Strength-based Home Visitation:

The Leadership Experiences of Rural Appalachian Women

A Prospectus

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By

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**Chapter 1: Introduction to Study**

The aim of this proposed research is to investigate the leadership experiences of Appalachian women involved in a university-sponsored, community-based home visiting program that is strength-based. This study will use qualitative methods to explore how women, all of whom live in Appalachia, primarily rural West Virginia, play leadership roles in the program. Further, it will examine how women who are involved in the program come to recognize and use their strengths in the key areas of family, health, education, employment, and community. The context of the proposed research is a strength-based home visiting program for pregnant women and children from birth to age three.

Home visiting programs operate under the premise that parents mediate changes for their children (Sweet & Appelbaum, 2014). Moreover, research shows that home visiting provides a positive return on investment to society through savings in public expenditures on emergency room visits, child protective services, and special education, as well as tax revenue from parents’ earnings (U.S. Department of Health and Human Services, 2015a).

 Federal funds are allocated by the U.S. Health Resources and Services Administration (HRSA) to states to support cost effective evidence-based home visiting programs that improve families’ health and provide better opportunities for their children (U.S. Department of Health and Human Services (2015a). On March 23, 2010, Title V of the Social Security Act was amended to create the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The amendment authorizes states and territories to receive $1.5 billion in funding for five years to provide evidence-based home visiting services to at-risk families, work with tribal communities to implement culturally competent home visiting programs, develop a mechanism to systematically review the evidence of effectiveness for home visiting program models, and conduct a national evaluation of the MIECHV program (Adirim & Supplee, 2013). In many cases, the people involved in these programs are women – as administrators, staff, and clients.

The State of West Virginia, Office of Maternal Child and Family Health Office, is a recipient of this funding as well as other sources of funding, and through numerous partnerships provides leadership to support state and community efforts to build systems of care including home visitation programs that assure the health and well-being of all West Virginians (Strengthening Families West Virginia, 2015; WVDHHR, 2015). There are several research-based home visiting programs serving over 1,000 families in 30 counties in West Virginia, one of which is the Maternal Infant Health Outreach Workers (MIHOW) program (WV Partners in Community Outreach, 2015).

In contemporary higher education there has been some movement toward the development of university-community partnership models [such as MIHOW] that involve engaging in active, collaborative programs to enhance teaching and learning with frequent activities that provide learning, development, and community capacity building (Krajewski-Jaime, Wiencek, Clifford, Edgren, & Krajewski, 2003; Krajewski-Lockwood, Lockwood, Krajewski-Jaime, & Wiencek, 2001). The MIHOW program, a university-community partnership model, was developed in 1982 by the Center for Health Services at Vanderbilt University in Tennessee now part of Vanderbilt University School of Nursing, whose mission is to improve health and child development for low-income families (Vanderbilt University School of Nursing, 2015). The MIHOW program serves economically disadvantaged and geographically and socially isolated pregnant women and children from birth to age three in four states: Kentucky, Mississippi, Tennessee, and West Virginia.

Although MIHOW programs are flexible, tailored to fit the structure of their partner agencies, the communities, and the families served, all MIHOW programs have four key features that are uniform throughout the network: 1) a strength-based approach; 2) trained community mothers who mentor their peers; 3) monthly home visits and education groups; and 4) a program structure that supports community mothers and links them across communities and to a university base (Elkins, Aguinaga, Clinton-Selin, Clinton, & Gotterer, 2013). The MIHOW strength-based approach, one of the major components of the program, provides the foundation for the development, implementation, and coordination of all MIHOW services (Vanderbilt University School of Nursing, 2015).

**Problem Statement**

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

In spite of the challenges and stigmas some West Virginia women face, they may access and use available resources, such as the MIHOW program, and as a result could potentially overcome these (Elkins et al., 2103). Using a strength-based approach to support and train mothers to reach program objectives related to trimester of pregnancy or age of child, MIHOW outreach workers use strategies that aim to improve mother and child self-image, sharpen problem-solving skills, and promote planning, goal setting, and self-advocacy (Elkins et al., 2013). “This approach sets the stage for healthy living, lasting motivation, and self-sufficiency and as a result, participating families, outreach workers, and the sponsoring agencies become confident and effective activists for improving the health and social services in the community” (Vanderbilt University: The MIHOW Program, 2002, para. 1). Moreover, Elkins et al. (2013) assert: “Because [of] the [MIHOW] program’s emphasis on the strength-based approach and the mother as the primary change agent, the positive effects of MIHOW may follow the family past the child’s third year of life and beyond the scope of early childhood development” (p. 1000).

Whereas these assertions seem reasonable, there is limited research-based evidence to support them. Although strength-based practice in social work has a strong theoretical foundation as an effective helping strategy that builds on a person’s strengths, there is little evidence documenting outcomes associated with strength-based approaches in home visiting programs. Also missing from the literature is an understanding of how individuals experience and perceive home visiting programs that use strength-based approaches. Hence, it is important to provide evidence-based findings about the efficacy of strength-based home visiting and how the approaches are facilitated and experienced by the women designing, overseeing, implementing, and otherwise participating in them.

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

It is important to explore a leadership frame that encourages the use of individual strengths at all levels of organizational hierarchies in families and communities. It is essential to examine the experiences of women leading other women to potentially promote more diverse models of effective leadership, and also to fill the dearth of literature on this topic. Moreover, it is essential to examine a university-sponsored program that works toward a vision that focuses primarily on the growth and well-being of people and their communities because this may assist in affecting positive change, particularly for socioeconomically disadvantaged women who face adversity.

**Purpose of Study**

The purpose of this study is to provide new knowledge about the leadership experiences of women participating in a female-dominated program serving other women. The goal of the study is to contribute to existing literature about strength-based home visiting programs, and more importantly, to fill a gap in knowledge about the experiences of rural Appalachian women who are participating in a community-based home visiting program that uses a strength-based approach. It aims to understand what influence, if any, a strength-based home visiting program – West Virginia MIHOW – has on enabling women to take lead and to achieve life aspirations. Finally, using servant leadership philosophy as a frame, the aim of this study is to construct additional knowledge about the potential of university-community partnerships to enable positive social change for women and their communities.

**Research Questions**

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

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

**Conceptual Framework**

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

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

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

Aspects of my life experience in terms of receiving community support and resources provide context for this study as well. Although I do not specifically recall my experience as a child receiving Head Start services, which is an intervention that promotes the school readiness of young children from low-income families and supports the mental, social, and emotional development of children from birth to age five (U.S. Department of Health & Human Services, 2015b), I consider myself a product of this early childhood program’s success, especially given the very low level of secondary school completion of my parents.

In addition, as an undergraduate student, I received the Basic Educational Opportunity Grant (BEOG), presently called the Federal Pell Grant, which is a financial aid program that provides need-based grants to students from low-income families to promote access to postsecondary education (U.S. Department of Education, 2015). I know for certain, that without the Federal Pell Grant and other state need-based and local scholarship financial assistance I received to attend college, I would have never enrolled and successfully completed a baccalaureate degree.

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

I am approaching this proposed research feeling as if I am both an “insider” and an “outsider.” I have a great deal of exposure to Appalachian culture because I was raised in an urban Appalachian community by a coal-miner’s daughter and have lived in rural West Virginia for the past seven years. Yet, I acknowledge that I have some deficiencies in understanding rural Appalachian culture. I converse and interact with my rural West Virginia neighbors and may possess similar characteristics and values as Appalachians, but could still be viewed as an “outsider” by the participants of this study because I do not speak with the same accent and my current educational and employment circumstances may be different from theirs. Being cognizant of this, I will try to build on other factors the participants and I have in common.

 Having lived through similar experiences as these women, I believe I will understand and relate to their plights. Also, more specifically, my experience of being a mother could be helpful in establishing relationships with the study participants. I gave birth and raised two children when I was a young woman and a third child at an older age, which has given me current-day insights on pregnancy, childbirth, and rearing a child. As an older mother, however, I believe age difference could be a barrier to how some of the younger study participants interact with me. This does not matter much if I interview by phone, but it can make a difference if I interview in person. So for this and logistical reasons, my mode of interviewing will primarily be by phone.

 Additionally, as a working professional where I supervise mostly women, I believe I will understand and relate to the rewards as well as the challenges the MIHOW supervisors and administrators experience. Moreover, I also share the same circumstance as these women balancing both family and work.

Certainly, my experience, beliefs, and personal goals affect my views on the topic of study. It is important to be aware of these goals and how they may shape the research and to think about how best to achieve these and to deal with the possible negative consequences of their influence (Maxwell, 2013). My experiences and beliefs provide a basic foundation for understanding what it may be like for other women who experience adversity and how they may use strengths to overcome their challenges and reach their aspirations as well as take lead in their lives; however, my focus and primary goal is to use their stories, experiences, and beliefs to inform this study.

**Theoretical Framework**

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

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

Feminist theory aligns with critical theory in that they both focus on issues of justice and power, and are committed to understanding forces that cause and sustain oppression (Hesse-Biber, 2014; Bogdan & Biklen, 2007; Glesne, 2011; Lassiter, 2005). Additionally, Hesse-Biber (2014) and Glesne (2007) argue that feminist theory has the underlying assumption that women experience oppression and exploitation. Because women in West Virginia face stubborn disparities in opportunities and outcomes (Hess et al., 2013) and rank last in the nation in terms of progress toward achieving equality in the workplace (Institute for Women’s Policy Research, 2014), it stands to reason that they experience oppression and exploitation. The proposed research aims to expose the social reality of the participants of this study in service of promoting social justice for women, particularly Appalachian women within the state of West Virginia.

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

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

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

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

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

**Relevant Literature**

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

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

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

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

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

There is a dearth of scholarship on the experiences of women leaders in female-dominated professions that serve women. The limited literature on women and leadership focuses primarily on identifying differences in how women and men lead, and the results are mixed. Kolb (1999) presents evidence suggesting that there are few leadership behavioral differences between women and men; however, more recent studies suggest that women have a unique leadership style in which they use more nurturing, inclusive, and collaborative strategies that encourage participation and create egalitarian environments than men (Chin, 2004;Greenberg, & Sweeney, 2005; Page, 2011).

As I am in the earliest stage of my proposed study, however, I do not yet have the experience I will gain throughout my research. As Glesne (2011) and Creswell (2009) recommend, I will not only read literature at the beginning, but throughout the research process. In addition, some of the literature I have gathered now may seem unsuitable, but it may be useful later.

**Research Methods**

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

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

Telephone interviewing will be the dominant strategy for data collection in this study. In-depth, semi-structured individual interviews will be conducted to explore the research questions of this proposed study. The interviews will be audio-recorded and transcribed verbatim. In addition to the in-depth telephone interviews, MIHOW training materials and other documents will be part of the data collected for this study. Because this proposed study is part of an ongoing mixed-methods program evaluation study of the West Virginia MIHOW program, extant data will also be included.

In conjunction with telephone interviewing, I plan to include participant observations of a home visitation conference, a MIHOW staff meeting, and a home visitation session. Data collection and analysis will occur concurrently. I plan to conduct thematic analysis of the data, the goal being to find the participants’ stories (Glesne, 2011). The final step will consist of data interpretation in relation to the relevant literature about strength-based home visitation and leadership experiences of women.

**Strengths and Limitations**

A key strength of the proposed study is that the selections of the sites and the potential participants for this study have already been accomplished. As a qualitative research assistant for the West Virginia MIHOW evaluation study, I have access to the mothers, home visitors, and program administrators. I have already interviewed several MIHOW mothers enabling me to build rapport with them, which has engendered their cooperation and comfortable willingness to disclose needed information. Based on past experience, however, I expect challenges with scheduling and reaching some mothers for interviews though I do not expect difficulty with scheduling and reaching program administrators, suppervisors, and home visitors (Spatig, Conner, Carlson, Bialk, & Kerbawy, 2014). The challenge of reaching some mothers for interviews is not just a MIHOW program phenomenon, “across multiple [home visiting] program models, families typically receive an average of 50% of intended visits and approximately half of families leave programming before completing the first 12 months of enrollment” (Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, 2015, p. 3).

A key limitation of this study is the findings cannot be statistically generalized, although that is not the intent of the study. A major strength of the proposed study, however, is that the qualitative case study design provides an excellent opportunity to gain tremendous insight into the participants’ experiences while taking into consideration how a phenomenon is influenced by the context within which it is situated (Baxter & Jack, 2008).

**Significance of Study**

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

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

**Chapter 2: Literature Review**

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

**Strength-based Approaches**

Strength-based practice

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

The strength-based approach to social work practice values empowerment of individuals and advocates a relationship of collaboration as opposed to one of authority (Blundo, 2001; Brun, C., & Rapp, R.C., 2001; Grant & Cadell, 2009; Lee, M.Y., 2003). Empowerment is both a process and outcome. According to Greene, Lee, and Hoffpauir (2005), “to be empowering, clinical social workers should facilitate a process with clients that will enhance the likelihood of their achieving desired outcomes, including feeling more empowered as individuals” (p. 267).

According to Lee (2003), “an empowerment-based approach suggests that a) a client’s unique experiences and the social base of the experience should be understood within a social, cultural, economic, and political context; b) a client should fully participate in the process of change so that they [sic] define goals, construct solutions, and control the pace of change; and c) a client should be helped to see themselves [sic] as causal agents in achieving solutions to their [sic] presenting problems” (p. 386). The goal of empowerment is to increase clients’ personal and interpersonal power so that they can take relevant and culturally appropriate action to improve their situations (Lee, 2003).

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

The external looking aspect is related to notions of structure – the ways in which individuals are bound by socio-economic, cultural, historical, and political factors (Ennis & West, 2010; Heyne & Anderson, 2012). While internal and external strengths are presented as two distinct dimensions, a dynamic and complex relationship exists between them as they are often in continual flux and interaction (Heyne & Anderson, 2012). Moreover, there is a mutually supporting interplay between internal and external strengths: “Internal strengths can be directed toward building external environmental supports; environmental supports can strengthen and nurture internal strengths” (Heyne & Anderson, 2012, p. 108).

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

Teaching and learning strength-based approaches in social work

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

Cox (2001) conducted a similar study in which the strength approach was introduced in a bachelor of social work (BSW) generalist practice course in a school of social work where social justice is the guiding principle. Cox (2001) presented evidence demonstrating that some students in this course found the collaborative helping relationship difficult “because of their tendency to interact in a patronizing manner and because of their own desire to solve problems for the individual client” (p. 309). Based on these findings, both Blundo (2001) and Cox (2001) recognize that most models, theories, and educational materials reflect the dominant preoccupation with what has gone wrong in human lives rather than how to maximize on individual, family, and community strengths to define goals and construct solutions.

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

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

The multistate sample of 453 child welfare workers (CWWs), including front line workers and managers who completed the survey, were predominantly women (90%) and well educated, with 47.8% reporting that they had a bachelor’s degree and 51.3% a master’s degree; only one respondent had an education level lower than this, with an associate’s degree (Douglas et al., 2014). Of this sample, 61.9% majored in social work or human services, 31.5% in another social science discipline, and the remaining 6.7% in another field (Douglas et al., 2014).

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

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

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

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

Strength-based interventions and outcomes

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

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

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

Using grounded theory data analysis, Elston and Boniwell (2011) conducted a study of six women in financial services who practiced using their strengths at work through a coaching intervention and the use of a strengths inventory. The results of the study indicate that the participants derived value from using strengths in the following ways: positive emotion, inspiring action, attention to the positive, feeling authentic, awareness of own value, valuing difference, sense of achievement, and positive reflections from others. Elston and Boniwell (2011) conclude that the results of the study suggest that “the experience of strengths use may be beneficial and these benefits in themselves lead to further reward” (p. 30).

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

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

In another social work setting, Saint-Jacques, Turcotte, and Pouliot (2009) examined the strength-based interventions of practitioners working in Youth Centers (YCs) and *Centres Local de Services Communautaires* (Local Community Service Centers, or CLSCs), which are public child-welfare establishments in Canada that provide primary health care services and a range of social services to the general public at little or no cost. Both qualitative and quantitative data informed the study. Qualitative data were collected through face-to-face semi-structured interviews with 30 voluntary practitioners. Quantitative data were collected by interviewing 77 practitioners using a questionnaire that measured the professional behaviors of the practitioners’ work with 118 families. The majority of the participants from each of the qualitative and quantitative groups of practitioners were women and who had earned bachelor degrees. Half of practitioners who were participants from the qualitative group worked at the YCs and the other half at the CLSCs. Of the practitioners who were participants from the quantitative group, 50 were working in YCs and 27 in CLSCs.

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

Saint-Jacques et al. (2009) posit that the strength-based approach was employed more easily at the CLSCs than the YCs because there are major differences between these two organizations. The YCs are mandated to ensure the protection, support, and treatment of children who are in serious difficulty and in need of help, whereas CLSCs are available to families who voluntarily seek help. Saint-Jacques et al. (2009) “affirmed that child protection interventions are likely to reduce the clients’ powers, inasmuch as these interventions are primarily a measure of social control in families” (p. 459). Saint-Jacques et al. (2009) found that practitioners were able, nonetheless, to sometimes use strategies to counterbalance the organizational obstacles to the strength-based approach by “gaining the client’s trust by being respectful and empathetic, developing objectives that were important for the client, and supporting the methods that the client wished to use to achieve them, insofar these objectives and measures were in keeping with social work values” (p. 459). Saint-Jacques et al. (2009) also suggest that another possible explanation for this finding is because the “pathology-oriented perspective is deeply rooted in the education of social workers and in their subsequent practice” (p. 460).

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

Strength-based supervision

Strength-based supervision appears to be a rather young approach to supervision in the area of social work and human services, and literature on the use of strength-based supervision and outcomes is scarce. Berendsen (2007) defines strength-based supervision as a co-created supervisory experience in which collaboration and mutuality assist in the unfolding development of the supervisee. Cohen (2009) also connects the parallels of strengths practice to supervision as he posits that “strengths-based supervision, similar to strengths-based practice, is consistent with the social mission of social work” (p. 463). Cohen (2009) further asserts that strength-based supervision must work congruently with strength-based practice.

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

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

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

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

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

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

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

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

The results of the evaluation study suggest that approximately 41% of respondents (supervisees) reported that they observed positive changes in the supervision they received since implementation of the strength-based supervision training (Lietz et al., 2014). In addition, changes that were discussed in open-ended comments were consistent with the training. “For example, one supervisee stated that she saw ‘more scheduled group supervision meetings;’ another observed that ‘my supervisor has paid more attention to group meetings where we discuss each case in more detail;’ and one respondent indicated that the supervisor ‘implemented a new clinical supervision where the unit can staff cases and brainstorm once a week’” (Lietz et al., 2014, p. 230). Leitz et al. (2014) consider this limited evidence of effective implementation of strength-based supervision as promising, as well as posit that “there is potential for strength-based supervision to be used in other settings as well” (p. 234).

Strength-based leadership

Peter F. Drucker, writer, professor, and management consultant who is “hailed by *Business Week* as the ‘man who invented management’” (Drucker Institute, 2015, para. 2), was one of the earliest scholars who contributed to the idea that the most effective leaders are those who build on their own strengths and the strengths of their superiors, colleagues and subordinates, as well as on the strengths of the situation rather than weaknesses (The Strengths Foundation, 2015). Drucker (2005) states that “success in the knowledge economy comes to those who know themselves – their strengths, their values, and how they best perform” (p. 100).

Concurrently, Donald O. Clifton, Ph.D., considered the father of strengths-based psychology, led millions of people around the world to discover their strengths (Rath & Conchie, 2008). Clifton believed that talents could be operationalized and investigated. In an attempt to better understand this concept, Gallup conducted a systematic study, interviewing more than three million people in a variety of professions about their strengths (Rath & Conchie, 2008). Clifton was the creator of StrengthsFinder®, a tool for self-awareness to capitalize on talents and apply them (Rath, 2007). StrengthsFinder® forms the core of several books on the topic of strengths including *Strengths Based Leadership* (Rath & Conchie, 2008).

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

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

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

MacKie (2014) conducted a between-subjects nonequivalent control group design to investigate the effectiveness of a strength-based coaching methodology that explicitly aimed to identify and develop participants’ strengths in a leadership development context, as well as examine the effects of executive strength-based coaching on enhancing transformational leadership behavior. Thirty-seven executives and senior managers, 17 male and 20 female from a large not-for-profit organization, were non-randomly assigned to either a coaching or waitlist cohort. Eleven highly experienced practitioners recruited from the local executive education department of a prestigious business school provided the strength-based coaching services following a structured strength-based coaching manual, which focused on the identification of strengths through interview data, 360-degree feedback, and the *Realise2* inventory (Mackie, 2014).

After six sessions of strength-based coaching over a three-month period, the results demonstrated that participants experienced statistically significant increases in their transformational leadership behavior after coaching, and this difference was perceived at all levels within the organization, although not by the participants themselves (MacKie, 2014).

In addition, the results of the study confirmed that adherence to a strength-based protocol predicts enhanced leadership performance, although it does not inform whether a strength-based approach is superior to other structured methodologies, nor does it pinpoint or explain the specific elements of the strength-based protocol that were most effective in increasing transformational leadership behaviors (MacKie, 2014). Nonetheless, MacKie (2014) concludes that these findings suggest that strength-based coaching may be effective in the development of transformational leaders.

A qualitative study was conducted by the U.S. Army Research Institute (ARI) to explore the application of strengths-based leadership in the military context whereby numerous Army leaders (commissioned and noncommissioned officers) and Army subordinates (soldiers) were interviewed. The data from this study present evidence showing that the majority of Army leaders reported using strengths-based techniques to some extent, often without an explicit knowledge of strengths-based leadership theory (Keys-Roberts, 2014). The data also provide evidence demonstrating that the subordinates (soldiers) perceive the strengths-based leadership techniques to be successful (Key-Roberts, 2014). According to the soldiers interviewed by ARI, their morale and well-being improve when the Army leaders focus on their development (Key-Roberts, 2014). In addition, “soldiers with knowledge of their own strengths and the confidence to make decisions within their commanders’ guidance are also better equipped to adapt to ever-changing operational environments” (Keys-Roberts, 2014, p. 13).

**Home Visitation**

Home visitation program interventions outcomes for children and families

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

The efficacy of home visiting programs as a whole cannot be stated, as the literature review of home visiting programs across a wide range of outcomes reveals mixed findings. Based on the initiative of the Department of Health and Human Services (DHHS), Avellar and Supplee (2013) performed a systematic review of the evidence of home visiting models, called the Home Visiting Evidence of Effectiveness (HomVEE) Review. HomVEE reviewed the home visiting literature and included a systematic search and screening process, a review of the research quality, and an assessment of program effectiveness for program models that serve families with pregnant women and children from birth to age five. Avellar and Supplee (2013) rated the studies’ capacity to provide unbiased estimates of program impacts and determined whether a program met the DHHS’s criteria for an evidence-based model. Of the 32 models reviewed by Avellar and Supplee (2012), only 12 met the DHHS criteria for an evidence-based early childhood home visiting model as well as had statistically significant findings. Avellar and Supplee (2013) present evidence demonstrating that most of the 12 models studied showed favorable effects on child development, health care usage, and reduction in child maltreatment; less common were favorable effects on birth outcomes.

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

A 27-year program of research was conducted to evaluate three separate large-scale home visiting programs that attempted to improve early maternal and child health and future life options with prenatal and infancy. Each of the three home visiting programs conducted randomized controlled trials with different populations living in different contexts. According to Olds (2006), the results of these trials indicate that the programs have been successful in that they observed the improvement of parental care of the child as reflected in fewer injuries and ingestions that may be associated with child abuse and neglect and better infant emotional and language development. Additionally, Olds (2006) presented evidence demonstrating improvements in maternal life course: fewer subsequent pregnancies, greater work-force participation, and reduced dependence on public assistance and food stamps. Another major result or message that emerged from this program of research is that the functional and economic benefits of the nurse home-visitation program are most prodigious for families at greater risk (Olds, 2006).

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

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

Strength-based home visitation

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

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

 Mykota (2008) used qualitative data collection for this evaluation study of a strength-based home visitation program, which included semi-structured in-depth interviews with health care practitioners and focus groups with birth mothers participating in Parenting Plus. Through inductive analysis of data collected as a result of the in-depth interviews with the health care practitioners, Mykota (2008) presents evidence demonstrating that the ineffective partnership building and communication challenged the development of Parenting Plus. The screening and assessment checklist relevancy, the confidentiality of information obtained from participants, and the informed consent by the health care practitioners were questioned. In addition, the paraprofessionals lacked formal training that affected the credibility of the early intervention.

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

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

Teixeira De Melo and Alarcao (2013) conducted a mixed-methods, single-case, systemic study design to evaluate the process and outcome of the implementation of the Integrated Family Assessment and Intervention Model (IFAIM), a strength-based, in-home, collaborative family-centered program in Portugal that conducts child protection assessments and provides integrative support to families with at-risk, abused, or neglected children. Teixeira De Melo and Alacao (2013) present evidence demonstrating that at the end of the IFAIM intervention the parents were: more capable of meeting the child’s needs and positive development; stronger and more confident about the future relying not only on a priori love and hope but also on their joint recent achievements and celebrated successes; and more able to use their strengths to look for help when needed and to continue to learn and grow.

**Women as Leaders**

Women’s ways of leading

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

Leadership experiences of women

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

To determine whether there are differences between men and women leadership behaviors depending on the work environments, Gardiner and Tiggemann (1999) investigated the impact of leadership style, stress levels, and mental health men and women experience while working in comparable positions in either male- or female dominated industries. Gardiner and Tiggemann (1999) present empirical evidence demonstrating that 1) women in male-dominated industries were equally interpersonally oriented compared to men in those industries, in contrast to managers in female-dominated industries where women were more interpersonally oriented than men; and 2) women in male-dominated industries were more task oriented than men in those industries, whereas in female-dominated industries men and women were equally task oriented. According to Gardiner and Tiggemann, these findings suggest that “women in male-dominated industries display a more stereotypically masculine style of leadership” (p. 311).

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

Fine (2009) conducted a narrative study to see if the voices of women could provide new directions for defining and theorizing leadership. The participants of this study consisted of 15 women leader participants from a range of private, non-profit, and government organizations representing diverse industries.

Three themes emerged from the analysis of the data gathered from the narrative interviews: 1) leadership motives; 2) leadership behaviors; and 3) expectations of others’ behavior. The results of the study suggest that the impetus for these women’s decisions to lead include believing they have the personal skills and characteristics to lead and they want to make a positive contribution in the world (Fine, 2009). Moreover, the evidence suggests that “the women leaders of this study believe that leadership and service go hand in hand; without service, leadership has no purpose” (Fine, 2009, p. 190). Additionally, Fine (2009) presents evidence showing that these women exhibit leadership behaviors that value the importance of building a team, building consensus, getting and accepting others’ points of view, and communicating by not only sharing but also by listening.

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

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

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

Feminist leadership

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

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

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

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

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

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

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

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

Lazzari et al. (2009) suggest numerous ways in which these feminist principles can be applied to leadership practice in social work settings as well as other contexts. According to Lazzari et al. (2009), this can be accomplished by leaders keeping the task at hand in the forefront with the intent of bringing the talents and skills of all to address the task; aiding those in less powerful positions within the group to have a voice by providing specific opportunities to express opinions and ideas; and assuming a “working with or beside” relationship, rather than a “power-over” role.

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

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

According to Lazzari et al. (2009), in order to avoid simplifying the complexities of how various aspects of human diversity intersect (e.g., gender with class, ethnicity, age, sexual orientation and so forth), it is also important to advocate feminism rather than label oneself a feminist. Shifting to this way of thinking “will result in shared experiences and responsibilities and include the diversity of input from all social groups” (Lazzari et al., 2009, p. 356).

Further, Lazzari et al. (2009) stress that it is critical for social workers in leadership positons to work toward system change by educating clients, students, and colleagues, and providing service that build communities of support for nonviolence, survival, growth, and self-transformation. In order to do this, social work leaders must be open to feedback and able to self-reflect, and have intention, vigilance, and humility (Lazzari et al., 2009).

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

 Lazzari et al. (2009) conclude that practicing feminist principles in both formal and informal leadership roles requires courage because those who attempt to alter the dominant power structures intact may experience the effects of backlash. Nevertheless, Lazzari et al. (2009) believe that feminist leadership perspectives should be and can be shared – not alone, but rather together with support “to dismantle oppressive systems and then to rebuild a more just society” (p. 357).

**Literature Summary**

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

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

Also, although there is some literature that focuses primarily on identifying differences in how women and men lead, largely absent from the academic discourse on leadership are women’s voices and experiences. This study will provide new knowledge about the leadership experiences of women participating in a female-dominated program serving other women. In addition, using servant leadership philosophy as a frame, this study will construct additional knowledge about the potential of university-community partnerships to enable positive social change for women and their communities.

**Chapter 3: Methods**

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

**Design**

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

**Setting**

Two MIHOW program sites located in rural West Virginia are the primary settings for this study. The Blue Lake (pseudonym) site is located in a family health center in a small coal town. The Mountain Ridge (pseudonym) site is located at a nonprofit faith-based agency that supports low-income families. Both the Blue Lake and the Mountain Ridge sites serve mothers from several counties within the southern and south central regions of West Virginia. In addition, although my proposed study will focus primarily on the two West Virginia MIHOW sites, the Vanderbilt University School of Nursing in Tennessee is also included, as this is the university base that provides support, as well as program structure for the MIHOW program across four states in the Appalachian region. The Appalachian region includes all of West Virginia and parts of 12 other states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia (Appalachian Regional Commission, 2015).

Compared to the United States as a whole, residents within the Appalachian region on average have lower income levels, higher prevalence of poverty, lower rates in the civilian labor force, and lower educational attainment (Pollard & Jacobsen, 2013). Comparative studies of Appalachia versus the United States as a whole tell only a part of the story. West Virginia ranks fourth in the nation with the highest rate of individuals who live beneath the poverty level; more than half the population of West Virginia lives in rural areas (U.S. Census Bureau, 2015). For women, the situation is even worse.

Appalachian females, particularly in the state of West Virginia, face many challenges during their lives including the gender wage gap, limited access to child care, and adverse health conditions (Hess et al., 2013). Within West Virginia itself, there are distinct differences in the opportunities and outcomes of women compared to their male counterparts. Women in West Virginia face stubborn disparities in opportunities and outcomes related to employment, earnings, and education (Hess et al., 2013). Women in West Virginia are more likely than men to live at or below the federal poverty line (Hess et al., 2013). West Virginia women have lower labor force representation than women in any other state and face a higher gender wage gap than women in all other states in the nation except for Louisiana and Wyoming (Hess et al., 2013). In West Virginia, for every dollar men earn, women earn only 69 cents, and women earn less than men at every educational level (Hess et al., 2013). For example, women with some college education or an associate’s degree on average earn less than men with a high school diploma. Also, West Virginia ranks last in the nation for its proportion of women with a four-year college degree (Hess et al., 2013).

Below is a summary chart of the demographic characteristics of the full set of mothers participating in the West Virginia MIHOW program at both sites (Amerikaner, Table 3, 2015):

|  |
| --- |
| **WV MIHOW: Blue Lake and Mountain Ridge Sites** **Demographic Characteristics** |
| Age | Mean = 24.75 years (Range = 14 – 45 years) |
| Race | White (96%) |
| Marital Status | Single (34%); Live-in Partner (26%); Married (40%) |
| Employment Status | Unemployed (63%); Employed (37%) |
| Education | No HS/GED (28%); HS/GED (34%); College (38%) |
| Health Care | Uninsured (15%); Medicaid (64%); Private Insurance (20%) |
| Housing | Stable (77%); Temporary (23%) |
| Children in Home | Mean = .99 children (Range 0 – 7) |
| Monthly Income | < $1,000 (38%); $1,001 - $2,000 (27%); $2,001-$4,000 (18%); > $4,001 (11%) |

The demographic characteristics of the women receiving MIHOW services at the Blue Lake and Mountain Ridge sites corroborate Hess’s et al. (2013) findings. Hess et al. (2013) indicate that uneven development in West Virginia, particularly in the central and southern part of the state [those regions where the MIHOW sites are located], affects the provision of services and access to resources for many people, especially women.

**Participant Selection**

I will use my affiliation with the MIHOW research team to access the contact information of the participants, as well as information on the participants’ roles in the program. From these groups of women, I will purposefully select the participants of this study to provide information that is particularly relevant to my research questions and goals (Maxwell, 2013). Also, based on the nature of the research questions for this study, I plan to select participants who have the longest engagement with the MIHOW program. I will also ensure that I have representation from both the Mountain Ridge and Blue Lake sites for this case study (Baxter & Jack, 2008).

I anticipate interviewing at least three mothers (Refer to Appendix A for the MIHOW Mother Interview Guide) and at least three home visitors (Refer to Appendix B for the MIHOW Home Visitor Interview Guide) from both MIHOW sites. The participating mothers will have been receiving services from the MIHOW program for at least 18 months, and the participating home visitors will have been employed by the MIHOW program for at least two years. I also plan to interview at least one MIHOW administrator from out of state, and several administrators and supervisors (Refer to Appendix C for the MIHOW Administrator/Supervisor Interview Guide) from both MIHOW sites. Because Hesse-Biber (2014) recommends a minimum of three to five participants for qualitative case study design and at least ten interviews for phenomenological qualitative research design, the study sample will consist of a minimum of ten participants. Because I may need to contact the participants for follow up questions and clarifications, some of the participants of this study may be interviewed multiple times.

**Data Collection**

Telephone interviewing will be the primary strategy for data collection. In-depth, semi-structured individual interviews will be conducted to explore the research questions of this study. Yin (2013) posits that “interviews are an essential source of case study evidence because most case studies are about human affairs or actions” (p. 113). Each semi-structured interview will be conducted with a specific interview guide that has a list of written questions based on the informant’s role in MIHOW, but the sequence in which I ask or how I word those questions will be flexible (Hesse-Biber, 2014).

Also, with the semi-structured interview “I am still open to asking new questions, ‘on-the-fly,’ throughout the interview” (Hesse-Biber, 2014, p. 187). The in-depth interviews will take the form of conversations in which I will attempt to probe deeply to secure vivid and detailed accounts of the personal experiences of the participants with the goal of answering my research questions while allowing for the flexibility to respond to emergent insights (Maxwell, 2013). The interviews will be audio-recorded and transcribed verbatim, which according to Yin (2013), provides a more accurate rendition of the interviews than just taking notes (Yin, 2013).

Whereas interviewing is used to understand the perspectives of participants, observation is often used to describe settings (Maxwell, 2013). In conjunction with in-depth telephone interviewing, I plan to include observations of a home visitation conference, a MIHOW staff meeting, and a home visiting session. Participant observation is a data collection method that provides a direct and powerful way of learning about people’s behavior. It also may illuminate aspects of the participants’ perspectives that they may be reluctant to directly state in interviews (Maxwell, 2013). Further, participant observation provides the opportunity to perceive reality from the viewpoint of someone “inside” a case rather than external to it (Yin, 2013). Hence, participant observations can add texture to the interview data and provide a fuller understanding of rural West Virginia women’s lives as well as their experiences with the MIHOW program.

In addition to the in-depth telephone interviews and participant observations, MIHOW training materials and other documents will be part of the data collected for this study. Because this proposed study is part of an ongoing mixed-methods program evaluation study of the West Virginia MIHOW program, extant data, in the form of interviews, observations, and documents, will be included as well.

**Data Analysis**

Data collection and analysis will occur concurrently to enable me to focus and shape the study as I proceed (Glesne, 2011; Yin, 2013). The initial step I will take in data analysis is to think about what I hear and see during the interview or observation. As Maxwell (2013) recommends, I will analyze data immediately following an interview making reflective and analytical comments. During field work I will jot down notes about what I see and perceive, and will convert these into formal field notes as soon as possible following the observation.

These analytical comments and field notes will identify patterns and issues as they emerge and will provide insights about how the interview and participant observation data extend my prior understanding of participants’ experiences and perceptions in relation to the proposed research questions (Maxwell, 2013). This will allow me to begin to develop tentative ideas about categories and relationships (Maxwell, 2013). Also, as recommended by Glesne (2011) and Yin (2013), I will create relevant specific folders as I collect data to organize these analytical files.

Bogdan and Biklen (2007) describe the data analysis process as working with the data, organizing them, breaking them into manageable units, coding them, synthesizing them, and searching for patterns. After the process of developing coding schemes, I plan to conduct thematic analysis of the data, the goal being to find the participants’ stories. Thematic analysis, which involves coding and segregating data for further analysis and description, allows for the organization of what is observed, heard, and read so that I can effectively figure out and make sense of the data generated (Glesne, 2011).

Because this proposed study is part of the larger program evaluation study of the West Virginia MIHOW program, I have the ability to work collaboratively with other West Virginia MIHOW program qualitative team researchers. During monthly team meetings, discussion about individual interviews occurs, and a comparison of ideas and insights about what is being learned is shared. This contributes further to the identification of codes, patterns, tensions, and interpretations and also allows team members during the analysis phase to provide feedback on the ways in which data sources are integrated in an attempt to answer the research questions.

In case study, data from the multiple sources will then be converged during the process of analysis contributing to my understanding of the whole phenomenon (Yin, 2013). Yin (2013) notes that one important practice during the analysis phase of any case study is to use the theoretical propositions that led to the design of the study (e.g., theoretical orientation, research questions, reviews of the literature), to guide the analytic priorities. This allows for a focused analysis when the temptation is to analyze data that are outside the scope of the research questions, as well as an engagement in the iterative process of exploring rival propositions that may provide alternate explanation of a phenomenon (Yin, 2013).

Moreover, I plan to use cross-case analysis as the technique for analysis (Yin, 2013). This technique will allow for the aggregation of findings across both the Mountain Ridge and the Blue Lake MIHOW program sites. To do this, I will create matrices for displaying and further developing the results of a categorizing analysis of the data that are structured in terms of the research questions and themes and the data that support these (Maxwell, 2013).

**Validity**

In the case of qualitative research, the equivalent terms for validity are credibility and trustworthiness (Glesne, 2011). There will be numerous procedures I will follow to strengthen the study’s validity. I have been a qualitative research assistant for the larger program evaluation study of the West Virginia MIHOW program since January 2013. Prolonged engagement and extended time in the field affords the researcher the ability to develop trust, learn the culture, and check out hunches (Glesne, 2011). Based on my initial involvement as a qualitative research assistant for the West Virginia MIHOW program and the timeline (see Appendix F) I have established for collecting and analyzing data for this study, I will have been involved in studying the West Virginia MIHOW program for three full years. This prolonged engagement with the program and participants will provide more complete data about specific situations and events helping to rule out forged associations and premature theories and will offer a greater opportunity to develop and test alternative hypotheses during the course of the research (Maxwell, 2013). Data credibility will provide me the confidence that the evidence I find is true or accurate from the point of view of the informants of this study.

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

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

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

Research bias, the correctness or credibility of a description, conclusion, explanation, or interpretation of an account, is a potential validity threat to research (Maxwell, 2013). Because of my personal experience and goals, there is a chance that I may only interpret data in terms of the conceptual framework excluding important data or incorrectly interpreting them in an attempt to make the findings fit with my preconceived ideas and convictions. To address researcher bias, I must examine my motives as a researcher. For example, I have a strong interest in studying the role of empowerment in helping women succeed in their lives. I need to consistently acknowledge this so that I will not overly influence an interviewee or distort my analysis of data; therefore, it is important to write out my thoughts and reactions to an interview experience to illuminate multiple perspectives of the interview and to raise more questions.

Reactivity is another validity threat that could affect this study. Reactivity is the influence the researcher may have on the setting or individuals studied (Maxwell, 2013). A good way to ensure that I do not overly influence the participants’ responses to my interview questions is to avoid asking leading questions that inevitably influence the direction of the answer, and instead consider presupposition questions. I will also avoid “knowledge” questions. Patton (2002) cautions researchers about using knowledge questions because these may give participants the impression that they are being tested, and possibly make them feel uneasy or even embarrassed if they don’t know the “correct” answer.

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

**Ethical considerations**

 I will not only abide by the Behavioral and Social Science Institutional Review Board (IRB) codes, but will also conduct my research rooted in respectful, caring human relations and with an awareness of social-historical context – in the case of my proposed study – 21st century rural Appalachia. Although the West Virginia MIHOW participants of the program evaluation larger study have given written consent to take part in the study, it is appropriate to remind them each time during inquiry that their participation is voluntary and that they can stop the interview or participation in the study at any time. Also, I will always ensure that the West Virginia MIHOW participants are not subjected to harm, such as emotional stress or feelings of inadequacy.

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[women2019s-employment-and-earnings-west-virginia-ranks-lowest](http://www.iwpr.org/press-room/press-releases/washington-dc-ranks-highest-for-women2019s-employment-and-earnings-west-virginia-ranks-lowest)

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**Appendix A: MIHOW Mother Interview Guide**

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

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

**Appendix B: MIHOW Outreach Worker (Home Visitor) Interview Guide**

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

**Appendix C: MIHOW Administrator/Supervisor Interview Guide**

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

**Appendix E: Timeline of Procedures**

|  |  |  |
| --- | --- | --- |
| *Activity* | *Task* | *Timeline* |
| 1: Schedule participant observations | 1) Attend participant observations and take analytical and reflective notes2) Identify patterns and issues3) Write formal field notes | April – October 2015 |
| 2: Select interview participants and schedule interviews  | 1) Conduct in-depth telephone interviews2) Prepare analytical comments following each interview3) Identify preliminary codes and coding categories | June – October 2015 |
| 3. Review and analyze field notes and interview transcripts  | 1) Listen to audio-recorded interviews2) Read interview transcripts 3) Read field notes4) Develop coding categories 5) Extract data from transcripts6) Display data as an organized assembly of information to see overall patterns  | April – October 2015  |
| 4. Revise (make past tense) chapters 1, 2, and 3 and write chapters 4 and 5 | 1) Submit dissertation drafts to chair | November 2015 – January 2016 |
| 5. Apply for Graduation |  | January – February, 2016**Deadline: February 5, 2016** |
| 6. Write final dissertation draft  | 1) Submit final dissertation draft to committee members and schedule dissertation defense | January – February, 2016 **Deadline: February 22, 2016** |
| 7. Defend dissertation |  | February – March, 2016 |
| 8. Submit approved dissertation to the EDT website and submit Dissertation Form and Graduation Fee Receipt to Graduate College |  | April – May, 2016**Deadline May 5, 2016** |
| 9. Attend commencement |  | **May 9, 2016** |