking solutions that lead to changes in hard-to-manage behavior. Throughout the interviews, the mothers talk of the searching process. It is one way that the mothers hope to resolve the internal conflict between the "good parent" and "bad parent" identities. If they can feel as if they have some control over the misbehavior, then they can minimize the negative interactions between the child and mother. The reduction in negative interactions will, in turn, allow the mothers to be seen by others as in control of the children, thereby enhancing interactions with others that center around the children and the problematic behaviors.

The searching process is ongoing and recursive. The mothers explore a variety of resources. They talk to family members, friends, Head Start teachers, and professional

sources such as physicians and mental health workers. The mothers talk to someone and the other person offers suggestions. The mother goes home, tries the recommendations and may or may not experience success. If she has success, this leads to positive interactions with her child which strengthens her perceptions of self as 'good parent.' If the suggestions do not work, the negative interaction is further support for the mother's interpretation of herself as "bad parent" (refer to figure 1).

Intervention involving professional sources has a unique role in the mothers' formation of their parenting identities. All but Tonya have sought professional help because of the child's misbehavior. Of the five mothers, Shelly and Haley have had the most extensive involvement and can relate positive experiences as a part of their involvement in intervention services. Haley became involved in a day treatment program for her two children when she realized the extent of their behavior problems. Part of the program included talking with Haley about management and discipline strategies for use with the children at home. Shelly has attended both a parent training program and a behavior modification class (parenting support group). In the behavior modification class, Shelly was comfortable and stated that she learned much about the ADHD condition with which three of her children had been diagnosed. She learned strategies for disciplining her sons and for managing her life. In addition, she felt that she "got a lot of self esteem out of that class too."

In contrast to the positive comments about the behavior modification class, Shelly did not feel comfortable or agree with the approach of the parent training program. She dropped out of the parent training, stating,

The [parent training] program, you brought your child with you and they taught you how to...what do you call it? Discipline your child and, like they would ask you to do something with your child. OK. Then I would do something with my child with it. OK, it's time to pick up the toys. OK, Mason, it's time to pick up the toys. And he would just keep playing, and they would *tell* me what to say to him in the certain, you know, tone, you know, and I just didn't like it. You know, '*Make* your child, you know, you don't ask your child, do you want a whipping or do you want to go on time-out? What child is going to say, yeah! I want to go on time-out! Or, yeah! I want a whipping! Or yeah! I want to stand in the corner. You know, you *tell* your child you pick those toys up and you pick 'em up now!' I'm not used to *that*. Using that kind of *force* towards my child. I'm like, well, either you do it, or you don't do it and I'll do it later. With the behavior modification class I just went on my own and I didn't have to have my son there with me like I, I felt *humiliated* in [parenting skills class].

Even though there are some positive experiences as noted by the mothers, many negative incidents occurred while the mothers were involved in intervention services.

Contrary to what the mothers felt would happen, all five have been discouraged in the outcomes of seeking professional assistance with their problems. For Shannon, initially, the therapist did not agree that Jarrod was difficult to manage. It was only after a case worker witnessed a 3-hour temper tantrum while doing a home observation that he was able to confirm to the therapist that Jarrod's problems had been accurately described by Shannon. In reporting on the interaction between her and the therapist, Shannon stated,

Jarrod is very, very, very smart so he never exhibited any of the behavior. So I ended up sitting and talking for an hour every other week to the psychologist who thought I was insane! She kept saying 'Well, I haven't seen any of this behavior' and I'm going, 'You won't'. I said, 'He's in control of himself, and he can control himself--you won't see it!' and it, it, she was kind of condescending, and you know, 'You're overreacting, you're overreacting,' and she just made me feel real bad about myself, about Jarrod."

Shannon withdrew from therapy after the behavior was confirmed by the case worker who suggested she was "wasting her time going to see a psychologist."

Both Haley and Ellen had experiences in which they felt the recommendations made were inappropriate for their families. During a visit in the home with Haley, she told me the following story. She first sought help for the two siblings by going to see a professional she identified as a psychiatrist. Her appointment was for 55 minutes, but according to Haley, much less time was spent in consultation. His recommendations included the use of time-out by sitting the offending child in a chair, ignoring the misbehavior, and giving more attention for positive behavior. The idea that she could just ignore misbehaviors as a way of solving problems was not plausible for Haley. She walked out of his office feeling as if he did not understand what she was going through and certainly, in her mind, his advice was not helpful. As an outsider observing in the home, I witnessed the extreme persistence of Gary's behavior and would agree that ignoring was very difficult for anyone present in the room to implement.

On several occasions, Haley and the professionals in the intervention program clashed regarding the discipline strategies employed by Haley. Upon taking custody of the children, she had secured permission to physically discipline the children. However, the interventionists argued with her, reporting her for child abuse.

She asked me why I, I spanked him and everything and I told her. She said ignore him. I said you let him sit and call you that and then you ignore him. I said 'I don't care whose kid it is, mine or anybody else's,' I said 'there is no child gonna talk to me that way.' And she said, she said 'Well, I think you're a little bit too hard on him.' I says 'No, I'm not.' I said 'I'm just as hard on my children.' I said 'They're fine, they're well. There's not a thing wrong with them.' I said 'They've never been abused.' And then anyway, DHS did come out and talk to me and the lady which come out, which is my [worker]. And she told them 'Yes, [she does] have the right to spank.' And they tried to argue with her that I did not.

The recommendations made to Ellen by a social worker included engaging Julie in play activities as a way of occupying her and avoiding conflicts.

They told me to keep her occupied [with] computer games or all these expensive things that I can't afford. And, you know, like I told her, best I can do to keep her occupied is buy her construction paper, 'cause she likes to do stuff like that. We try that. But you can't do that everyday because it's not gonna be long, she's gonna get tired of it.

In addition, Ellen was told to lock her child in a room when she refused to stay in time-out.

This one lady at [agency] told me to put her in time-out. And I said, 'Well, I do that but it doesn't work. I put her in her room, she comes back out.' She says, 'Well, you need to go buy a lock, put it on the outside of the door and lock her in.' I personally, I can't do that. I mean I, I don't see, you know, the simple thing is not picking up a mess is to lock somebody in a bedroom. I, I can't do it. So I pretty much just really had to deal with it on my own. Come up with my own ideas to keep her occupied. To come up with my own discipline. Because the advice everyone has gave me I just, I either don't have the heart or the money to do.

For Haley and Ellen, the professional recommendations were not suited to the behavior of the children. The professionals did not have complete pictures of the circumstances of each family. Haley's child appeared to be more extreme than the professional was aware of, while Ellen's financial circumstances were ignored. In addition, Ellen could not carry out discipline that was in conflict with personal history and beliefs. As noted in the vignette about Ellen, she was physically and sexually abused as a child. Locking her own child in a room was extremely uncomfortable for her and was reminiscent of traumatic childhood experiences.

Nelly's involvement in treatment mainly involved a pharmacotherapy approach which, as mentioned earlier, she discontinued because of the effects on her daughter. She explored the possibility of entering counseling.

OK, the medicine ain't working so I've got to better myself. And I've, we've talked about going to counseling at [agency] but they're wanting, this is sad, but I can't afford like sixteen dollars a month, and I'm not sure, I could when my income tax come back, but I didn't want to pay for it all at once and then not, not like it. And then they talk about taking Dana in a room by herself and I don't like that. I want to learn to better myself. I don't, you've heard...you hear too much stuff on TV about people planting things in people's heads. Now we do whip our child, and I don't want them to think it's abuse, you know?...They were saying 'What we'll do is we'll take Dana and we'll put her in, like a counseling.' And I was like, 'By herself?' She's like, 'Yeah, some of it might be by herself.' And I'll like, 'No, that's not what I'm looking for.' I want to better myself, show myself how to deal with her.

For Nelly, her objections for entering counseling may be based on miscommunication, but the end result is that Nelly, a mother seeking help for her and her family, has been unsuccessful in locating services. Throughout our time together, I heard of the efforts of both Nelly and her husband as they searched for resources and information for why Dana behaved as she did. They are looking for new ideas about the management of the ADHD condition that did not involve medication, which proved unsuccessful for them. Nelly showed an article to me about treatment strategies. They had cut the article from the newspaper. They watched TV shows that pertained to ADHD. Nelly talked of dietary changes she had initiated for Dana. She had even considered moving to another home to check out the possibility that their trailer might contain contaminants that were contributing to the ADHD condition. Finding answers is an ongoing process for Nelly as it was with all the mothers.

Summary

Ideally, the mothers would find resources both within their circle of acquaintances and within the professional community that would aid them as they sought solutions to better managing their hard-to-manage children. They would be able to discuss the problems of disciplining and receive strategies that when applied, meet with success. When they fail, the mothers could call upon friends, family and significant others for solace and understanding, in addition to suggestions regarding positive management strategies. As the mothers begin to gain control of their hard-to-manage children, they would begin to feel more in control and powerful in their lives. The perceptions of self as “bad parent” would diminish as their negative interactions with children and others begin to decrease. The conflict between self as “good parent” and self as “bad parent” would also diminish as the positive interactions increase. The cycle perpetuates itself. As the mothers gain confidence in controlling the children, they become more confident in handling new problems that arise and display better coping and managing skills.

The reality for the mothers of hard-to-manage children is quite different. As they seek understanding and solutions, they go to relatives, friends, acquaintances and the professional community. Sometimes they are able to feel supported by others in their process. But according to the mothers in this study, that support is often missing. It should be noted that causes for lack of support are varied and might not be meant as an intentional affront to the mothers. As several mothers voiced, nobody can understand what their lives are like unless they have a child who is hard-to-manage. Well-meaning family and friends are at a loss as to what to suggest or recommend. They have not personally

experienced the persistent behavior problems that are resistant to commonly used discipline strategies. Suggestions may be offered by others that, when implemented by the mothers, prove unsuccessful, thus further increasing the mothers' perceptions of self as "bad parent."

The mothers turn to the professional community with hopes of receiving understanding and solutions that they could not get from those closest to them. Instead, the mothers' assessment of their children's misbehavior is questioned, they are offered ineffective strategies for intervention, and the professional community also questions the ability of the mother to discipline. The interactions with the professional community perpetuate the mothers' perceptions of self as "bad parent."

Chapter V

LIVING WITH CHILDREN WHO ARE HARD-TO-MANAGE: INTERPRETING THE MOTHERS' EXPERIENCES

In the previous chapter, I laid out a model that represents the process that the mothers of children who are hard-to-manage move through as they try to make sense of their lives. There are three critical phases within the model that represent points in which the mothers are interpreting actions and interactions with the children and others. By exploring how the mothers construct meaning in those three areas, it becomes clearer what living with hard-to-manage children means to them. The first phase centers around the mothers' perception of the negative interactions with the children. How they interpret the vast amount of negative feedback that comes out of the interchanges between themselves and children is critical to understanding the mothers' perception of self as parents.

The second phase refers to the mothers' struggle with their identity as parents. The conflict that they experience leads to the last phase in which the mothers actively search for understanding and solutions. In the last phase, they make decisions and take actions in an effort to resolve the feelings of conflict they experience in their identity as parents.

It is important to note that the phases that are denoted in the model do not represent a methodical progression from one phase to the next. In actuality, the mothers flow back and forth between the different phases--feeling imprisoned at times by the

negative interactions, experiencing conflict in the role of parent, and actively searching for solutions and understanding. Even within the individual phases, they flow back and forth between positive and negative experiences. For the mothers, the process is recursive, even as the occasions for hard-to-manage behavior occur over and over.

Feelings of Imprisonment

The impact of the children's misbehavior centers around six different themes that clearly show the effects that the misbehavior is having on the mothers. The themes were common to all mothers and suggest that the mothers' *perception* is that they are imprisoned by the child's misbehavior.

The idea that the mothers may feel imprisoned by the child's behavior is a strong suggestion. Certainly it would not be appropriate to suggest that the mother's reality is the same as that of persons who are incarcerated. However, the words used by the mothers to describe situations, feelings, and states of mind, lead me to believe that the mothers' perception of their lives is that of feeling imprisoned, *at times*, by the child's misbehavior. Several elements of the prison experience are similar to the experiences described by the mothers. The six themes that were common to the mothers and to the imprisonment experience are discussed below. The themes will first be related to the imprisonment experience, then I will discuss the mothers' experiences.

- Loss of Freedom - The loss of liberty and loss of autonomy are two major deprivations experienced by prisoners (Sykes, 1958; Genders & Players, 1995). By definition, to be imprisoned is to be restricted in movement and activities. Persons who have been

imprisoned are no longer in charge of their lives. They are told what to do and when to do it with little input into the decision making process. Their lives are run by others.

Likewise, the mothers in the study reported restrictions in where they could go with the children, activities that were unavailable to them or the family, and loss of opportunities to be with family and friends as a direct result of the misbehavior.

- Loss of Control - In addition to the loss of freedom, prisoners feel powerless to control what happens in their lives. Decision making has been taken from them on the most basic level involving such issues as mental and physical welfare. They are controlled by rules and regulations over which they have no input and which are often contradictory in nature and enforced capriciously by prison staff.

For the mothers, decisions were often made based on the children's demands or misbehavior. Mothers state that the children's controlling behavior often leads to power struggles within the home and that they often feel that the children have won, leaving them feeling powerless.

- Rehabilitation Programs - Most persons who are imprisoned are involved in experiences designed to increase skills and knowledge that will facilitate the successful reentry into society (Flanagan, 1995). The programs vary in nature from vocational training that may provide job opportunities to educational programs and counseling that may reduce or eliminate criminal behavior once released.

The mothers are involved in additional activities that center around problematic behaviors. Intervention programs, school conferences, and behavioral evaluations

quickly become an important activity in the lives of mothers who live with children who are hard-to-manage.

- Isolation - “An important concern for many prisoners, but especially for long-termers, is separation from their families and friends” (Kummerlowe, 1995). Those in prison are physically and emotionally cut off from important people in their lives. Visitation is restricted and visitors have the choice of visiting or not visiting. Emotionally, persons formerly supportive may withdraw their support of the prisoner based on events that have transpired.

Feelings of isolation were expressed by all the mothers as they discussed the loss of friendships, family support, and even jobs as a result of the children’s misbehavior. The sense that they are the only mothers who are unable to control their children is very real for each of the mothers in this study. In fact, of the six themes, the sense of isolation seems to be pervasive across mothers and their social worlds and may play a key role in perpetuating the mothers’ perception of self as “bad parent.” When isolation is diminished through positive interactions with supportive others, the mothers may be able to interpret their interactions with children in a more positive light. The mitigation of the mother’s negative interpretations of the interactions would, in turn, diminish the evidence that they are inadequate as parents, thereby enabling them to feel more positive about themselves.

- Coping Strategies - Prisoners find ways for relieving the pressures and stress of imprisonment based on their personalities and histories. Some of the methods may be healthy, while others may be perceived as unhealthy by the prison officials. In addition,

the coping strategies used change with time and situations, allowing the possibility that the prisoners may be influenced in their choice of strategies (Walker, 1995).

All of the mothers had devised coping strategies that allowed them to survive the stressful days and nights with their children. Some of the strategies were healthy and productive, such as sitting quietly alone or talking with a friend, while others could be considered non-productive or even potentially harmful to the mothers such as the use of medication or smoking.

- Hypervigilance - In articles by Toch (1995) and Genders & Players (1995), the word “jungle” was used to describe the prison experience. The crowded conditions, drug trafficking, and gang violence contribute to fears for safety, leading to a state of vigilant watchfulness by the prisoners. Issues of infringement, whether on physical space, status, or privileges, enhance the state of hypervigilance by those imprisoned.

For the mothers, they spoke of states of hypervigilance in which they were constantly aware of the children’s presence. They feared for the safety of the child, the safety of others, or the destruction of property.

I began the discussion of imprisonment by stating that it is the mothers’ *perception* of the misbehavior of the child that leads to the feelings of imprisonment at times. It must be reiterated that most mothers would agree to feeling some or all of the same feelings at times. Being the mother of a young child means all of the above mentioned themes at one time or another. But most mothers learn successful management and discipline strategies or the child transitions out of the inappropriate behavior.

However, for children who are hard-to-manage, the process of management and discipline is ongoing and the mothers do not see any immediate cessation of the behaviors or solutions for their situations. It should be remembered that the children in this study are young, ranging in age from 4 years 8 months to 4 years 11 months. The mothers have been dealing with the misbehavior a relatively short length of time when compared to the number of years the children can be expected to live with them before becoming independent and moving out. Yet the mothers' interpretation of their lives based on the interaction with their children is that, at times, they are imprisoned.

Conflict in Identity as Parent

The mothers experience their role as parent in two ways. The brief moments of satisfaction with their parenting behaviors when compared with other mothers, combined with the positive interactions with the children, contribute to their perceptions of selves as "good parents." Unfortunately, the culmination of the actions and interactions with others and their interpretation of those actions, along with the negative interactions with their children, resulted in the mothers viewing themselves as "bad parents."

Without fail, these mothers have all come to the conclusion that they, in some way, are responsible for the child's problematic behavior. They describe the sense of guilt and ineffectiveness that they experience as parents as overwhelming at times. Spitzer and associates (1991) reported similar findings in a qualitative report on parents' experiences as they progressed through an intervention program. The parents in the study tended to blame themselves for the child's misbehavior and to evaluate their parenting skills as poor.

Every mother in this study relayed to me her process of questioning what she does wrong that causes the misbehavior. They also express strong feelings of self-doubt. Their sense of self-efficacy as a parent has been undermined by the lack of ability to manage the children. In an effort to find the "right answer," each has tried many different strategies without feeling capable of consistently managing the child's behavior and experiencing success as a parent.

Charon, in discussing Blumer's concept of self, states that the "self is an object that undergoes change...in interaction" (Charon, 1992, p. 69). For the mothers, the role of self as parent is continually changing based on social interactions, with resulting conflicts in identity. With the frequency of occurrences of misbehavior, it would appear that many opportunities arise daily and perhaps even hourly, for the mothers to evaluate self as parents. It is important to recognize that the interpretation of the social interaction is based on the mothers' perception, which may be in conflict with others' perception of the interaction. What ultimately matters, as the mothers define their parenting role, is how they, the mothers, define others' view of their parenting abilities.

The action that occurs based on the mothers interpretation of self plays an important role in the parenting identity. As the mothers' experience the conflict between being the "good parent" and "bad parent," they then take action. It is through the actions that the mothers take that we can begin to better understand how they interpret their experiences as mothers of children who are hard-to-manage. In the following section, the internal and external actions taken as the mothers seek resolution of the conflict are discussed.

Seeking Solutions

In an effort to resolve the conflict that the mothers feel in their identity as parents, they move through both an internal and an external process in an attempt to resolve the dissonance of the polarity of “good parent” and “bad parent.” In the internal process, they seek understanding by trying to find the cause of the children’s misbehavior. In the external process, the mothers search for resources that may assist them in managing the child’s misbehavior.

During the course of the interviews they mentioned a wide range of possible causes including external factors such as inadequate parent skills, neglect by the natural mother, and peer influences; physical causes such as ADHD and inherited mental conditions (schizophrenia and bipolar manic depression); as well as child-oriented issues related to temperament. These factors are roughly correlated to discussions of contributing factors found in the literature that centers around child factors (temperament, neurological difficulties, cognitive and social skills, and academic deficits, and issues revolving around heredity versus environment), family and ecological factors (parent skills deficits and interpersonal, interparental, and environmental stress), and school factors such as peer and teacher-child interactions and home-school connections (Webster-Stratton & Herbert, 1994; Campbell, 1990; Kelly, 1996). The mothers have spent many hours trying to pinpoint an exact cause for the misbehavior, with all the parents naming multiple causes for the problematic behavior.

In addition to the internal questioning that seeks to resolve the issue of why children misbehave, the mothers moved outward as they tried to connect with other

sources for help. Usually, the first persons the mothers approached were their friends and relatives. When they were unable to find the support that they felt was needed, most of the mothers sought professional intervention in some form. Five of the six mothers reported dissatisfaction with the professional services they received. The following discussion examines the interpretation of the mothers' experiences and how both the interpretation and the actual experiences influenced their perception of the effectiveness of the intervention services.

What Mothers Bring to Intervention

It is interesting to note that the mothers entered treatment with varying levels of insight into the dynamics of the misbehavior. For example, Shannon, who had received training certifying her as a day care worker, was quite perceptive in interpreting the actions of both her and her child. She was able to assess the situation realistically and to formulate plans accordingly. Unfortunately, the plans were not fully successful.

Ellen's insightful comments revealed the careful thought and consideration given her situation. However, the conclusions she reached were, at times, based on misinformation related to child development and her interpretation of the child's actions.

Still other mothers appear to lack insight into their life circumstances including the child's misbehavior. Tonya is an example of one who seeks to understand her children based on family culture and traditions. She wants to continue to use discipline strategies based on how she was disciplined as a child even as she recognizes that she was not a hard-to-manage child and that the strategies are not working with her children.

In addition to the mothers' levels of insight, each mother brings a set of personal beliefs, values, and life experiences that affect how she approaches child-rearing. Having an understanding of the mother's history and personal philosophy may explain why intervention is not successful for some mothers. These mothers operate, as do all mothers, from a set of beliefs that are influenced by how they were parented as children. Difficult home situations, death of parent(s), and lack of opportunities to see their own parents handling hard-to-manage behavior precluded the mothers from having adequate models to guide them in their parenting roles. Gaining information about the mothers' past history and personal belief systems may prove insightful in explaining how mothers perceive intervention strategies. Increased knowledge of the family may prove helpful in designing appropriate intervention that matches the dynamics of the family.

For the mothers who did engage in some form of intervention in which ideas and suggestions for disciplining were offered, they reported many incidents in which the recommended strategies were unsuccessful when implemented. There are multiple reasons that may explain why the mothers did not succeed that will be discussed below.

Communication

There are two patterns that are salient to the communication that occurred between the mothers and the interventionists: miscommunication and lack of communication. Miscommunication played a role in the mothers' perceptions of the effectiveness of intervention. On some occasions, when the mothers were unable to implement the recommendations successfully and see an improvement in their ability to

control their children, they attributed it to the strategy that was recommended. The use of time-out for misbehavior is a good example of a recommended technique that all of the mothers classified as ineffective at one time or another. I asked each to explain how they used time-out and was given six different explanations for its use. They stated that it was difficult to keep the child in the designated time-out area. In addition, they were allotting more than one minute per year of age, which limited their ability to keep the child quiet or secluded from other siblings. Because they could not follow what they understood to be the only way to deliver time-out, they considered its use ineffective.

Therapists made recommendations that, when tried, failed to aid the mothers in gaining control of their children. Not only did the mothers feel negatively toward intervention services, but once again, they had failed to improve the relationship with their children, thus compounding their perception of self as "bad parent." Based on the information conveyed to me, the mothers appeared to have misunderstood the strategy and the intended implementation of the strategy.

In addition to poor implementation of a technique based on erroneous information, some mothers perceived recommendations as unsuited to the problematic behavior. The recommendation to ignore misbehavior is such an example. Ellen was told to ignore Julie's misbehavior. The therapist probably was referring to the persistence of Julie's verbal nagging for desired items and suggesting that Ellen not give in to the inappropriate, attention-seeking behaviors. However, Ellen interpreted the directive to mean that she should ignore intentional acts of misbehavior, which Ellen would not do. Thus, the

credibility of the therapist was undermined by Ellen's perception that the strategy was not valid in dealing with misbehavior.

The second pattern centering around communication was the lack of an ongoing relationship between the therapist and the family. Problems that arose when the strategy was implemented were not resolved through continued communication between the mother and professional. The lack of communication then led to the perception that the intervention was not helpful. If the professional was able to communicate effectively with a mother about strategies for implementation, the lack of skill on the part of the parent could be a factor in the effectiveness of the intervention. Without follow-up, the therapist would not be aware of the implementation failure and could not offer corrective measures such as additional instruction and modifications in strategies. Thus, the mothers interpret the recommendations as being ineffective, leading the mothers to doubt the credibility of the professional.

A one-time meeting with mothers is not adequate to provide a basis for conducting intervention. To ask mothers to go home and make major changes in their approach to parenting and then to cease contact is to set the mothers up for yet another disappointing experience with the management of their children's behavior. To make changes may indeed be punishing for the mothers. They are being asked, in essence, to defy children with little or no support in the process. As noted in family systems theory, families tend to resist change (Nichols & Schwartz, 1995). The very changes that may improve how mothers manage the children and the relationships with children, mates, and others can be seen as threatening as the equilibrium of the family is upset. Without support, the mothers

may become discouraged and give up, leaving them with perhaps, even more severe behavior problems. Support and encouragement when treatment is not going well will enhance the process for mothers, while praise for successes may enable the mothers to continue, even when to do so is extremely uncomfortable for both mothers and their families.

During the course of the time spent with each mother, I realized that the mothers often were responding or initiating action based on erroneous information. The examples of time-out and ignoring as intervention strategies stand out, but there were other issues related to the child's welfare and broader issues revolving around the welfare of the family. Communication with social agencies was often misunderstood, leading the mothers to make decisions that may not have been in the best interest of them or their families. Two mothers were refusing to participate in the Families First welfare reform program based on inaccurate information. Even with accurate information the mothers may continue to feel that the Families First program is not a valid option for them at this time. However, a clear understanding of the program and an ongoing dialogue could facilitate the decision-making process and improve communication between the mothers and the social agencies.

Inconsistency

There are other issues that influence the effective use of intervention strategies, whether those strategies are recommended by professionals, friends, or family members. One especially critical factor was the inconsistent manner with which the mothers

delivered the disciplinary measures. Inconsistency in the application of intervention strategies was common to all the study mothers as noted in interviews and home observations.

Several reasons for the inconsistency were evident. Even though the mothers may be aware of discipline strategies that they consider effective in managing their child, they may not always follow through with such strategies. Providing structure and clearly delineated rules, consistently reinforcing appropriate behavior, and applying consequences for inappropriate behavior demands time and energy, resources that are in short demand for many mothers of hard-to-manage children. This may be especially salient for mothers who are struggling with a myriad of problems associated with lack of adequate funds necessary to support their families.

Furthermore, the mothers in this study reported that it feels as if they are the ones being punished because of the frequency of behavior requiring that they take disciplinary action. Carr's work (1991), examined the effects of children with behavior problems on teachers' instructional behavior. The child's misbehavior increased when the teacher was placing instructional demands on the child and declined during non-instructional time. The teachers tended to spend less time engaged in instructional activities suggesting that it becomes punishing for teachers to engage instructionally with children with behavior problems.

I noted a similar effect with the mothers of children who are hard-to-manage. The mothers reported that many of the negative behaviors centered around non-compliance by the child which necessitated some form of corrective action by the parent. All six mothers

discussed the amount of time required to consistently respond to each episode of misbehavior. They recognize the importance of consistency, but also state that at times, it is too difficult for them to follow through consistently with consequences for misbehavior.

Additionally, the mothers would often give in rather than continue to struggle over an issue in order to avoid losing control. The persistent non-compliance of a child would lead to the mother losing her temper and, rather than strike the child, she would give in to the demands of the child. The mother retained some control over her temper, but lost control of the situation by allowing the child to dictate the outcome.

Inconsistency played an important role in the management of the children's out-of-control behavior when in public. Verbal attempts to control the behavior might include explanations, reasoning, and threats. If these techniques did not result in improved behavior, the mothers were often at a loss as to how to proceed with the children. In the home, they would often resort to extreme measures of discipline, such as spanking, which were more likely to bring the children under control. However, fearful of being reported for child abuse, most mothers would not administer a spanking in public. If reported for physically striking the child, social services personnel could be called in to investigate allegations of child abuse--a very real concern for all of the mothers. Most mothers admitted that the only way they could see for maintaining control in public was to give in to the child's demands, which undermined their authority with the children, but eliminated embarrassing encounters with the public. As stated above, the mothers often elected to restrict their activities outside of the home rather than deal with the difficultness of the child in public.

Unfortunately, lack of consistent discipline carried out across all settings, contributes to the perpetuation of behavior problems (Baumrind, 1996). Parents of children who are not considered hard-to-manage have the luxury of occasionally managing behavior problems in a less than consistent manner without losing control of the children in future situations. For hard-to-manage children, a structured environment in which rules are consistently enforced is vital to the reduction or elimination of inappropriate behaviors.

Finding Solutions: Recommendations for Intervention

There are no easy solutions for designing and implementing behavior intervention programs that meet the needs of all families. The wide variety of behavior issues that each family brings to treatment combined with the wide variations in family characteristics and circumstances preclude one approach fitting the needs of all families seeking treatment. In addition, the special issues confronting families from low SES backgrounds may mean that approaches to treatment will need to deviate from services generally afforded to families who have more financial and social resources.

The following recommendations are directly related to the stories told by the mothers in this study and my interpretation of the mothers' experiences. The recommendations are divided into four sections: building on family strengths, establishing relationships, approaching intervention services in a holistic manner, and developing specific programming strategies. The first three issues serve as a framework within which specific program designs can be implemented.

Family Strengths

- **Focus on strengths as opposed to deficits**

During the course of the study, I witnessed all the mothers employing specific management strategies that were effective with their children. Each mother was able to identify specific actions they could take that increased opportunities for the children to behave appropriately.

Nonetheless, the mothers did not recognize what behaviors were already present in their repertoire of management skills that facilitated appropriate behavior. It was difficult for them to see what they were doing correctly as mothers in view of the high rates of inappropriate behavior occurring on the part of the children. Their overriding perception of their ability to manage their child's behavior was that they were ineffective which reinforced their perception of themselves as inadequate parents.

Intervention with families from a strengths approach is recognized in the fields of early intervention (Dunst & Trivette, 1987; Trivette, Dunst, Deal, Hamer, & Propst, 1990) and family counseling (Carlson & Lewis, 1991; Hanna & Brown, 1995). In the delivery of services to families, the strengths become the focus as opposed to an emphasis on deficits that may be readily visible. Mothers will be viewed as possessing strengths and abilities that enable them to care for their children. It becomes the interventionists' responsibility to help the mothers identify effective management and discipline strategies they are currently utilizing. They may not recognize specific actions as such because of the overriding negative responses by the child to efforts to control misbehavior. In addition, the positive encounters become overshadowed by the frequency, intensity, and duration of problematic

behavior, leaving mothers with the perception that they do not have strategies within their repertoire of behaviors that are successful.

Building on the strengths, resources, and positive aspects present in the relationship between the mother and child, the interventionist can provide education and opportunities that allow mothers to display their competencies. When families are able to see change occurring as a result of their own actions and decisions, they can feel empowered, along with encouraged in their daily struggles. Most of the mothers in this study are very cognizant of what they are doing wrong when trying to discipline their children. They need feedback on what they are doing right and how they can continue to build on the positive relationship they have with their children to enhance behavior management of the child.

Relationships

- **Establish supportive relationships**

The underlying relationship between the mothers and the professional service providers was a crucial element during treatment. By reason of the negative reactions that the mothers have all experienced as a result of interaction with professionals, most are reluctant to return to treatment or to seek out new professionals who might provide help for the family. And yet, they are continuing to search for ways to manage the misbehavior.

The mothers want to feel as if they are valued as human beings and as parents. They want to be recognized for the knowledge they do possess about the children and the misbehavior. For providers of intervention it would seem that time spent in developing a

relationship with the mothers and their families would aid in establishing trust between the two parties, which in turn, would facilitate successful intervention. This may mean that a portion of the session is devoted to issues unrelated to the specific behavior problems but is designed to facilitate communication and establish rapport. As noted with some of the mothers, they have life experiences that may be important pieces of information for consideration when designing family-specific intervention strategies.

Taking the idea of relationship building one step further, social agencies and interventionists from multiple venues are in positions to provide more comprehensive services by joining together. Formally or informally, professionals can network as they seek out possible sources that may benefit families.

Holistic Approach to Family Intervention

- **Consolidation of resources**

Ideally, an intervention program would approach provision of services from a holistic stance. A holistic approach to intervention goes beyond the scope of the parent, child, and behavior problems to view the total social world of the family. Broadening the scope to address family concerns that may be as basic as food, clothing, or shelter, or as complicated as marital counseling, can increase the possibilities of resolving issues that may impact the effectiveness of intervention. As demonstrated in this study, all of the mothers were experiencing additional pressures unrelated to the child's misbehavior, but directly impacting the mother's ability to successfully negotiate disciplining the child.

Parents seeking intervention services could go to one agency for medical, behavioral, and psychological evaluations, intervention, and support services. Such an approach, especially across social agencies, would consolidate resources while providing unified delivery of services. Opportunities for duplication of services, and contradictory information could be minimized with the added benefit of families gaining recognition for their individuality and, over time, supportive relationships most likely will develop.

Services that formerly were delivered in isolation could be consolidated through collaboration among agencies. Consolidating services holds the potential to better meet the needs of the family through enhanced understanding of needs, reduction in duplication of services, and delivery of more cost-effective services.

Support Services

- **Support groups run by mothers**

For the mothers in this study, hearing that other mothers of children who are hard-to-manage were experiencing similar difficulties relieved some of the feelings of isolation and guilt. Supporting mothers as they establish and maintain their own support group may be a viable option that minimizes personnel requirements by agencies and maximizes benefits to the mothers. The mothers could be supported in their efforts to conduct their own sessions with professionals addressing special issues and monitoring progress.

- **Telephone partners**

For those mothers who do not find support groups a viable option, there are alternative ways of providing support. First, I noticed that the use of the phone was very

important to many of the mothers. All the mothers spoke of restriction of activities due to the child's misbehavior, and yet, the use of the phone allowed them to leave mentally, if only for brief periods of time. They could shut out the world around them, in some sense, by talking with another person over the phone. The element missing was that the persons with whom the mothers conversed were not able to be supportive with issues of problematic behavior.

The establishment of telephone support lines for mothers of children who are hard-to-manage would provide mothers with persons who are experiencing similar difficulties. Phone partners would be available to offer suggestions for management strategies, consolation during especially difficult times, and encouragement and praise for successes. One note of caution: financial difficulties of the mothers meant that phones were often disconnected for periods of time. This may be frustrating for both the mother who loses the service and her partner.

- **Special interest groups**

Not only could support groups be formed that focus on the parenting, but also groups on a variety of topics could be started. For example, knowledge and use of healthy coping strategies were lacking for many of the mothers. Teaching parents about stress relief strategies and then actually providing opportunities for involvement in such activities may accomplish two goals. One, the parents learn of ways to handle stress, and two, the parents have the opportunity to interact with each other in informal settings.

The simple act of walking and talking with those with whom common interests are shared can provide a needed outlet for verbalizing frustrations, sharing successes, and

finding new ideas and strategies for parenting. Incorporating walking and other stress relievers, such as yoga (especially for persons who for health reasons cannot physically exercise) and hobbies, may do more for the mothers' feelings of imprisonment, frustration, and helplessness than programs designed to specifically address children's behavior problems.

- **Participation in intervention programs**

Many communities have parenting skills and behavior intervention classes available through private organizations and public social agencies. Unfortunately, for many low income mothers, they are unable to attend sessions due to issues of transportation, child care, or cost of program. By combining services, mothers could take advantage of services available and be supported in their parenting. For example, Head Start could provide transportation to intervention programs that were available through public funding. For child care, the mothers could rotate, with each mother spending time attending to children.

Both professional and parent-run support groups could be conducted in conjunction with other established meetings that are attended by parents, thus eliminating transportation and child care issues. For example, the local Head Start plans a monthly parents' day for their families. On that day, any parent who wants to attend will be picked up and transported to the Head Start center with child care services provided at the center. The opportunity is present for the establishment of an ongoing support group run by parents who are experiencing behavior management problems with their children. In addition, a formal intervention class could be incorporated into the day's activities for those who choose to attend.

In conclusion, I would like to relay one last comment made by a mother in this study. During the final minutes of the exit interview, I made a statement suggesting that the interviews were complete and that I had all the information that I could handle. Nelly very quietly said, "Yeah, but my life ain't over." This powerful comment has remained with me through out the whole process of transcribing, analyzing, and writing about mothers who struggle daily with their children's misbehavior. It serves as my reminder that each interview and each observation represents someone's reality. It became very important to me to make sure that their voices were heard and their experiences handled with the utmost respect and consideration.

There are no easy answers for intervening with families with children who are hard-to-manage. But when intervention services are delivered within the context of the family, opportunities arise for both parents and children to experience success.

Limitations of the Study

All the mothers who participated in this study were Caucasians. Attempts to recruit African American mothers were unsuccessful. Even though I was successful in recruiting two mothers who have long-standing relationships with African American mates, it cannot be assumed that their experiences correspond to the experiences of African American women. The results may not be directly applicable to mothers of other cultures or geographic regions, or to mothers who have more financial and social resources.

Another obvious limitation of the study pertains to the power differential that exists between the under-privileged, "at risk" population of low income mothers and the white, middle-class researcher. To say that I successfully negotiated this issue in all the interactions and interchanges that I had with each mother would be inaccurate. But it is accurate to say that I was continually aware of the status differential and worked diligently to minimize the distance between us.

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APPENDICES

APPENDIX A
HUMAN SUBJECTS - FORM B

Form B

CRP # _____

Date Received in ORC _____

THE UNIVERSITY OF TENNESSEE, KNOXVILLE

Application for Review of Research Involving Human Subjects

I. IDENTIFICATION OF PROJECT Date: August 1, 1996

Co-Principal Investigator
Marian Beck Phillips
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Title of Project: Maternal Factors that Impact Intervention with Highly
Disruptive Preschool Children

Department: Inclusive Early Childhood Education

Starting Date: Upon IRB Approval
Estimated Completion Date: November, 1997
External Funding Agency and Identification Number: Administration for
Children and Families - Head Start Research Scholars CFDA: 93.600 1.02
Support for Graduate Students
Grant Submission Deadline: August 2, 1996

II. OBJECTIVES OF THE PROJECT

This study was written in an effort to secure a Head Start Scholars Research grant that is designed to support and facilitate scholarly research for doctoral students.

The objective of this project is to understand the experience of mothers who are living with young children who have been identified as developmentally delayed with

behavior problems being the primary area of difficulty. We are interested in the mothers' thoughts, feelings and special difficulties they may encounter in the course of normal daily activities. Expected outcomes include: 1) Understanding the experiences and perceptions of mothers living with highly disruptive children; 2) Providing additional information for improvement of intervention programming; 3) Increasing awareness of professionals of the family context within which a highly disruptive child lives; 4) Expanding the current knowledge base and aiding in the extension of research and practice in the development of parental involvement in intervention programs; and 5) Advancing intervention practices toward more family focused services.

III. DESCRIPTIONS OF PARTICIPANTS

The participants in the study will include 18-20 mother and child dyads who have been identified as meeting the following criteria:

1. The child will be enrolled in a Knox County Head Start preschool class for 3-5 yr. olds.
2. The child will have been engaging in highly disruptive behavior. Highly disruptive behavior will be identified as behavior that is deemed inappropriate when compared to other children of comparable age and cultural background.
3. The behavior problems will have been noted as problematic for a minimum of four months with documentation verifying that a problem exists.
4. Documentation of highly disruptive behavior will include conferences with the parent and a behavior rating scale completed by the Head Start teacher.
5. The mother is in agreement that the child is engaging in highly disruptive behavior.

This information will be discussed with the Head Start teachers and the director of Head Start, Joyce Farmer. Based on the criteria, they will make the determination as to which mothers would be likely candidates for the study. To aid in the process, each teacher will review Knoxville-Knox County Head Start Child Observation Forms (a behavior rating scale) which are filled out on each child at the end of the fall semester by the child's teacher. In addition, they will have observed the child in the classroom and will have had contact with mothers whose children are experiencing behavior problems. Mothers who have children meeting the criteria will be selected for possible participation in the study. Observations, assessment, and parent conferences are a routine part of the Head Start program.

A letter describing the study will be given to the Head Start staff for distribution to the mothers (see attached Introductory Letter). The letter will briefly describe the nature of the study and the expected involvement of the mother and child. This will allow each designated mother to decide if she is interested and has the time to commit to being a participant in the study. If the mother agrees to participate, she will sign the letter in the designated area that states that she is interested in being contacted for possible participation in the study. The Head Start teacher will then give the letter to the co-principal investigators. Upon receipt of the letter by the researchers, the mother will be contacted by phone or letter to arrange a meeting to discuss the purpose of the study and to acquire informed consent.

The presence of the child will be required for a videotaping session of the mother-child interaction in the Head Start center or in the home of the mother. The mother will be asked to sign a consent form stating that she gives her permission for the child to be videotaped in her presence. The child's assent will be obtained by the researchers asking if s/he wants to be a part of the videotaping (see Child's Assent for Participation). If at any point, she or the child, wants to withdraw from the study, the mother may end their participation in the study.

IV. METHODS

Qualitative data will be collected using multiple methods including 2-3 interviews with each mother and one mother-child observation. The mother will initially be contacted by the Head Start teacher who will give the mother a letter describing the project. If the mother elects to participate, she will return the signed letter to the Head Start teacher who will give the letter to the co-principal investigators. Phone or letter contact will be made to give further explanations and to set up an appointment for the first interview where informed consent will be obtained prior to initiation of the interview. The interviews will be completed in 2 or 3 sessions either at the Head Start centers or at a location convenient to the mother and will average from 2-4 hours for each participant. Each session will be audio taped.

In addition, a 30 minute session will be videotaped in which the mother and child are engaging in an activity of the mother's choice. Because understanding the experiences and perceptions of mothers living with highly disruptive children is the focus, multiple data sources add to the richness of the study. It will be explained to the mother that the purpose of the videotaping is to understand how she and her child interact. After hearing the mother's story in the interviews, the videotaping will be a way of seeing if the mother's words in the interviews and her actions with the child are congruent. The words of the mother and the interaction videotaped will be triangulated, thus providing data that will give insight into behavior labeled as highly disruptive and the mother's experience of that behavior. It is understood that one videotaped session of 30 minutes will not provide a complete picture of the complex relationship that exists between the mother and child. However, the observation can provide a representative slice of the mother-child interaction which will increase the knowledge of the impact of the child on the mother's life.

The location for the taping will be either in the Head Start center or in the home and will be determined by the mother. A location within the Head Start center will be available that protects the family's privacy during the audio and videotaping. Before beginning the initial interview, the co-principal investigator will explain the purpose of the interviews and the videotaping, and obtain written consent (see attached Interview Guide). At that time the mother will also be asked to give her consent for her child to be videotaped. Participation is voluntary and the participant may withdraw from involvement at any time. The identity of the participants will be kept confidential by using pseudonyms. At the time of the initial interview the mother may choose a pseudonym for herself and child or one will be assigned as the tapes are labeled, and the pseudonyms will

be used on all transcribed copies. The pseudonyms will be used consistently when the interview is referenced in publications or any other discussion of the study.

A qualitative interview guide with a list of questions will be used to structure the interview, however, the interviewer will exercise flexibility in the order and manner in which respondents discuss topics. The emphasis will be on open-ended questions which allow unanticipated areas of concern to emerge rather than a standardized set of questions which might limit the range of responses (See Interview Guide).

Demographic information on each family will be collected during the initial audio taped interview and will include the following information: mother's age, number of children, marital status, employment status, education level, ethnicity, and income level, child's age, disability if present, birth order, and age of siblings.

For the videotaped observation of the mother and child, the mother will be asked to participate in an everyday activity that she normally engages in with her child. This naturalistic observation will occur in the family home or the Head Start center and will last approximately 30 minutes. As stated earlier, if the taping occurs in the Head Start center, a location will be available to insure the privacy of the mother and child. The interaction between the mother and child will be the focus of the taping. To provide confidentiality, all tapes (audio and video) will be locked in a file cabinet except when being used for analysis. To provide compensation for their time, the mothers will be given two \$10 food vouchers from Kroger's and two \$10 toy vouchers from TOYS-R-US. If a mother chooses to withdraw before all interviews and videotaping are completed, she will receive a prorated portion of food and toy vouchers based on completed sessions. In addition, if needed, child care services will be offered if there are younger siblings that will be present at the interviews.

The interviews will be audio taped and the tapes transcribed to facilitate capturing the experience in the exact words of the participant. The transcriptionist will have access to the tapes during the transcribing process. After the tapes are transcribed, only the co-principal investigators will have access to the tapes, transcripts, consent forms, and any other material relating to the study. All materials will be stored in a locked filing cabinet in the co-principal investigator's office, room 205b-Claxton Education Building. The audio and videotapes will be erased after transcription.

The co-principal investigators, will analyze the data from the audio/videotapes and transcripts inductively, looking for themes and patterns that would help in understanding the feelings, thoughts and experiences of the participants. The information will be used in planning intervention for highly disruptive children.

V. SPECIFIC RISKS AND PROTECTION MEASURES

Mothers who engage in this study may find it beneficial to discuss the difficulties of being a parent of a child with highly disruptive behavior. The interviews may provide occasion for them to talk freely of important issues and in the course of the interviews gain insights and knowledge that is beneficial to them. There is the potential for the interviews to be uncomfortable or distressful. In addition, because of the nature of the study, there is the potential for the co-investigators to become privy to information that would mandate

action being taken in order to provide a safe environment for the child. As confidentiality is discussed, the participants will be informed that discussions that indicate mistreatment of the child or actions witnessed in person or on videotape that constitute child abuse will be reported to the proper authorities.

The mothers will also be informed that at the end of the interviews, the researcher will offer assistance. The assistance may include handouts or reading materials, and information regarding referral sources that will include mental health services, parenting support groups and parent training classes.

As stated previously, only the co-principal investigators and the transcriptionist will have access to the audio and videotapes, and the transcripts, consent forms, and any other material relating to the study which will be stored in a locked filing cabinet in the co-principal investigator's office (room 205b-Claxton Education Building). As stated earlier, the tapes will be destroyed after transcription. The transcriber will be asked to sign a pledge of confidentiality (see attached Transcriber's Pledge of Confidentiality) Once the tapes are transcribed, the transcriptionist will not have access to the tapes. Also, the confidentiality of the participants will be protected by using pseudonyms, and only the co-principal investigators will know the names of the participants

VI. BENEFITS VS. RISKS

We cannot guarantee that the participants will benefit from participating in the study. However, the process of reflecting and responding to the research questions may provide the participants with insight and may indirectly provide benefits from the knowledge gained from the findings of this project. They will receive compensation for their time. The potential risks for this study include the possibility of increased discomfort or distress associated with discussing the topic under study. The mother will also be at risk for discovery and reporting of mistreatment of child that constitutes child abuse if these are issues within her family.

VII. METHOD OF OBTAINING INFORMED CONSENT

An initial meeting will be set up with the mother. Immediately prior to the interview, a co-principal investigator will describe the purpose of the research and explain the elements of informed consent (see attached Consent Form). The participant will be given the opportunity to read the consent form and ask questions. If she is unable to read the consent form or appears to experience difficulty in reading, the co-principal investigators will read it to her and explain the details of the consent form. The co-principal investigators will emphasize that there will be no penalty to the participant for refusal to participate and the participant can withdraw at any time. It will be emphasized that the director of Head Start and the teachers have been informed that any parent who chooses not to participate should not be deemed disinterested in her child and that there should be no change in the Head Start services available to her.

To obtain the mother's consent for the child to participate, the following procedure will be used. The mother will be asked to sign one consent form indicating

both she agrees to participate as well as agreeing for her child to participate in the videotaping (see attached Consent Form).

To obtain the child's assent, the investigator will ask the child if s/he wants to be videotaped with his/her mother while they are engaging in routine activities. This will be asked of the child in the presence of the mother. If the child expresses any negative reaction that would indicate his unwillingness to participate, the researcher and/or mother will take this as an indication that s/he does not want to be taped and the researcher will circle NO on the assent form. If there are no negative indicators, then the investigator and/or mother assume that the child agrees to be included in the videotaping. It will be explained to the mother that she and her child can withdraw at any time from the videotaping session. Negative indicators toward the filming will include temper tantrums, crying, shaking head "no" or saying "no", or other signs that would indicate to the mother that the child means "no."

VIII. QUALIFICATIONS OF THE INVESTIGATOR

The grant requires that a faculty member be listed as co-principal investigator. Marian Phillips, with the assistance of Dr. Sharon Lesar Judge, will engage in the study if the grant is awarded to them. The co-principal investigator, Marian Beck Phillips, is a Ph.D. student in the Inclusive Early Childhood Education unit in the UTK College of Education and works as a graduate assistant supervising interns for the IECE unit. The co-principal investigator and faculty, Dr. Sharon Lesar Judge, is an assistant professor in the Inclusive Early Childhood Education Unit.

IX. ADEQUACY OF FACILITIES TO SUPPORT RESEARCH

The co-principal investigator has access to the recording equipment needed and possesses a computer and storage necessary to support the project.

X. RESPONSIBILITY OF THE PROJECT DIRECTOR

By compliance with the policies established by the University of Tennessee, Knoxville, Institutional Research Board, the co-principal investigators subscribe to the principles stated in "The Belmont Report" and standards of professional ethics in all research, development, and related activities involving human subjects under the auspices of the University of Tennessee, Knoxville.

- a. Approval will be obtained from the University Committee prior to instituting any change in the research project.
- b. Development of any unexpected risks will be reported to the University Committee.
- c. A status report (Form D) will be submitted at 12-month intervals or as requested attesting to the current status of the project.

d. Signed consent statements will be kept for the duration of the project and for at least three years thereafter.

Co-Principal Investigator Marian B. Phillips
Name

Signature Date _____

Co-Principal Investigator and Advisor Dr. Sharon Lesar Judge
Name

Signature Date _____

XI. DEPARTMENTAL REVIEW

Department Dr. Susan Benner
Name

Signature Date _____

The application described above has been reviewed by the departmental committee and has been approved.

Chair, Departmental Review Committee

Dr. Laurence Coleman
Name

Signature Date _____

Approved: Coordinator of Compliances
Research Administrator

Date _____

APPENDIX B
CONFIDENTIAL RELEASE FORMS

**THE EXPERIENCES OF MOTHERS WHO LIVE WITH CHILDREN
WHO ENGAGE IN HIGHLY DISRUPTIVE BEHAVIOR**

CONSENT FORM

We want to talk with parents who live with children who are hard to manage. You are invited to participate in a study that will help us to understand how you and your child interact. We hope that the information that you share will help us in planning programs. The information will only be used to help understand the lives of families with young, hard to manage children

If you do not want to participate in this study, the program offered to you and your child through Head Start will not change. We will not interpret a decision not to participate as lack of interest in your child.

By participating in this study you will be involved in 2-3 informal interviews that will last about an hour each and will take place at the Head Start center or a place you choose. During those interviews you will talk to us about living with a child with behavior problems. Also, we will videotape you and your child for 30 minutes as you do some normal, everyday activity with your child such as feeding him/her lunch or playing a game. You may choose the place for the videotaping. The videotapes are to help us to understand better how you and your child interact. Your interviews will be tape recorded so that we can remember what you have told us. You do not have to give us your full name, or any other identifying information. If any information that identifies you is recorded, it will not be copied down. No one but the co-investigators and the typist will hear the tape, and after it is typed, the tape will be erased. The videotapes will also be erased after they are typed up.

Your privacy will be kept unless the safety of the child is involved. Then, the co-principal investigators will have to insure the safety of the child. An example of concern about the child's safety might be that the investigators learn of the child being abused and would have to report this to the proper authorities.

We understand that talking about some of the things that have happened with your child may be painful for you. You may stop talking at any time. Sharing your time and experience will help us to help the Head Start teachers plan programs for you and other mothers like you. Participation may give you a chance to think about your own experiences and you may learn more about your family and yourself from talking with us.

After each session with the interviewer, you will be given one food or toy voucher as compensation for your time. If you complete all interviews and the videotaping session, you will be given a total of two \$10 food vouchers from Kroger's and two \$10 toy vouchers from Toys-R-Us. If you stop before all interviews and the videotaping are completed, you will receive some of the vouchers based on completed sessions. Child care services will be provided during the interviews if you need it. At the end of the sessions, the researchers will offer resources of help that will include handouts of parenting tips, referrals to workshops, parenting classes, support groups, and mental health services.

Because of the young age of your child, we will ask that you give your consent for him to be videotaped.

You may contact us at any time if you have further questions or concerns about the project or your participation in it.

Your signature means that you have read the above information, that you have talked about this study with the co-principal investigators, that you have decided to participate based on the information provided, and that a copy of this form has been given to you.

Signature

Date _____

Signature

Date _____

Signature of Co-Investigator _____ Date _____

**THE EXPERIENCES OF MOTHERS WHO LIVE WITH CHILDREN
WHO ENGAGE IN HIGHLY DISRUPTIVE BEHAVIOR**

Child's Assent for Participation

We are from the University of Tennessee and we are studying mothers and their children. The way we are studying mothers and children is by asking mothers questions and by videotaping children as they play with their mothers. If you would like to be in our study, we will ask your mother questions and we will take video pictures of you and your mothers doing something together.

(The person presenting the explanation will stop here to clarify any questions the child might have about the purpose of the study, length of the study, or questions that will be answered by their parent.)

If you do not want to be in the study, you do have to be in the study. It's OK if you do not want to. If you want to be in the study now, but change your mind later and ask not to be in the study, that's OK too. If you change your mind later, just let your mother know, and that will be OK.

(The person presenting the explanation will stop here to clarify any questions that the child might have about what will happen if he or she does not want to be in the study or changes his or her mind after first agreeing to be in the study.)

We are the only people who will know what your mother talks about, and we are the only ones who will see the videotapes of you and your mother. We will not tell your names.

(The person presenting the explanation will stop here to clarify any questions that the child might have about confidentiality and how information will be used after it is collected.)

Your family will be given two \$10 food vouchers and two \$10 toy vouchers as compensation for your time. We hope that your mother's answers and the videotaping of you and your mother will help provide better services to children and their families.

(The person presenting the explanation will stop here to clarify any questions that the child might have about the benefits of the study for the child or other children.)

Do you want to play (eat lunch, read a book, etc.) with your mother while I videotape you with this camera?

(The co-principal investigator will indicate the child's response below.)

_____ Child's Response (Circle) YES NO
Child's Name

_____ Date _____
Researcher's Signature

*Signs that may indicate that your child is upset can include temper tantrums, crying, shaking head "no" or saying "no", or any other signs that would indicate to the co-principal investigator and/or mother that the child means "no".

Transcriber's Pledge of Confidentiality

As the transcribing typist of this research project, I understand that I will be hearing tapes of confidential interviews. The information on these tapes has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information on these tapes with anyone except the co-principal investigators, **Dr. Sharon Judge and Marian Phillips.**

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Transcribing Typist

Date

APPENDIX C
INTRODUCTORY LETTER

Introductory Letter

Dear Parent,

You are being invited to take part in a research project. We are interested in talking to mothers of children who have behavior problems. Since you are the expert on your child, we think you can help us.

If you want to be in this study, your part will be:

1. You will be interviewed 2 or 3 different times.
2. You and your child will be videotaped one time for 30 minutes.

The programs that you are currently receiving at Head Start will not be changed in any way if you do not do this project. You will be given vouchers for food and toys consistent with the time you participate in the study.

If you want to help in our project, please fill this out and give it back to the Head Start teacher. The teacher will give it to us. Include your phone number and address. If you do not have a phone, we will contact you by letter to make arrangements to meet if you decide to do this.

Thank you very much for thinking about doing our study. Your willingness to let us learn from your experience and ideas will be greatly appreciated.

Sincerely,

Marian B. Phillips, M. Ed.

_____ **Yes, I am willing to be contacted about possible participation in the project.**

Name _____ Date _____

Signature _____ Telephone _____

Address _____

APPENDIX D
INTERVIEW GUIDE

Maternal Factors that Impact Intervention
with Highly Disruptive Preschool Children

Interview Guide

1. Tell me about your child. Tell me about the experience of living with your child.
2. Describe a typical day for you and your child.
3. Describe an especially difficult event that occurred with your child.
4. How would you compare your life with your child to the lives of your friends and their children? Are there any differences and if so, what kind of differences?
5. What does the future of your family look like?
6. Tell me about your support systems...those people in your life that you can count on for help.
7. Tell me about the experiences you have had with the professionals working with your child.
8. Have you been involved in any intervention programs such as parenting classes? Tell me about that experience.
9. How do you cope with your child disruptive behavior? What do you do when s/he becomes unmanageable?
10. (Demographic Information) What is your age? What is your marital status? Are you working and if so, where? How many years have you gone to school? What is your income level? How many children do you have? How old is your child that is in Head Start? Does s/he have a disability? If so, what is that disability? What are the ages of your other children?

VITA

Marian Beck Phillips grew up in Huntsville, Alabama, and graduated from Lee High School in 1968. In 1972, she graduated from Auburn University with a degree in elementary education. After teaching in regular and special education classrooms, Marian went back to school and, in 1979, she graduated from the University of Alabama in Birmingham with a masters' degree in special education specializing in children with emotional disturbances. Additional postgraduate work resulted in Marian receiving her license in Alabama as a Licensed Professional Counselor (LPC).

Marian's experiences include working with children, ranging in ages from 2-18 years, who exhibited behavior problems, counseling families, consulting with teachers and administrators, conducting diagnostic evaluations, providing crisis intervention services, and leading workshops and inservices. She has provided services for children and families within a variety of settings including public school systems, mental health agencies, and early intervention programs.

In 1994, Marian entered The University of Tennessee as a doctoral student. While at the university, she worked as a Graduate Teaching Assistant and supervised preservice students in elementary schools. She obtained her Doctor of Philosophy in Education with a specialization in early childhood education.

While at The University of Tennessee, Marian made presentations at various conferences including American Educational Research Association, National Association for the Education of Young Children, Southern Early Childhood Association, and the National Head Start Research Conference. In addition, she was awarded a Head Start Scholars Research grant from the federal Administration of Children and Families which supported her dissertation research.