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Maternal perceptions of parenting following an evidence-based parenting program: A qualitative study of Legacy for Children™

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Maternal perceptions of parenting following an evidence-based parenting program: A qualitative study of Legacy for Children™

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An abstract of
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Abstract

Maternal perceptions of parenting following an evidence-based parenting program:
A qualitative study of Legacy for Children™
By Sophie Hartwig

Introduction: Numerous studies indicate that early exposure to poverty negatively influences child developmental outcomes. Research aimed at ameliorating these harmful effects reveals that parental investment and competence function as protective factors. Based on this knowledge, the Centers for Disease Control and Prevention (CDC) developed Legacy for Children™ (*Legacy*), an evidence-based parenting program for low-income mothers of young children and infants. Evaluation of the program following implementation at the University of Miami and the University of California, Los Angeles provides evidence as to the efficacy of *Legacy*; however, differences in child outcomes across sites warrant additional research.

Objective: This study investigates how low-income mothers describe parenting following participation in *Legacy*, particularly across the implementation sites. The study specifically examines how mothers describe healthy parenting practices and maternal self-efficacy beliefs and development. Lastly, the study explores mothers' experiences receiving feedback and providing advice to family and friends outside of the *Legacy* program.

Methods: The primary researcher used qualitative methods to conduct a secondary data analysis of focus group discussions with *Legacy* mothers. The researcher utilized grounded theory techniques to examine focus group data; methods for this study consisted of four main phases: 1) code and codebook development, 2) the application of codes, 3) a second coding process, and 4) thematic data analysis.

Results: Discussions with mothers in both Miami and Los Angeles indicate knowledge and use of healthy parenting practices, as well as improvements in maternal self-efficacy. Analyses also revealed that mothers frequently encountered negative experiences with receiving feedback and providing advice. Differences across sites emerged during analyses of parenting strategies and feedback and advice; fewer differences surfaced between mothers in Miami and Los Angeles related to self-efficacy beliefs and development.

Conclusions: The findings of the current study support previous evaluation of the *Legacy* program. Mothers demonstrate knowledge and understanding of healthy parenting practices, and improvements related to self-efficacy. The differences between sites indicate that mothers in Los Angeles may have a greater capacity for understanding and adapting their own parenting, and thus maintaining a reciprocal relationship with their children. Further research is advised to better understand these differences.

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Introduction

Current estimates indicate that in the United States, roughly twenty-two percent of children ages zero through seventeen live in poverty, as do twenty-five percent of children ages five and below (Federal Interagency Forum on Child and Family Statistics, 2013). Additionally, among children under eighteen years of age, a total of forty-four percent live in low-income families (defined as two hundred percent of the federal poverty level; Addy & Wight, 2012). These estimates rise when considering race and ethnicity; Black, non-Hispanic and Hispanic populations face an additional burden related to childhood disadvantage (Federal Interagency Forum on Child and Family Statistics, 2013).

Previous research documents the many negative health and developmental outcomes associated with poverty during childhood, which include increased risk of chronic disease and stress, as well as behavior and emotional problems, issues with concentration and memory, and delays in language development (American Psychological Association, 2013; Duncan, Ziol-Guest, & Kalil, 2010; Luby et al., 2013; Zilanawala & Pilkauskas, 2012). Research also suggests that early socioeconomic disadvantage affects children not only throughout development, but also into adulthood, affecting areas such as overall educational achievement and levels of employment (Duncan et al., 2010; Federal Interagency Forum on Child and Family Statistics, 2013; Poulton et al., 2002; Ziol-Guest, Duncan, Kalil, & Boyce, 2012).

In order to address these concerns, the Centers for Disease Control and Prevention (CDC) developed an evidence-based intervention that incorporates aspects of public health and developmental psychology theory (Perou et al., 2012). The resulting model,

Legacy for Children™ (*Legacy*), seeks to foster positive parenting among low-income mothers in order to improve child developmental outcomes (Kaminski et al., 2013). The model emphasizes the belief that parental involvement plays a significant role in child development and influences success in later life, and that supportive and stable parental involvement may help counter adverse life conditions (Perou et al., 2012). The *Legacy* philosophy prioritizes three tenets: child outcomes depend upon the quality of the relationship between mother and child, successful parenting comes in many different forms, and, regardless of their environment, mothers hold the power to positively influence their child's development (Kaminski et al., 2013).

From 2001-2010, CDC implemented the group-based model among low-income families in Miami and Los Angeles and conducted a pair of randomized controlled trials in order to assess *Legacy* (Perou et al., 2012). This study sought to achieve five aims: document the implementation process and evaluate program fidelity; compare self-efficacy, sense of community, and positive maternal-child interaction between intervention mothers and comparison mothers; examine the child developmental outcomes between intervention and comparison groups; assess intervention mothers' responses to the program; and calculate the costs associated with implementation of the program (Perou et al., 2012). Preliminary results from the study indicate that children of mothers participating in *Legacy*, when compared to controls, experienced lower rates of behavioral and socioemotional concerns at the Miami site and lower rate of hyperactive behavior at the Los Angeles site (Kaminski et al., 2013). More detailed findings from this study are published elsewhere (Kaminski et al., 2013).

While these initial findings point to the positive effect of *Legacy* on child developmental outcomes, additional evidence is needed. As part of the larger study, RTI International, in partnership with CDC, collected an array of process evaluation data. Analysis of this data can serve to contribute to larger study aims and assist in the interpretation of research findings. These data, both quantitative and qualitative in nature, include ethnographic field observations, participant surveys, in-depth interviews with participants and intervention staff, program records, and focus groups with participants in *Legacy* (Fraser, 2009). Qualitative exploration of the model and outcomes in particular serve as a tool to help examine previous findings and better understand participant experiences (Hennink, Hutter, & Bailey, 2011b). To this end, the analysis of focus groups, which allowed participants to describe their experience with *Legacy* in their own words, provide an opportunity to explore previous findings and serve to contextualize data.

Focus group discussions revolved around three broad areas of interest: characteristics of successful parent groups, reasons for and obstacles to mothers' engagement in the program, and mothers' views of how *Legacy* affected their parenting. To assess mothers' sense of self-efficacy, which is based not on their behavior but instead on their own beliefs (A. Bandura, 1977), the current study focuses primarily on the third component of the focus group discussions. Accordingly, this study investigates how mothers describe parenting following their participation in *Legacy*. Using grounded theory techniques, the researcher conducted textual data analysis of these focus group data in order to gain a more comprehensive understanding of mothers' experiences with the *Legacy* program and provide additional information to aid interpretation of quantitative findings.

Theoretical Framework

A theoretical framework allows researchers to build upon the current literature and guides the process of qualitative research (Hennink et al., 2011b). For the purposes of this study, a theoretical approach provides a foundation of key constructs necessary for understanding parental beliefs and behaviors (Crosby, Kegler, & DiClemente, 2009). Social Cognitive Theory, developed by Alfred Bandura (Albert Bandura, 1986; Albert Bandura & 1977), views behavior as a product of the reciprocal interactions between personal, behavioral, and environmental influences (Albert Bandura, 1986). Through the development and application of this theory, it became evident that human behavior can be changed and improved based on knowledge of how individuals learn from and adjust to their environment.

Self-efficacy is one of the concepts most central to social cognitive theory. Bandura (1997) defines self-efficacy as personal beliefs about one's ability to perform behaviors that result in desired objectives. Previous research indicates that self-efficacy beliefs play a role in the performance of many behaviors, particularly when completing difficult or complex tasks (Albert Bandura, 1997; McAlister, Perry, & Parcel, 2008). Bandura (1999) also explains four major ways through which individuals develop self-efficacy: 1) mastery experience, 2) social modeling, 3) improved well-being, and 4) verbal persuasion. He defines mastery experience as growth of self-efficacy through success in surmounting obstacles through persistent effort; social modeling is defined as self-efficacy developed through observation of the success of similar individuals. Improved well-being, Bandura states, is the enhancement of physical and emotional states, which serves to strengthen self-efficacy beliefs. Finally, verbal persuasion is the

use of persuasion by others to convince an individual they have what it takes to be successful (Albert Bandura, 1999).

While theory provides a necessary and practical foundation for conducting research, it is important to recognize that one theory cannot always fully inform full understanding of real-life experiences (Tavallaei & Talib, 2010). As such, this study will also incorporate knowledge from the literature base on child development and related fields (described further in the literature review section below).

Review of the Literature

The current literature indicates the great need for understanding and improving the varied areas of child development, particularly for overburdened and additionally vulnerable populations. The *Legacy* program focuses on four areas of child development: cognitive, language, socioemotional, and behavioral outcomes. Cognitive outcomes refer to the processes utilized by young children related to thinking, memory, language, and reasoning; outcomes related to language include speaking, listening, understanding, and recognizing and using the names of people and objects (Neaum, 2010). Socioemotional outcomes reference how young children understand, express, and manage emotions in themselves and others, as well as how to create positive and fulfilling relationships with others (Cohen, Onunaku, Clothier, & Poppe, 2005). Finally, behavioral outcomes refer to the activity and attention levels of young children, and their capacity to regulate behavior (Saavedra, Fraser, & Iklé, 2009).

Effects of Poverty on Child Development

Previous research indicates that early exposure to poverty affects children's physical, socioemotional, and behavioral health, and increases the risk of a host of other

concerns during childhood. For example, reviews of the literature reveal the association between childhood disadvantage and elevated chronic stress (Evans & Kim, 2012), as well as the risk of accelerated weight gain (Wells, Evans, Beavis, & Ong, 2011). Early childhood disadvantage has also been linked to negative outcomes in adulthood. In one study, Duncan, Ziol-Guest, and Kalil (2010) utilized an economic-based approach to assess the ways in which poverty experienced during early childhood (birth to five) affects adult achievement, health, and behavior. In order to examine the relationship between childhood income and adult outcomes, the investigators conducted a variety of regression analyses on 1968-2005 data from the Panel Study of Income Dynamics. Results of these analyses indicated that, when controlling for later-life economic and demographic conditions, early childhood poverty is strongly associated with decreased adult earnings and work hours.

Research has also shown how early childhood disadvantage specifically affects child development. In a study conducted by Ayoub et al. (2009), children ages one to three living in poverty displayed significant deficits in cognitive skills compared to national norms. Reviews by Hackman and Farah (2009) and Walker et al. (2011) echo the findings of this study, and indicate that childhood poverty also functions as a predictor of neurocognitive development. Other studies indicate that children in households experiencing material hardship score higher on measures of aggressive, withdrawn, and anxious/depressed behaviors (Zilanawala & Pilkauskas, 2012). A recent longitudinal study conducted by Fernald, Marchman, and Weisleder (2013) indicates that children from low socioeconomic backgrounds (compared to higher income counterparts) experience significant disparities related to vocabulary and language processing

efficiency by the age of eighteen months, and fall behind by a six-month gap by the age of twenty-four months.

Importance of Parenting

Despite these concerns, research demonstrates that positive parenting can address and improve these outcomes. The literature highlights the importance of promoting learning and caregiver-child interactions for children in poverty, and indicates that early interventions are considered most effective (Walker et al., 2011). Numerous evaluations of parenting programs reveal improvements in cognitive, language, socioemotional, and behavioral child outcomes (Camilli, Vargas, Ryan, & Barnett, 2010; Furlong et al., 2013; Olds, Sadler, & Kitzman, 2007; Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011).

Healthy parenting practices. While the current literature does not indicate a single parenting behavior that is most important for healthy parenting, a number of strategies have been associated with positive child outcomes. Findings span multiple fields of research (for instance, education, public health, developmental psychology, and cognitive neuroscience) and reveal various cognitive and behavioral practices that improve child outcomes.

Kaminski, Valle, Filene, and Boyle (2008) completed a meta-analysis of components associated with effective parent training programs. The investigators reviewed seventy-seven studies of parent training programs published between 1990 and 2002. In order to determine which factors influenced child behavior and adjustment in ages zero through seven, the authors performed a document search, retrieved relevant studies, and utilized data abstraction techniques. Results of the analysis supported the efficacy of parenting programs in regard to preventing and improving child behavior

problems. Specific findings indicated that improvements in positive parent-child interactions, emotional communication skills, and parent use of timeout and consistency were the factors most strongly associated with effective programs; analyses also revealed that teaching parents to promote cognitive, academic, and social skills was predictive of parenting effectiveness. While this study does not cover more recent evaluations of parenting programs, it does lend important evidence related to the practices most closely associated with positive parenting.

One study by Rao et al. (2010) examined the relationship between parental nurturance and brain structure development. The investigators studied in-home reports of early experiences in children ages four and eight, and compared these measures with structural brain imaging around age fourteen. Results of the study indicated that parental nurturance at age four predicts hippocampal volume in later years, which supports the importance of this parenting quality for child brain development. A recent review of the literature by Mesman, van IJzendoorn, and Bakermans-Kranenburg (Mesman, van Ijzendoorn, & Bakermans-Kranenburg, 2011) emphasizes the significance of parental sensitivity for ethnic minority populations, a quality which the authors report is frequently lower when compared to majority families. Finally, older studies by Diana Baumrind in the field of developmental psychology—still supported by research today—point to the importance of parental control, nurturance, and maturity demand, all concepts which she illustrated were associated with improved child development (Baumrind, 1966, 1967). As these studies reveal, parenting behaviors such as reciprocity and sensitivity, parental control, developmental stimulation, commitment to parenting, nurturance, and maturity demand are highly associated with positive parenting and improved child

outcomes. For the purpose of this study, these parenting practices are defined as follows: 1) reciprocity and sensitivity: awareness of one's child's needs and appropriate response to these needs; 2) parental control: provision of structure to guide child behavior, follow-through with disciplinary guidelines, and encouragement of child achievement of parental standards; 3) developmental stimulation: practices that directly support or enhance child development (e.g., providing books and learning materials, offering opportunities and experiences for learning); 4) commitment to parenting: dedication to the responsibility of parenting and involvement as a parent; 5) nurturance: expression of affection and approval as well as protection of the well-being of one's child; and 6) maturity demand: expectation for one's child to achieve their best according to their developmental stage and flexibility offered to the child to make their own decisions as appropriate.

Parental self-efficacy. The importance of parental self-efficacy in regard to child health outcomes has been well established in the current literature. Parental self-efficacy is defined as the extent to which mothers and fathers perceive themselves as capable of successfully completing the tasks related to the complex role of parenting (Coleman & Karraker, 1998). While recent research has focused on issues such as specific disease outcomes and adolescent eating behaviors (for an example, see Wells, Evans, Beavis, and Ong, 2011), previous studies have focus specifically on the mechanisms through which parental self-efficacy affects child development. Coleman and Karraker (1998) conducted a review of this literature in order to summarize findings on parental self-efficacy related to parenting practices. In addition to summarizing research on general self-efficacy, the authors describe the mechanisms through which parental self-efficacy develops and influences parenting, explain how interventions may seek to improve levels of self-

efficacy among at-risk parents, and summarize areas in need of further research. Based on their examination of eighteen studies, Coleman and Karraker determined that parental self-efficacy is associated with maternal ability to create healthy and nurturing environments in which children can thrive; moreover, the authors indicate that parental self-efficacy can serve to moderate the relationship between negative socio-contextual factors and parent and child outcomes. The authors hypothesize that parental self-efficacy may develop from childhood experiences, contextual influences, direct interactions with children, or cognitive or behavioral preparation for the maternal role. In addition, the authors mention parental self-efficacy may function through affective, motivational, cognitive, or behavioral means—or some sort of interplay between these types of processes.

Jones and Prinz (2005) performed a more recent review of the literature on paternal self-efficacy, focusing on parental competence and psychological function as well as child behaviors, regulation, school achievement, and maltreatment. The authors examined a total of forty-seven studies published between 1987 and 2003. The authors explain that parental self-efficacy has only been measured through self-report. Traditionally, researchers assess parental self-efficacy in one of three ways: general measures of the extent to which individuals feel confident in their role as parents; task-related measures related to specific child-rearing practices; and narrow domain measures that focus on one broad area of parenting (such as discipline or communication). Findings from the review revealed the strong association between parental self-efficacy and parental competence, and a moderate association between parental self-efficacy and parental psychological functioning. The studies examined also indicated that parental

self-efficacy may influence child adjustment through direct and indirect routes; in addition, it may function as a predictor of parental competence and child function, though this concept may vary across contexts and populations. Lastly, findings also indicate that improving self-efficacy is an appropriate objective for prevention and intervention efforts.

Program Description

The information provided in this section is based on the Legacy for Children™ (*Legacy*): Focus Group Summary Report created by RTI International (Fraser, 2009).

Intervention Design

Through a competitive award process, CDC selected the University of Miami and the University of California, Los Angeles (UCLA) to develop and implement an intervention based on the *Legacy* model (Perou et al., 2012). Each site developed their own curriculum based on the philosophy and goals of the *Legacy* model. The five overall goals of the *Legacy* program are to: 1) promote the mother's responsibility for, investment in, and devotion of time and energy to her child, 2) promote responsive, sensitive mother–child relationships, 3) support mothers as guides in their children's behaviors and emotions, 4) promote each mother's ability to influence her children's verbal and brain development, and 5) promote each mother's sense of community (Perou et al., 2012). The intervention consisted of three types of activities: mother group sessions, which included mother-child and mother-only sessions; one-on-one time to reinforce content; and extracurricular community events. Intervention staff designed each component to build mothers' sense of community and offer mothers emotional, practical, and informational support to build parenting self-efficacy. Intervention staff provided mothers with transportation to and from group activities and events, and covered

childcare or the cost of childcare. Participating mothers received meals or snacks at both sites. Intervention staff also offered mothers small incentives to minimize attrition. In Miami, these incentives consisted of small cash sums, diapers, cereal, or small toys; in Los Angeles, these consisted of small gifts or curriculum-related materials. Intervention staff also provided *Legacy* mothers with occasional gifts and greetings on holidays and birthdays.

The *Legacy* UCLA Intervention

The intervention conducted in Los Angeles began during the prenatal period, around the seventh month of pregnancy, and continued through the children's third year of age. Although families may have had multiple children, the child enrolled prenatally (i.e., the target *Legacy* child) was the focus of the intervention activities. Intervention staff conducted five once-a-week sessions during the prenatal period, each lasting one hour in length. Following the prenatal sessions, roughly two months postpartum, intervention staff conducted nine blocks of sessions, each consisting of ten one-hour sessions (or two hour sessions when FUN Club occurred). Each block of sessions was separated by a break four to six weeks in length in order to accommodate home visits. Group sessions were conducted by trained intervention specialists, each of whom held a master's degree or higher and had received training in early-childhood development.

Sessions at the Los Angles site alternated between mother-only sessions, which included the discussion of topics to promote sensitive caregiving and understanding developmental stages, and mother-child sessions, which allowed mothers to practice the skills learned in the mother-only sessions. The *Legacy* UCLA intervention also included a one-hour meeting following the mother-only group sessions, known as the Family

Unity Network (FUN) Club. The FUN Club allowed mothers to eat lunch and socialize with one another in order to build a sense of community between group members. The FUN Club also encouraged mothers to plan activities as a group (for instance, life event celebrations and various field trips).

The intervention in Los Angeles initially consisted of twelve groups of mothers; due to participant attrition, groups underwent a series of merges over the course of the intervention, resulting in a total of seven graduating groups.

The *Legacy* University of Miami Intervention

The *Legacy* University of Miami intervention began at six weeks of the child's age with weekly sessions that continued until the child's fifth year. Sessions lasted approximately one and one half hours in length and consisted of three parts: a time for mothers to share concerns and experiences in order to build mothers' sense of community within the group, a main session portion revolving around a selected parenting topic, and parent-child time in order to foster positive relationships between mothers and their children and practice concepts discussed during session. Intervention staff hosted a party that consisted of a social event with snacks during the final week of each month, and hosted occasional field trips for the mothers' groups.

The intervention in Miami also consisted of twelve groups of mothers at the beginning of the intervention; due to participant attrition, groups underwent a series of merges over the course of the intervention, resulting in a total of five graduating groups.

Study Design

In order to evaluate the effect of the *Legacy* model, CDC contracted with RTI International to conduct a pair of randomized controlled trials (identifier: NCT00164697)

at the two implementation sites. A more comprehensive review of the intervention and research design is provided elsewhere (Kaminski et al., 2013; Perou et al., 2012).

The recruitment process at the Miami site began during the spring of 2002. Intervention staff contacted expecting mothers at the hospital during the time of delivery. Mothers were eligible for participation in the study if they were eighteen years of age or older, were able to speak and understand English, and expected to live in the recruitment area for at least one year. Eligible mothers must have also lived at least two hundred percent below the federal poverty level as evidenced by the receipt of Medicaid, food stamps, or Temporary Assistance for Needy Families.

Intervention staff in Los Angeles began the process of recruitment during the fall of 2002. Staff approached potential participants at a university-affiliated prenatal clinic during their third trimester to determine eligibility for and interest in the *Legacy* program. Interested participants were eligible for inclusion in the study if they were eighteen years of age or older, lived within ten minutes of the intervention site, and were able to speak and read English. Mothers expecting a multiple birth were excluded from the study based on the intervention and research designs.

Following admission to the study, participants were randomly assigned through a double blind process to either the intervention group or comparison group. In order to increase measurement precision of the study variables, sixty percent of the sample was assigned to the intervention group while forty percent was assigned to the comparison group. A total of 365 participants were assigned to the intervention group and 246 participants were assigned to the comparison group.

Focus Group Discussions

Participants and recruitment. In order to explore participant perspectives of the *Legacy* experience, CDC contracted with RTI International to conduct focus group interviews with intervention participants (RTI Project Number 0206030.011). The use of focus groups allowed researchers to gain a broad and interactive understanding of participants' attitudes, beliefs, and perceptions (Hennink, Hutter, & Bailey, 2011d). Researchers conducted a total of twenty-one focus groups from 2005 to 2008. Three waves were conducted in Los Angeles for a total of eight focus groups; four waves were conducted in Miami for a total of thirteen focus groups. The researchers utilized purposive sampling to recruit information-rich individuals (Hennink, Hutter, & Bailey, 2011g) from the main-study intervention participants. Use of this type of sampling allowed researchers to recruit individuals with specific characteristics (i.e., varying levels of attendance, recent versus older graduates) who could provide detailed understanding of the research issues (e.g., changes in parenting) (Hennink et al., 2011g). Selection criteria for the focus groups varied by wave and site (refer to Table 1 for the frequency of participants by category and site). The first wave in Los Angles and the first and second waves in Miami centered on three levels of participation: *engaged, regular attenders*; *unengaged, regular attenders*; and *sporadic attenders*. The second wave in Los Angles included the original three categories, as well as the addition of a *graduates* group based on the conclusion of the first round of intervention groups. The third wave in Los Angeles consisted of *newer graduates* and *older graduates*, based on length of time since graduation from the program. Participants whose groups ended in the previous year were placed in the *newer graduates* focus group, and those whose group ended more than a

year prior were placed in the *older graduates* focus group. Previous participation in focus groups dictated the third wave in Miami and included *previous focus group participants* and two sections, A and B, of *new focus group participants*. The fourth and final wave of Miami consisted of two groups: *newer graduates* and *older graduates*.

RTI International coordinated with intervention staff in order to recruit participants for the focus groups. RTI International selected a target of eight participants for each focus group, and over-recruited by twenty percent in order to meet the target number. RTI International contacted potential participants through a mailed letter, which outlined the date and time of the relevant focus group, provided a phone number to call to arrange participation, and emphasized the voluntary nature of the focus group. Participants were also informed that transportation to and from the focus group would be provided. Intervention staff followed up with any non-responders after a period of two weeks.

Procedure and measures. One RTI International staff member with extensive knowledge of *Legacy* served as the primary moderator for all the focus groups. A second staff member compiled detailed notes and audio-recorded the group discussions. Focus groups were held in a meeting room located at the intervention site and lasted approximately one hour in length. Prior to the start of each focus group, RTI International staff collected participants' informed consent and permission to record. Upon completion of the focus group, participants received fifty dollars in recognition for their time and contribution.

To lead the focus groups, the moderator utilized a semi-structured discussion guide developed and tested in pilot focus groups by CDC and RTI International (refer to

Appendix A for the original focus group discussion guide). The original guide, used in waves I and II, focused on mothers' reasons for participating in *Legacy*; aspects of the intervention that contributed to mothers' sense of community; mothers' motivation to attend group sessions (including facilitators of and barriers to attendance); and mothers' perceptions of learned knowledge about parenting and child development. The guide also included follow-up probes to fully capture the perspectives of the participants (Hennink, Hutter, & Bailey, 2011e). The guide for subsequent waves was modified based on the selection criteria of the focus groups. RTI International staff also added and refined discussion questions and probes in order to extract greater detail from participants. For example, the guide for wave III expanded probes to capture mothers' view of the practical knowledge and ability to handle stress as a result of their participation in *Legacy*. The institutional review boards of CDC, RTI, UCLA, and University of Miami reviewed and approved the focus group protocol and all discussion guides.

Data preparation and analysis. Of the nineteen focus groups conducted, RTI International transcribed seventeen verbatim, and provided detailed notes for the remaining two groups due to audio recorder malfunction. All transcripts were de-identified prior to the start of the original and the current study. Following completion of data collection and transcription processes, RTI International performed three broad rounds of analysis of focus group data according to four major themes: factors that contributed to successful parent groups, facilitators of and barriers to engagement, the impact of *Legacy*, and parent suggestions. During the first two rounds of analysis, two RTI International staff members reviewed and coded the data according to the questions in the focus group discussion guides, and flagged any emergence of additional themes, all

of which was then used to create a final coding structure. A separate staff member completed the third round of analysis after received training from the initial analysts. Following all analyses, RTI International completed a summary of participant characteristics (summarized below), and produced a final report for the CDC, which described all methods and findings associated with the focus group study.

Participant characteristics. RTI International examined the sociodemograpic information of participants in order to determine how well focus group participants represented *Legacy* mothers overall, and clarify any contextual factors that may have contributed toward participants' experience with and perspectives on the program. This information covered three general areas: racial/ethnic information, employment status, and language preference.

Racial/ethnic information. In Miami, the majority of mothers identified as Black/non-Hispanic (75%). Seven percent of mothers identified as Hispanic, and one percent identified with another racial/ethnic group. In Los Angeles, the majority of mothers identified as Hispanic (52%), or Black/non-Hispanic (34%). Five percent of respondents identified as White/non-Hispanic, and another two percent identified as Asian. The remaining five percent identified with another racial/ethnic group. RTI International determined the racial/ethnic composition of focus groups mirrored that of *Legacy* participants overall.

Employment status. RTI International examined differences in employment status across participant engagement and attendance level (for instance, comparing sporadic or non-attendees to more regular attenders) in order to investigate this issue as a barrier to

participation. No clear patterns emerged related to the relationship between employment status and attendance level.

Language preference. While participation in *Legacy* required that participants speak and read English, many of the mothers enrolled in the program were bilingual. RTI International again examined differences across focus group participants to determine whether language preference influenced participants' level of engagement with program (for instance, the so-labeled unengaged attenders might have a stronger preference for a language other than English, which might in turn affect their level of participation). Based on this examination, RTI International determined that the majority of participants spoke English at least most of the time in the home; however, forty-five percent reported speaking a language other than English at least some of the time in the home. No clear patterns emerged across groups related to language preference and engagement level.

Specific Aims

The broad aim of the current study is to examine how low-income mothers participating in Legacy for Children™ describe parenting following involvement in the program, particularly across the implementation sites in Miami and Los Angeles. Based on healthy parenting practices frequently cited as effective within the literature and targeted by *Legacy*, this study will specifically examine how mothers describe their commitment to parenting, nurturance levels, responsivity and sensitivity to their child, maturity demands, parental control, and practices that encourage developmental stimulation. In addition, this study will investigate how mothers describe self-efficacy and the methods credited with its development: mastery experience, social modeling, improved well-being, and verbal persuasion.

In accordance with the nature of qualitative research, these aims developed over the course of the research cycle, evolving from the overall broad goal to the specific aims described above. In addition to this development, new aims arose inductively—through examination of the data itself (Hennink et al., 2011b). As such, this study will also explore how mothers describe their experiences with feedback from people within their social networks but outside of the *Legacy* program. Lastly, this study will examine how mothers describe the process of giving advice to these individuals.

Ethical Considerations

This study consisted of a secondary data analysis of de-identified focus group data collected at the University of Miami and the University of California, Los Angeles. No one involved in this research activity was involved in the de-identification process. Based on a review of study materials, Emory University's Institutional Review Board (IRB) determined the study did not require review as it did not meet the definition of a study involving "human subjects" as described by Emory policies and procedures and federal rules (refer to Appendix B for the IRB determination letter).

While this study did not present ethical challenges related to the design and data collection stages of research, the primary researcher purposefully engaged in specific measures to ensure adherence to ethical principles during the analytic process. To start, the primary investigator completed CITI certification and training in qualitative research methods. The researcher also followed a cyclical pattern of qualitative research—continually referencing participants' own words and revising coding documents to ensure adequate representation of mothers' perspectives (Hennink, Hutter, & Bailey, 2011c). The primary researcher also considered adherence to ethical principals during the second

coding process. Per CDC guidelines, the second coder signed a confidentiality agreement prior to examining the focus group data; in addition, the second coder followed a coding protocol created specifically for purposes of this study. Finally, two PhD-level researchers, along with experts on the Child Development Studies (CDS) team of the CDC, provided guidance and feedback throughout the study regarding appropriate completion of research methods and reporting of study results.

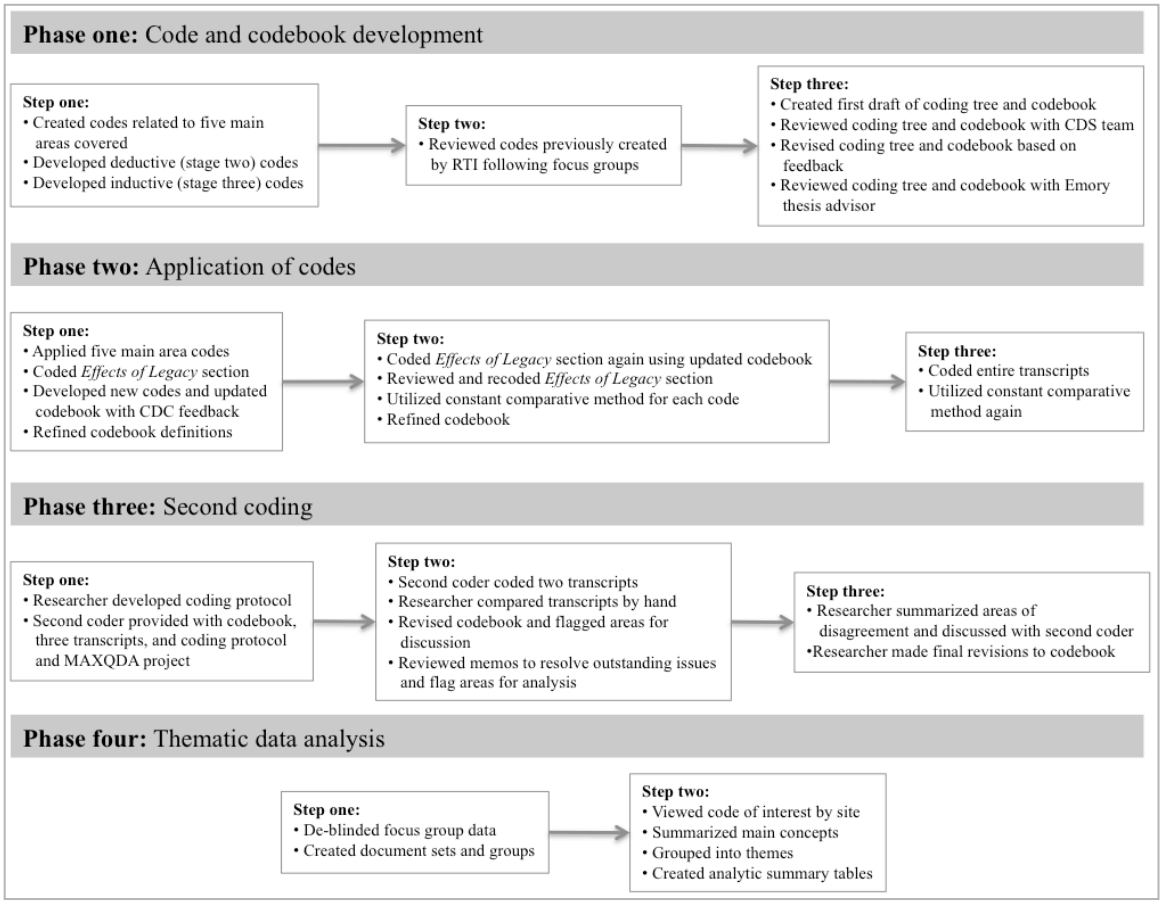
Methods

For the current study, the primary researcher used qualitative methods to conduct a secondary data analysis of the focus group discussions with *Legacy* mothers. In order to examine the data from the focus groups, the researcher utilized grounded theory techniques, which follow a cyclical process involving multiple revisions and recoding, and focus on participants' own words through use of verbatim transcripts. Both deductive and inductive concepts arise in the application of these techniques, and memoing is used to document and track the analytic process. Finally, constant comparisons are made to define and refine the concepts within the data. (Hennink, Hutter, & Bailey, 2011a). Using an interpretive approach allows this study to examine the experiences of mothers themselves, capturing an 'inside' perspective (Hennink, Hutter, & Bailey, 2011f).

At the outset of the study, the primary researcher was initially blinded to the intervention site and participant attendance level of each focus group. While relatively uncommon in qualitative research, this technique allowed the researcher to analyze the data without prior knowledge of differences between participants based on intervention site and engagement level and thus prevent observer bias during the current study (Berk et al., 2011; Sarris et al., 2012). The methods utilized for this study consisted of four

main phases: 1) code and codebook development, 2) application of codes, 3) second coding, and 4) thematic data analysis. The flowchart below details the steps that correspond to each phase, which are then echoed in the following text.

Figure 1. Flowchart of analytic phases



Code and Codebook Development

To begin, a coding framework was created through a three-stage process using both deductive (stages one and two) and inductive (stage three) coding methods (*step one)*. The primary researcher then consulted previous codes created by RTI International immediately following the focus group discussions (*step two*). Finally, the researcher created a coding tree and codebook and consulted with PhD-level researchers to revise for clarity and accuracy (*step three*).

Step one. Initial (stage one) codes were developed in order to divide data into the five main areas covered in each of the focus group discussions. These areas consisted of content related to 1) *opening and closing questions*, 2) *overview of Legacy*, 3) *sense of community*, 4) *motivation to attend Legacy*, and 5) *effects of Legacy on parenting* (refer to Appendix C for a description of the content covered within each code). The researcher chose to follow the divisions within the discussion guides in order to provide a way of separating the data and allow for deeper analysis of information relevant to the research question. This study focuses mainly on content from the *effects of Legacy on parenting* section (section five), though content from the other four sections was also analyzed for emerging patterns and themes.

Stage two codes were developed through a deductive process using the *Legacy* model and theory, as well as concepts from Social Cognitive Theory. Specific sources used to facilitate this process included the "Legacy for Children™: Constructs and Measures Paper" (Saavedra et al., 2009), "Legacy for Children™: Focus Group Summary Report" (Fraser, 2009), "How Individuals, Environments, and Health Behaviors Interact: Social Cognitive Theory" (McAlister et al., 2008), and "Overview of Social Cognitive Theory and of Self-Efficacy" (Pajares, 1997); definitions for these codes were initially based on the Constructs and Measures Paper, and revised with help from the CDS team of the CDC and according to the literature on child development. Examples include Baumrind's (1967) four dimensions of parenting: *parental control*, *maturity demand*, *communication*, and *nurturance*. Stage three codes were developed inductively through reading of the focus group data. Examples include mothers' *comparisons of their own parenting* to their own childhood, and to that of others.

Step two. After the three stages of code construction, the researcher reviewed codes created by RTI International (Fraser, 2009) for summary purposes immediately following the focus groups (these codes were not viewed until this time). The researcher also added one additional inductive code at this time—*feedback*, or how mothers receive comments from others outside of *Legacy* about parenting—based on data from the focus groups.

Step three. A coding tree was then developed to illustrate the hierarchy of codes and sub-codes developed at each stage. Based on this coding tree, the researcher created a codebook that listed each code, its definition, and an example from the focus group data (refer to Appendix D for a full version of the finalized coding tree and codebook). The creation and utilization of a codebook allows researchers to maintain one central reference for all codes and definitions, and document revisions, additions, and other changes throughout the analytic process (Hennink et al., 2011a).

After an initial codebook was developed, two PhD-level researchers from the CDS team of the CDC provided feedback based on in-depth knowledge of the *Legacy* program and processes related to child development and parenting. Feedback focused on the organization of the coding structure, code definitions, and areas for clarification, as well as suggestions for new codes and sub-codes. Based on this feedback, the primary researcher revised and added to the codebook; for instance, renaming the *reflection of changes* code to *attribution of change*, and adding additional sub-codes to capture mothers' attributions of change (i.e., a generalized reference to change, attributed to *Legacy* directly and indirectly, or attributed to another influence). A PhD-level researcher from Emory University with extensive experience in qualitative methods and analysis

then reviewed the revised codebook; no additional changes were made following this stage in the review process.

Application of Codes

Transcripts were coded using MAXQDA 10 (Belous, 1995-2011). At the outset of the study, the primary researcher read through transcripts in their entirety before beginning the application of codes phase. The primary researcher then divided the transcripts according to the discussion guide-based codes and coded the *effects of Legacy on parenting* section in depth (*step one*). Next, the researcher performed a second round of coding within the *effects of Legacy on parenting* section (*step two*). Finally, the researcher coded the transcripts in their entirety (*step three*).

Step one. Coding the focus group data began with applying the stage one (broad discussion guide-based) codes using MAXQDA software in order to identify the overarching themes in the data. Following the second round of revisions to the codebook, the researcher began more detailed coding of the *effects of Legacy on parenting* section. Any discrepancies or changes to a code and its definition were documented with memos within the software—this process allows the researcher to track the coding process over time. Refinements to code definitions were adjusted in the codebook as necessary; while reviewing all twenty-one transcripts, memoing was utilized to flag areas in the text in need of additional codes and revision. The primary researcher generated a list of additional codes on these memos, which she discussed with the CDS team at the CDC before making changes to the codebook. This collaboration resulted in the addition of codes such as *parenting strategies*, *challenges to parenting*, and *mothers' descriptions of themselves*. Revisions centered on clarifying the *context of attribution* codes, revising the

language in the definitions for the *methods of developing self-efficacy* codes; and changing the name of the *handling others* code to *feedback*. The researcher then reviewed the codebook in its entirety, comparing past and current versions to ensure the accuracy and clarity of revisions and additions. Following the first round of coding, memos were reviewed in entirety to ensure revisions addressed all concerns related to codes and the relevant definitions.

Step two. Using the updated codebook, the researcher then began a second round of coding specific to the *effects of Legacy on parenting* section in order to confirm existing codes, adapt previously coded text, and apply newly developed codes. Once coding of this section was complete, the researcher compared the sections of text labeled with each code, a process known as the constant comparative method (Glaser, 1965), to confirm similarity and adequacy of the code name. Revisions were again made throughout this process; for instance, the *context of attribution* group of codes were revised and recoded to better differentiate text for later analysis.

Step three. Following the subsequent rounds of coding and revision, the researcher coded the transcripts in their entirety in order to capture text related to changes in parenting not appearing in the *effects of Legacy on parenting* section. During this stage, revisions were made to differentiate between *knowledge of parenting* and *verbal persuasion* codes, and a *shared experience* code was added within the *social modeling* code. After the process of coding the entire transcripts and revising was completed, the researcher again compared the sections of text within each code to ensure accuracy. Based on this process, the researcher distinguished between *nurturance* and *commitment to parenting* codes and made relevant recoding changes as needed.

Second Coding Process

In order to increase the reliability and validity of the study findings, a second researcher (Suzie Heitfeld; referred to as second coder throughout) coded two focus group transcripts (of the twenty-one total, or 9.52%) using the developed codebook. Previous research indicates that second coding checks should include roughly ten percent of the full sample (Lombard, Snyder-Duch, & Bracken, 2004). For this study, the purpose of second coding was to clarify codes and definitions, as well as provide another method of comparison to ensure adequate placement of codes. The second coder, while familiar with the research project and question, is not an expert in the field of child development and parenting; thus, some discrepancies related to knowledge of this area were expected. For these reasons, the second coding process was not intended to calculate intercoder reliability, but instead to generate discussion in order to strengthen the rigor of the analytic process. In qualitative research, intensive discussion resulting in a consensus often functions as an appropriate goal for the second coding process (Saldaña, 2012). The primary researcher first developed and provided the second coder with training coding materials (*step one*), upon which the second coder coded two transcripts and the primary researcher marked any areas of disagreement (*step two*). The primary researcher then summarized any discrepancies; both researchers discussed the coding process in order to clarify any discrepancies and uncertainties in coding and further the development of themes (*step three*).

Step one. After the primary researcher completed her application of codes, the second coder (an MPH candidate familiar with the scope of the research project and experienced in qualitative methods) began a second coding of the focus group data. For

training purposes, the primary researcher developed a coding protocol that detailed the progression of steps central to the coding process for this study (refer to Appendix E for the second coding protocol). The primary researcher then gave the second coder the coding protocol, a full copy of the current codebook, and copies of the focus group discussion guides. The primary researcher also provided the second coder with a new MAXQDA project, which included three un-coded transcripts and the full coding tree with definitions.

Step two. Independently of the primary researcher, the second coder coded two transcripts. The primary researcher then compared these transcripts with the original coded transcripts by hand. Additional codes were applied to the data as needed and areas for clarification with the second coder were marked. Based on the first transcript, the primary researcher made eight revisions to coded text and flagged nine areas to review with the second coder. Coding on the second transcript was more closely aligned. The researcher again made eight revisions to coding, and flagged two additional areas for discussion. Finally, the researcher went through memos in both MAXQDA projects a final time to make sure all issues were resolved and flag additional areas for analysis.

Step three. The primary researcher then summarized the cumulative eleven areas for discussion, discussed these at length with the second coder, and received feedback from the second coder. The initial goal of the second coding process was to review three transcripts (14.29% of the sample) so as to compare coding following the discussion component of the process; however, due to time constraints, this was not possible. Following the entire second coding process and collaboration with the second coder, the

primary researcher made revisions to code definitions in order to produce the final codebook.

Thematic Data Analysis

In preparation for thematic data analysis, the primary researcher de-blinded the site and participant levels associated with each focus group, and organized groups accordingly (*step one*). The researcher then utilized the constant comparative method to generate themes and make comparisons across groups (*step two*).

Step one. Upon completion of the second coding process, the researcher de-blinded the focus group data in preparation for analysis. In order to allow for comparisons between sites and among different levels of participant attendance, the researcher created different document groups and sets within MAXQDA. The focus groups associated with each site are summarized in Table 2; Table 3 details the arrangement of focus groups by participant attendance level.

Step two. The researcher performed the data analysis using the constant comparative method (Glaser, 1965). Patterns and themes were analyzed and compared across participants and study location. The primary researcher compared the relevant text associated with each code of interest, detailed the basic concept within each, and finally grouped these concepts into major themes. The researcher then created analytic summary tables in order to sort relevant text according to each major theme. The analysis focuses on three areas: 1) the main goals of *Legacy* related to parenting as previous described, 2) maternal self-efficacy and the methods to develop it, and 3) feedback and advice, both from and to individuals outside of *Legacy*. Both deductive themes (i.e., related to the goals of *Legacy* and to self-efficacy) and inductive themes (i.e., attributions of change

and feedback on parenting provided to mothers by those outside of *Legacy*) emerged from this analysis.

Results

The results are organized into three main sections: analyses related to 1) *Legacy* goals, 2) maternal self-efficacy, and 3) feedback and advice. These three sections report the specific findings of the study, first related to mothers in Miami, and then mothers in Los Angeles.

Legacy Goals

The first aim of the study focuses on six parenting practices evident throughout the literature: commitment to parenting, nurturance, sensitivity/responsivity, maturity demand, parental control, and developmental stimulation. In order to report the results of this study, these practices have been mapped onto the broad goals of the *Legacy* program. As such, the first part of the analysis explores mothers' perceptions of parenting related to the first four goals of *Legacy.* The fifth goal, to promote each mother's sense of community, is not a direct focus of this study and as such will not be addressed.

Promote the mother's responsibility for, investment in, and devotion of time and energy to her child. This section discusses commitment to parenting and nurturance in order to address the first goal of *Legacy*. For the purposes of this study, commitment to parenting is defined as dedication to the responsibility of being a parent and involvement in the role of parent; nurturance is defined as maternal expression of affection and approval as well as protection of their child's physical and emotional well-being.

Commitment to parenting. Mothers in Miami discussed their commitment to parenting in terms of focusing on their children and being involved in the role of parents.

Many mothers emphasized prioritizing their children—as one mother in Miami explained, "[i]t's all about your kids. Your kids are first" (*Miami* [*M*]*, newer graduate, wave 4*). While mothers described wanting to improve as parents and taking steps to develop in that role, some mothers in Miami also discussed having to make significant life changes of their own prior to addressing concerns related to parenting. One mother described it this way: "it's a job, it's a force of habit you have to put upon yourself because you're not used to it, you know. Especially like for me, I'm twenty-four, I had my child when I was twenty, I was still in the partying stage" (*M, engaged regular attender, wave 2*).

Mothers in Los Angeles described their commitment to parenting in much the same way as most of the mothers in Miami—focusing on their children and remaining involved in their role as parents. One mother described her commitment through an example: "I changed my schedule to fit *Legacy* in. My job wanted me to work on my *Legacy* meeting day and I explained to them I had to attend my *Legacy* meetings and they let me change my schedule" (*Los Angles* [*L*]*, regular attender, wave 1*). As in Miami, mothers in Los Angeles also described wanting to improve in the role of parents, citing "to be a better parent" as one reason for attending the program (*L, engaged regular attender, wave 1; L, sporadic attender, wave 1*). In contrast with these similarities; however, mothers in Los Angeles did not discuss any significant life changes like those of Miami mothers, beyond those related to improving in the role of parents.

When referring to changes in their commitment to parenting, most of the mothers in Miami attribute these changes to *Legacy* specifically, as in this case:

> I think if it wasn't for *Legacy* I don't know where my kids would probably be at. You know I probably would have been out partying and all kinds of crap. Not paying no attention to my kids, none of that. I want to party. I

> want to hang out. That's stupid for me. I pay more attention now. I got to. (*M, new graduate, wave 4)*

Other mothers in Miami attribute changes in their parenting to having children in general, as one mother explained, "I didn't change. But more my child changed me. Cause when I had him, I knew I had to slow down" (*M, new participant, wave 3*). Mothers in Los Angeles referred to changes much less frequently than mothers in Miami, and spoke of change more generally, referring to *Legacy* only indirectly if at all. For instance, a few mothers in Los Angeles spoke of growing more patient, understanding, and sure of themselves—and learned the importance of being better parents and focusing on their children.

Nurturance. The most prevalent themes related to nurturance for mothers in Miami were related to involvement with their child and patience. Involvement included paying attention to their children, making time for them, knowing how to interact, getting on their child's level, considering their feelings, including them in activities, and bonding with them. Mothers' references to the theme of patience were less in depth compared to involvement; however, these mentions typically indicated an increase in the patience levels of mothers. For instance, many mothers stated they were "being more patient with [their] child" (*M, previous participant, wave 3*). Nurturance as conveyed by mothers in Miami also included statements that illustrated concern for their children's well-being, expressed approval of and affection for their children, and reflected wanting to provide for their children.

In Los Angeles, mothers also described involvement with their child (for instance, spending quality time, playing and talking to the child, and learning how best to interact with their child) and learning patience. Mothers again expressed concern for their child's

well-being, frequently through statements about feeling protective. One mother described how her own mother would criticize her manner of parenting and refuse to parent her children according to her wishes. This mother went on to recount how she purposely cut short the grandmother's visit based on how she was treating her children, stating, "she came nine o'clock—ten o'clock she was back at my sister's house… because it was not happening… I'm very protective of my kids in that case" (*L, graduate, wave 2*). Mothers in Los Angeles also communicated expressions of affection; here, however, mothers' responses indicated more specific references to emotions such as loving, caring, and comforting versus more general statements in Miami. For instance, while one Miami mother stated she was "more affectionate," (*M, new participant, wave 3*) a mother in Los Angeles stated, "I learned how to be more caring, loveable, patient, respectful" (*L, sporadic attender, wave 1*). As this example illustrates, mothers in Los Angeles spoke in greater detail when speaking related to the concept of nurturance.

Mothers in Miami generally attributed changes in their levels of nurturance to their participation in *Legacy*. A few mothers referred generally to increases in qualities such as patience, and others credited changes in nurturance to the process of raising children; by and large, however, mothers attributed changes related to nurturance to their participation in *Legacy*. Examples of these changes included expressing more consideration for and paying more attention to their children. Mothers in Los Angeles likewise credited their participation in *Legacy* with change. As one mother in Los Angeles described her experience in the program, "[e]verything that I learned here, being able to apply it, helps me build a good relationship" (*L, older graduate, wave 3*). While

this aligned with mothers in Miami, mothers in Los Angeles made no references to other influences that led to improvements in nurturance levels.

Promote responsive, sensitive mother–child relationships. In order to address the second goal of *Legacy,* this section reviews sensitivity/responsivity and maturity demand as discussed by mothers in Miami and Los Angeles. For this study, sensitivity and responsivity are defined as maternal awareness of their child's needs and responding appropriately to these needs; maturity demand is defined as maternal expectation for their child to achieve their best according to their developmental stage, as well as flexibility offered to the child to make their own decisions where appropriate.

Sensitivity and responsivity. In Miami, mothers' statements regarding awareness of and responses to their child's needs focused on three main areas: the importance of talking and actually communicating with their children, increased understanding of their children, and comprehension of how their own responses affect their children. Many mothers reported that, as one mother explained, they "take the time out now to talk," (*M, engaged regular attender, wave 2*). Other mothers in Miami described recognizing their child as a person. One mother put it this way: "[t]hey have feelings. They feel just like we feel. Now I understand that more" (*M, engaged regular attender, wave 1*). Mothers in Miami especially communicated how staying calm and getting down to their child's level (versus yelling in particular) had an effect on their children's behavior. For example, one mother stated:

> Sometimes I get frustrated. Like 'go sit down, I don't want to hear that,' or put them in front of the TV or something like that. But you learn to communicate with them more. Talk to them and find out what going on with them. 'What happened in school today, what you did.' Because I had a big problem… my son he's real shy, he won't open up. But now the

> more I talk to him, it's like he's coming around more. He talks and everything. (*M, new graduate, wave 4*)

Statements like this one illustrate how mothers in Miami became more attuned to their child's needs and adept at altering their responses.

In Los Angeles, mothers again focused on the importance of talking to their child. As one mother put it, she learned "how to communicate more with my son, how to talk more" (*L, sporadic attender, wave 1*). As in Miami, mothers in Los Angeles also demonstrated an increased capacity to understand their child's needs; here, however, mothers spoke more of recognizing their child as an individual person with unique needs. One Los Angeles mother described her daughter: "[s]he has her special needs. She's not like the other boy or the other girl. She's her own person. I respect that. It's the way she is … So I respect the person that is the child… I understand why she does the things that she does" (*L, new graduate, wave 3*). Finally, in addition to understanding how their own responses influence their child's behavior, mothers' responses in Los Angeles indicated they took more time to explain their own behaviors to their child. One mother described a conversation with her son:

> I talk with him, like when he's hungry in the car, 'Mommy, I'm hungry, I want something.' 'I know you're hungry. You have to wait, we're going to buy something, but now you have to wait. No kicking no screaming. Mommy is going to drive,' and he's like 'okay, I'll wait'… My sister-in-law is always like, 'why do you talk to him like that' and I'm like… 'he's a kid, he understands. You have to talk to them.' (*L, new graduate, wave 3*)

This example illustrates how, in addition to trying to understand their child's perspectives (as with mothers in Miami), mothers in Los Angeles attempted to help the child understand their own responses as parents. This quality is indicative of a more reciprocal parent-child relationship, where mothers can adapt their behaviors based on those of their

children. Despite these differences between sites, mothers here also reported seeing improvements in their child's behavior (such as listening more and understanding expectations)—as with one mother, who stated her child communicated more with her now: "he feels good because… he can talk, he can tell me, what he wants and what he doesn't like" (*L, engaged regular attender, wave 2*).

Mothers in Miami made very few statements regarding attribution of changes in their levels of sensitivity and responsivity. Apart from one mother whose own childhood influenced this area, those that referenced change attributed it to their participation in *Legacy*. For instance, one Miami mother explained, "I think once you get to their level and you become a child, too, they—they start to listen to you and start to respond more to you. And that's what *Legacy* teaches me" (*M, engaged regular attender, wave 2*). Comparatively, mothers in Los Angeles made more attributions of change related to sensitivity and responsivity. Mothers here either spoke of change generally or in reference to *Legacy*. Again, like in Miami, the majority of the mothers credited *Legacy* with improving their ability to see and respond to their child's needs. One mother explained it this way: "After coming to *Legacy*, I want to talk to my kids" (*L, older graduate, wave 3*).

Maturity demand. In Miami, mothers discussed expectations for their child's behavior, such as giving others respect. Mothers also talked about granting their children an appropriate level of control; for instance, providing two options to choose from and refraining from correcting or telling their child what to do. One mother commented that, "when I do her homework with her I never say that's wrong. I always say that was a great try, let's try another answer. I don't ever make her feel like she, oh that she did something

wrong, just it wasn't the right answer. Let's try something different" (*M, new graduate, wave 4*). In addition, mothers expressed recognition of their child's limits based on their age, as well as flexibility with how much to expect from their child. Another mother in Miami explained a change related to this type of expectation: "[y]ou know like you was yelling at kids like 'sit down.' You know how you be like that? I learned not to do that so much, just sometimes give them their own little space… [l]et them do whatever they want to do and then rest for a while and then just come out there" (*M, older graduate, wave 4*). As evident in this example, mothers in Miami demonstrated an increased capacity to recognize the limits of their children and respond appropriately.

In Los Angeles, mothers also conveyed recognition of their child's limits based on their age and developmental stage and flexibility in terms of their expectations. However, in contrast to Miami, mothers in Los Angeles discussed granting their children the freedom to express themselves, such as by showing their emotions or through creative outlets. For instance, one mother stated, "I'm the mother, but she has to be able to express her feelings. Exactly. That's one thing I learned from *Legacy*, she has to be able to express herself" (*L, graduates, wave 2*). Another mother commented,

> I don't care if they put their Halloween costumes on and play… my family would come over and be like, you know, [child]'s running around looking like a bumble bee, you know, and it's not Halloween, it's Christmas… I'm like, well it's okay, because she's just being imaginative… I'm just letting her express herself… [w]hy not let them play with them, you know, and express themselves? (*L, non-attenders, wave 2*)

Mothers in Los Angeles communicated not only establishing appropriate expectations and acknowledging their child's limits (like mothers in Miami), but—as this example illustrates—also encouraging their children to express themselves fully.

Support mothers as guides in their children's behaviors and emotions. This section discusses parental control to address the third goal of *Legacy*. It is important to note that the concept of maturity demand, especially as described by mothers in Los Angeles, also falls within this goal. As the previous section focuses on this concept, however, this section will cover only parental control. For this study, parental control is defined as maternal provision of structure to guide child behavior, follow-through with disciplinary guidelines, and encouragement of child achievement of parental standards.

Parental control. Mothers in Miami discussed a variety of topics related to discipline, including how to gain control of themselves and their child. A strong theme among these mothers was not spanking or trying not to spank their children as much. In addition, mothers communicated knowledge of non-violent means of discipline, such as taking away toys or privileges and using time-out. Some of these mothers expressed that though it took time and effort, these techniques work for them, in contrast to spanking, which they felt either confused their child or did not discourage undesired behaviors. For example, one mother described how she has changed in terms of discipline:

> I used to get a ruler and pop him in his hands. Now I take what he likes and I take it away. I do my daughter the same way. And I'm not doing that wrong and… it's better than popping them. I feel like whooping don't do nothing because they keep on doing the same things. Once you pop them or beat them … they do the same old thing over. They do it and it gets worse. (*M, regular attender, wave 1)*

A few mothers in Miami, however, expressed different perspectives. Some expressed dissatisfaction with techniques such as time out, and others described wanting to spank, or the difficulty of trying not to spank their child. One mother explained, "[my daughter] is really hard because I want to spank her… [i]t's a transition. It's hard for me" (*M, sporadic attender, wave 1*). There was also some discussion of how spanking worked

best for them and their child. One mother stated, "It's almost like, okay, it's your choice… I realized that a little smack don't hurt nobody… sometimes they just need a good one and they just feel better when they get beat or something. I don't know what it is, but like my three-year-old son… You ain't explaining nothing to him" (*M, newer graduate, wave 4*). Like in this example, mothers in Miami described spanking as a choice they make for themselves and their children (and often after using other techniques that failed to work for them).

Mothers in Los Angeles described parental control in much the same way as the first Miami group described above. These mothers also described using non-corporal techniques such as time out and taking away toys for discipline. While one mother in Los Angeles stated she sometimes spanked her child, in contrast with the second group of mothers in Miami, mothers here expressed satisfaction with these methods overall, stating they have learned better options that yield better outcomes, such as teaching their children cause and effect. Mothers also emphasized not screaming or spanking their children, verbalizing that they don't want to teach their children to hit by doing it themselves. One mother stated, "I'm not going to hit her. It's not—she's going to learn to hit me back. I hit her, she hits me" (*L, graduate, wave 2*).

Mothers in both Miami and Los Angeles provided *Legacy* with most of the credit regarding changes in their levels of parental control. While a few mothers at both sites made general references to change without attributing to a specific source, mothers did not speak of other external reasons for change related to this area. One mother in Miami spoke of the importance of learning disciplinary techniques in the program: "I think if I wasn't… a part of *Legacy*, I would have been gone; I would have like killed my kids" (*M,*

sporadic attender, wave 2). Similarly, one mother in Los Angeles stated that during "*Legacy* I got ideas how to discipline… [y]ou had to use a firm toned voice and before I would be like screaming. I have learned a lot" (*L, older graduate, wave 3*).

Promote each mother's ability to influence her children's verbal and brain development. This section addresses the fourth goal of *Legacy* through a discussion of developmental stimulation. Here, developmental stimulation is defined as practices that directly support or enhance child development (e.g., providing books and learning materials, opportunities and experiences for learning, playing with child, reading).

Developmental stimulation. In Miami, mothers emphasized the importance of practices that help with their children's development. The emergent theme within these was reading, which mothers reported that their child enjoyed and from which they can see the positive results. Mothers also described other activities meant to support their children developmentally, which included practicing written and oral language skills (ABCs, rhyming), doing arts and crafts, and letting their child play at "grown-up tasks" (such as cooking, putting on make-up, and cleaning). A mother describes one such task:

> I'll buy all the stuff they eat with their pizza and let them create their own stuff. They are actually very good. They end up making less of a mess than I do. I be in such a hurry to get everything done and organized. They have their own table, they have their little chairs and they sit down. (*M, older graduate, wave 4*)

In Los Angeles, there was less discussion overall of practices to support development. However, mothers in Los Angeles again stressed the importance of reading to their children, as well as seeing the positive results in terms of their child's literacy and language development. One mother described her experience this way:

> I read twenty minutes every day at night no matter how tired, no matter how much homework I have… I used to think I would be too tired, that

> it's a waste of time, but with my daughter, I learned that it's reading to a child really works. You know, she uses words that I don't know a two year old knows… I emphasize when you're reading to a child that has to be the one thing that will change them. (*L, non-attender, wave 2*)

Other activities described by mothers in Los Angeles included singing and playing instruments, and focusing on pictures and colors while reading. One mother explains, "I talk to my son, or I read him books, show him the pictures, colors so he can start learning" (*L, sporadic attender, wave 1*). Mothers in Los Angeles, like those in Miami, demonstrated understanding of how these practices contributed to their child's development, and the importance of engaging in them regularly.

Maternal Self-Efficacy

The second part of the analysis focuses on participants' perceptions of maternal self-efficacy—defined here as a mother's perception of her capacity to parent successfully—as well as the four methods shown to develop self-efficacy: mastery experience, social modeling, improved well-being, and verbal persuasion (Albert Bandura, 1986). For the purpose of this study, each refers to a way of gaining self-efficacy through a different method—for mastery experience, through mothers' own experiences in parenting; for social modeling, through observation (whether direct or indirect) of other parents' experiences in parenting; for improved well-being, through improvements in mothers' physical and emotional states (for instance, venting and stress-relief); and for verbal persuasion, through strong encouragement and knowledge from others.

In terms of self-efficacy in a general sense, mothers in Miami spoke about confidence in themselves as mothers, specifically describing beliefs that they can make a difference in their child's life and they (above others) have the best knowledge of what is

right for their child. Mothers' statements indicated increased self-efficacy; furthermore, almost all of the mothers attributed this change specifically to *Legacy*. One mother describes this development:

> To look back and say, wow, what would happen if I had not come? What my life would've been, what my bond with my child would've been. We're all sacrificing something to be here… [i]t's like, when we leave, we'll leave with some kind of peace that we're good parents. (*M, new participant, wave 3*)

Mothers in Los Angeles also described beliefs in themselves and their ability to influence their child. As in Miami, almost all of the mothers spoke of growth related to self-efficacy, and attributed this growth to *Legacy*—stating they are more confident as parents, feel more knowledgeable of how best to raise their children, and are more secure in the decisions they make for their children. One mother explained, "what I'm going to carry forever is that I'm going to be a good mom. It's like they gave you a step-by-step to, not how to be a perfect mom, but a good mom. How to be a good example to your kids" (*L, older graduate, wave 3*). Another mother "loved coming for the information because… you're always constantly second-guessing yourself. I'm like, you know, 'am I doing this right?' and when you come and then you hear like, read the literature and all that, it was like, yeah, I'm going down the, down the right road" (*L, graduate, wave 2*). As in the case of mothers in Miami, mothers' statements in Los Angeles reveal a growth of confidence in regard to parenting.

Mastery experience. Mothers' discussions in both Miami and Los Angeles revealed little to no mention of the concept of mastery experience. When mentioned at all, the predominant themes at both sites were that mothers feel they are doing well in terms of parenting as a result of how their child has turned out, and have learned from their

previous children. For instance, one mother in Miami stated, "I must have been doing a good job because she's fine. She twelve" (*M, regular attender, wave 2*). A mother in Los Angeles described her experience: "I have a daughter already. So the second time, it taught me confidence" (*L, sporadic attender, wave 1*). In both instances, mothers demonstrated increased confidence or assurance in themselves based on the results of previous experiences.

Social modeling. Mothers in Miami spoke about getting advice and input from other mothers—in some cases learning from others' past experiences and mistakes. One Miami mother explains how she gets advice: "I can talk to the girls… 'what should I do,' especially with older women in there… I learn from older women. The mistakes not to make, even though you make them, you don't want to go back over and make the same mistake over and over again" (*M, regular attender, wave 1*). Mothers also highlighted the importance of their shared experiences, describing how their children progressed through the same developmental stages at the same time. Another mother in Miami explained, "these people are actually going through the same things, you can't always talk to somebody who has older kids or younger kids. They're not always going through the same thing" (*M, engaged regular attender, wave 2*). Mothers indicated they felt less alone in parenting as a result of this shared experience.

Mothers in Los Angeles also described learning from how other mothers parented. In just a few instances, mothers reported directly observing how another mother behaved toward her child; otherwise, all of the examples provided focused on talking with other mothers, as with mothers in Miami. One mother explained how she valued the input of other mothers:

> It was really helpful because he was my first son… so any question I had, I would bring here and could hear the other mothers' thoughts… because I breastfed, and there were some mothers that breastfed, so when I wanted to wean, they were here to say 'okay, this is what I tried…' so it was helpful that I didn't have to do it alone. I was able to you know, talk to the other mothers about different things. (*L, non-attender, wave 2*)

Again, as the previous example also shows, mothers described the shared experience as important—mothers felt they were going through the same issues as a group, and as a result, felt less isolated and closer to others. One Los Angeles mother explained it this way: "we're all related because we're all mothers" (*L, sporadic attender, wave 1*).

Improved well-being. Mothers in Miami also explained how *Legacy* specifically contributed to a sense of improved well-being. Mothers described improvements in managing their anger and handling stress as a result of the program; they also mentioned using specific techniques to reduce stress such as taking time for themselves apart from their children. One mother stated that, "*Legacy* be letting you know, you can still care for your kids, but you need time for yourself. When you in the house you still need you time… go take a bath. Gave us a whole pamphlet, relieve the stress… you need you, you need your own time" (*M, new participant, wave 3*). Mothers also described the significance of being able to share comfortably in the group, and how that also contributed to an improved sense of well-being. One Miami mother expressed satisfaction with a specific session, stating,

> When a lot of us are going through stress and one be starting to talk about one thing, then somebody else start talking, then everybody just start sharing what's eating them up on the inside. So everybody just be talking about it and be trying to help each other out. (*M, previous participant, wave 3*)

Finally, mothers in Miami spoke specifically of the care and consideration of *Legacy* staff. Generally mothers felt the behaviors of *Legacy* staff—such as listening, refraining from

passing judgment, and checking in outside of group time—helped them to feel more comfortable and relaxed. For instance, mothers highlighted how the provision of transportation and food conveyed a sense of consideration that they appreciated.

In Los Angeles, mothers expressed how important it was to have time for themselves, and practice other stress-relief techniques. One mother in Los Angeles described learning to take time for herself: "I used to not find a minute to take care of me… that is one thing that we learned here, I learned here. How to take myself, my five minutes a day" (*L, graduate, wave 2*). Like in Miami, mothers in Los Angeles described how they valued venting with other mothers, as well as a general sense of feeling relaxed, comfortable, and better compared to before group. One mother described how much that meant to her: "[when I was] pregnant and my hormones were crazy, I had a place to—to share and get support, or get a hug, or cry if I needed to, and this is something I couldn't do with my sister or my mother, here was—in a close group, I could unload" (*L, graduate, wave 2*). Mothers also communicated their appreciation for *Legacy* staff, how they were welcoming, friendly, and caring—at times just considering mothers' experiences and not offering advice, as well as calling and sending cards for life events. Two mothers discussed this during one focus group:

> *Mom 1*: One thing I liked was the health nurse, when you first have your baby and they come and check, make sure you're doing fine, call and see how you and the baby are doing. They always send cards, Christmas cards, birthday cards.
>
> *Mom 2*: Yeah, when you feel like nobody else cares, you know *Legacy* cares.
>
> *Mom 1*: You know they're thinking about you at all times, in times or bereavement. When my nephew was killed, everybody sent cards. Things even your job didn't do. (*L, engaged regular attenders, wave 1*)

Mothers reported feeling more comfortable because of these actions and considerations.

Verbal persuasion. In regard to the concept of verbal persuasion, mothers in Miami discussed receiving advice, gaining knowledge, and learning other options for how to respond their child. One Miami mother described her experience at *Legacy* as such: "when I come here I have the chance to bounce ideas off of people. They help me try to figure something out… there are a lot of opinions" (*M, new participant, wave 3*). Mothers also reported receiving motivation, encouragement, and praise, as well as developing more confidence as parents. Another mother described an experience she had at *Legacy*:

> I think that the one major thing that they did is that they would praise you… all us in group have been through a lot of things, but [one group member] came and [said,] 'I have a job.' Everybody here was like, 'that was great.' You know most people would be like, 'so what, you have a job,' stuff like that… they give you positive attitudes and positive feedbacks. (*M, new participant, wave 3*)

Mothers' statements demonstrated the value in both the opportunity to get advice from staff and other group members, as well as receive encouragement.

Mothers in Los Angeles described issues related to the concept of verbal persuasion similarly to mothers in Miami; however, mothers here spoke in greater detail. Mothers viewed *Legacy* as a resource —a place to gain knowledge (for instance, in regard to their child's developmental age, understanding limits, responding to behaviors, and maintaining control) as well as different opinions from other mothers on how to parent. For instance, one mother explained her son going through a difficult phase where he refused to eat:

> he was hardly eating anything… when I talked to my leader and the ladies that you know, I was with, they were going through the same thing. I was like, 'oh, okay,' well, that really helped me because... I was calling the doctor, he was no help and then to come here and I wasn't the only mother going through the whole not eating phase. Then it really was like, 'okay,

> I'm not, you know, I'm not the only one.' Cause you know, at the time, you think that you're doing something wrong. (*L, non-attender, wave 2*)

This mother valued the support she received from the group—and went on to state the advice she received at *Legacy* helped her get through this phase with her son. Mothers again described *Legacy* as a place where they could receive support, motivation, reassurance, and find ways to become better parents. One mother described it this way: "[w]hen you go to church you go to hear the message. And when you go to school you go to hear the professor. *Legacy* was a variety of everything. They gave you all that… [i]t's like power. Like when you leave here you are going to be alright" (*L, older graduate, wave 3*). In addition to covering the same issues in greater detail, mothers in Los Angeles also spoke at length about how they valued *Legacy* staff, specifically in relation to verbal persuasion. One mother, in a description of her group leader, explained, "[s]he would never say [our parenting] was bad, you know. She would just give you ways of doing something different" (*L, engaged regular attender, wave 2*). Another mother spoke of the praise offered by her group leader: "every day she would say, 'you mothers are doing so good… I see that it comes easy to you because you're already doing it.' It was just reaffirming that what we were doing was good" (*L, graduate, wave 2*). As these examples illustrate, mothers felt the staff provided advice and praise, and acted in patient, responsive, non-judgmental, and supportive manners.

Feedback and Advice

The third part of the analysis focuses on how participants receive feedback from persons outside of the *Legacy* program (e.g., family and friends) as well as how they give advice to these persons based on their own participation in *Legacy*. As stated previously, this area of analysis emerged deductively—through examination of the data.

Receiving feedback. The majority of mothers in Miami described the input they receive from those outside the *Legacy* program in a negative manner. For instance, mothers described experiences with others (primarily family members) telling mothers how to parent and expressing judgment about mothers' parenting when it differed from their own. One mother described trying to discipline her son, and her family's response: "your family judge you like, 'you're not supposed to do this. You're not supposed to do that.' I don't want you to judge me. I'm telling you what he's doing that wrong" (*M, older graduate, wave 4*). In addition, mothers here explained others' skepticism of *Legacy*'s methods, not wanting to hear about *Legacy*, and not wanting mothers to attend the program. Another mother described trying to explain some of the methods she learned at *Legacy*, saying: "'well, this is what my group told me;' [my mother] be saying, 'well, your group is a lie'" (*M, regular attender, wave 2*). Despite these negative experiences, a small portion of mothers in Miami also reported that others in their social network gradually came to accept the program and demonstrated support of *Legacy*. Lastly, mothers in Miami mentioned specific individuals (mostly friends) expressed interest in learning more about the program and wanting to know if they could attend. One mother explained that,

> Some people say, 'Oh you got in that group. How can I get in there?' One of my friends just had a baby. She was like, 'can you get that lady that was in your room [to recruit you for *Legacy*] to come?' All my friends want to get in that group. My family thinks I'm crazy; my friends want to come. (*M, previous participant, wave 3*)

Mothers in Miami also explained their own responses to these sorts of feedback. Some mothers indicated that they rely on the input of those in their social network, while others explained they ignored negative feedback and instead judge what is right for their child

on their own. One mother, in response to a question regarding how to decide what to listen to from others versus *Legacy*, responded, "I don't. I just do what I have to do as a parent" (*M, regular attender, wave 1*). Still others expressed that, in contrast to the feedback of others changing their parenting, mothers themselves influence how others parent.

Mothers in Los Angeles expressed the input and influence of others in both negative and positive manners. As in Miami, mothers in Los Angeles reported others frequently tell them how to parent, criticize their choice to attend *Legacy*, and pass judgment on their parenting beliefs—doubting mothers' ability to parent along with the *Legacy*'s way of parenting, which mothers reported was often referred to as the "white people way." One mother explained her experience with her family: "[t]hey say, since I respect my son, that I do it the 'white mother way.' But I've just taken it in. My nephew is three, he's still bad, and my sister spanks him every time he's bad. I'm like, 'that's not teaching him'" (*L, engaged regular attender, wave 1*). However, unlike in Miami, mothers' statements in Los Angeles illustrated a greater amount of positive feedback from others; mothers here reported that others showed curiosity and interest in the program, gradually came to understand learned techniques, showed a respect of mothers' knowledge and commitment to *Legacy*, and even applied knowledge gained from the mothers themselves. One Los Angeles mother stated that:

> [My mother] noticed that I used to read a lot so and she saw that it helped [my son] to calm himself and not cry. So then, you know, she picked it up, you know. It was like she was learning something really new even though she was a mother of five, you know. [My children] have helped her very, like tremendously, like, she always thanks me for having them… it helped her and she helped me, you know, it was really nice. And my mom actually benefited from it. (*L, graduate, wave 2*)

Like in Miami, mothers reported that others expressed interest in attending the program themselves; unlike Miami, however, this group included not only friends, but also the husbands and partners of *Legacy* mothers. In one focus group, a mother explained, "[my husband] asked me a couple of times, like, 'can I come?' I was like, 'no. It's just for me and the baby.' He's like, 'okay, whatever,' you know. But he really would have liked to come" (*L, non-attender, wave 2*). Finally, mothers discussed their responses to feedback from others, which differed between sites. While mothers in Miami indicated they either relied on or ignored the unsupportive advice of others, mothers in Los Angeles often exhibited a more active response—often telling others something like, "you're going [to do] things your way and I'm going to do them mine, and we'll just—we'll just see" (*L, engaged regular attender, wave 2*), staying away from certain people, or telling someone off.

Giving advice. Across both sites, mothers reported attempting to teach by example and to explain their knowledge of parenting when asked; mothers conveyed hesitancy in trying to push information upon others. In Miami, mothers talked briefly about sharing tips with other mothers, particularly when they determine the situation warrants it. For instance, as one mother explained, "you can spread the word to someone else too, a whole lot of people out there with issues" (*M, new participant, wave 3*). Another mentioned she would give advice "if I see a parent doing [something] that's really, really terrible to their child. Then I'd be like, 'oh my god, don't do that'" (*M, regular attender, wave 1*). Mothers in Miami also stated that those around them either do not ask for advice or are not receptive to advice. Another Miami mother described this experience, stating, "I learned that sometimes just don't say nothing because some

people... don't know how to take criticism, some people don't know how to take other people's opinions" (*M, new participant, wave 3*).

In contrast, mothers in Los Angeles talked to a greater extent about sharing (for instance, telling others about what they have learned from *Legacy*) in order to give advice and explain child behavior. One mother described, "I have a folder at our house of all of the [*Legacy*] handouts I have. I put them every, you know, week by week, and even when I'm tired, I have my folders. I make copies and give them to people" (*L, non-attender, wave 2*). Mothers in Los Angeles also reported that others seek out their advice and help in regard to parenting. One mother in Los Angeles explained her experience giving advice: "[m]y cousin just had a baby and it's her first baby, too. And she saw how, she told me, 'how did you raise [your daughter], she's so smart.' And so, I'm giving her like parenting and she said 'I love it. Where did you get this?' and I told her and but she's also learning from me" (*L, graduate, wave 2*). Compared to mothers in Miami, those in Los Angeles describe more positive experiences giving advice.

Discussion

Legacy Goals

Legacy mothers that participated in the focus group discussions demonstrated understanding and implementing healthy parenting practices cited in the current literature and the goals of *Legacy*. Mothers' discussions clearly indicated their commitment to parenting—mothers described focusing on their child and the importance of staying involved in their roles as parents. Mothers at both sites reported prioritizing their children and trying to become better parents. In addition, mothers' statements also reflected nurturing cognitions and behaviors. Mothers reported wanting to be involved in their

child's life, learning to have more patience, and concern for their child's well-being. *Legacy* mothers also demonstrated high levels of sensitivity and responsivity; they described talking and communicating more with their child, improving in their understanding of their children, and realizing how their own responses affect their children. Mothers particularly highlighted the importance of getting down on their child's level, and reported seeing consequential improvements and growth in their children. Additionally, mothers expressed appropriate levels of maturity demand. Mothers reported clear expectations for their children, but also discussed flexibility regarding these expectations, granting their child an appropriate level of control, and recognizing their child's limits. Furthermore, *Legacy* mothers described improvements in their levels of parental control. Mothers explained they felt more control of themselves and their children, described behavior change related to trying not to spank, and demonstrated increased knowledge of other disciplinary techniques. Finally, mothers revealed knowledge and use of practices to increase developmental stimulation (describing reading mostly, but other activities as well). Mothers' statements indicated an understanding of how these practices help and why they are important.

For many of these practices, mothers attributed changes and improvements to specific sources. For commitment to parenting, mothers in Miami credited *Legacy* and other sources, such as the act of having children, with changes to this concept. Mothers in Los Angeles made fewer attributions of change, speaking more generally of changes in commitment levels rather than crediting any specific source. In terms of changes related to nurturance, mothers in Miami spoke mostly of the influence of *Legacy*, though they also spoke generically of change and attributed change to a few other sources (such as the

process of having children). In comparison, mothers in Los Angeles credited *Legacy* alone with influencing these changes. Mothers in Miami made fewer references to change related to sensitivity and responsivity, though those they made referred specifically to *Legacy*. Los Angeles mothers, however, described changes in greater detail, speaking generally of change or specifically linking these changes to *Legacy*. Mothers at both sites attributed changes regarding parental control and discipline to their involvement with *Legacy*.

A notable finding of this study is the differences between sites related to characteristics and strategies of parenting. In Miami, for instance, mothers described the necessity of making life changes prior to increasing commitment to parenting. This may reflect a hierarchy of needs in which mothers at each site function at different levels in their parenting. Mothers in Miami described basic changes necessary to begin parenting, such as reducing their amount of partying; mothers in Los Angeles may have already completed these types of changes—discussions with mothers here revealed more complex reflections and the ability to describe not only increased time devoted to their children, but also improvements in the quality of their commitment.

Mothers in Miami also expressed more disagreement for some of the practices discussed—mothers within the Miami group expressed different and often contrasting views related to commitment and parental control. For example, some mothers mentioned the lifestyle changes discussed in relation to their parenting commitment levels, while others discussed still wanting to spank their children and viewing it as the right choice for them. This finding suggests the mothers in Miami may differ in regard to which parenting practices are of most value.

In Los Angeles, mothers verbalized more compared to mothers in Miami—providing greater detail and more specific examples of their parenting cognitions and behaviors. For instance, mothers made more expressive references to the affection they experience and show with their children. Mothers in Los Angeles also exhibited more satisfaction with non-corporeal techniques compared to mothers in Miami. In addition, mothers offered more explanation of how their child is a unique individual with specific needs. While mothers in Miami spoke of recognizing their child's feelings, mothers in Los Angeles demonstrated a greater ability to recognize their child as an individual. Moreover, mothers in Los Angeles described not only being sensitive to their children, but also taking the time to explain things to their children. In this respect, mothers here demonstrated an increased capacity for active interpretation of how their relationship with their child functions. Finally, Los Angeles mothers' statements described their ability to provide their child with more creative freedom to express themselves. Taken cumulatively, these findings suggest that Los Angeles mothers have a greater ability to describe their parenting, and may have a greater capacity for maintaining a reciprocal relationship with their child.

Maternal Self-Efficacy

Mothers at both sites also demonstrated the presence of and marked improvement in parental self-efficacy. Mothers described increased confidence—displaying beliefs that they can make a difference in their child's life and that they know what is best for their child. Interestingly, in regards to the methods for developing self-efficacy described in the current literature, mothers' statements revealed a focus on social modeling, improved well-being, and verbal persuasion—without much focus on mastery experience, which

Bandura cites as most effective way of developing self-efficacy (Albert Bandura & 1977). Possible explanations for this finding may be that mothers: did not experience, did not discuss, or may not value this concept. Mothers may experience this method more outside of *Legacy*, or value other parts of *Legacy* more. Alternatively, the ability to consciously reflect on one's own changes related to mastery experience may require advanced-level cognitive processes—mothers may not yet have reached a stage in their parenting that allows for this level of reflection.

Those that referenced mastery experience explained they felt more confident in their parenting based on the process of having other children, or as a result of how their child has developed. In terms of social modeling, mothers indicated that they valued the advice and input provided by other mothers, as well as how going through the parenting process with other mothers helped them to feel less alone. This finding linked closely with that of improved well-being, as mothers also reported how comfortable and valued they felt due to the support of *Legacy* staff and others mothers. In addition, mothers described improvements in managing their anger and stress, and learning techniques to aid this area of improvement. Finally, related to verbal persuasion, mothers explained the value of the advice and encouragement they received while attending *Legacy*. Mothers described increased knowledge related to parenting, and feeling supported throughout the process.

Contrary to the differences in parenting practices evident between sites, mothers in Miami and Los Angeles did not differ a great deal in regard to self-efficacy. On the whole, mothers at both sites described the methods similarly; however, mothers in Los Angeles spoke more about staff in verbal persuasion. These findings suggest that fewer

differences exist between mothers related to self-efficacy compared to healthy parenting practices and experiences of receiving feedback and giving advice. Further research may wish to investigate this distinction further.

Feedback and Advice

The final results of this study indicate that mothers often struggled with the feedback of persons within mothers' social networks, but outside of the *Legacy* program (such as family and friends). Mothers reported others frequently told them how to parent and judged their methods of parenting, in addition to conveying skepticism of *Legacy*'s principles and techniques. Despite these experiences, mothers in Los Angeles also described receiving positive feedback from others. This finding, coupled with the lesser amount of positive feedback described by mothers in Miami, has important implications for the implementation and continued use of healthy parenting practices. Mothers in Los Angeles may find it easier to begin and continue to use healthy parenting practices when receiving positive feedback; in contrast, mothers in Miami may experience greater challenges related to these implementing these strategies based on feedback from those in their social networks. Mothers' responses to this feedback also varied across the two sites; mothers in Miami mostly indicated that they either relied on it or attempted to judge what was best for their child on their own. Conversely, mothers in Los Angeles responded in a more external manner, frequently telling others they disagreed with them or avoiding spending time with them.

In terms of others asking *Legacy* mothers for advice, mothers at the two sites again differed. While both groups reported trying to teach by example and explain their knowledge of parenting, mothers in Miami stated that their families and friends either did

not ask for advice, or were not receptive. Mothers in Los Angeles, in contrast, talked more about sharing what they have learned with others, and that others frequently seek out their advice. This may indicate that mothers in Los Angeles perceive that others provide them with a larger amount of respect and interest, which has important implications related to social support and its effect on parenting. Mothers at both sites seemed reluctant to push parenting advice on others, even when others judged their methods. This may result from *Legacy* emphasizing a non-didactic learning method and underscoring that there is no one right way to parent. Mothers may also express this hesitancy as a result of receiving so much feedback—perhaps they do not wish to judge others' methods as others judge theirs.

Limitations and Strengths

Like any research, this study is not without limitations. Initially, the primary researcher intended to analyze the data by attendance level (for example, comparing those that attended *Legacy* more to those that attended less); however, the number of different groupings within the focus group discussions (refer to Table 3 for a complete description), did not provide enough data for a rigorous analysis. Moreover, the researcher decided not to combine groups in order to form larger categories so as not to omit differences and similarities between groups. Likewise, based on the lesser amount of data available for the maturity demand and developmental stimulation, the analyses of these parental strategies did not include a description of mothers' attribution of changes.

In addition, due to the nature of qualitative research, the findings reported here are not intended to generalize to a larger population. In this case, one should interpret the findings with additional caution, as those that participated in the focus groups may not

accurately represent the larger group of participants in the *Legacy* program. In addition, while the primary researcher utilized rigorous methods to conduct this study, she did not participate in the design, data collection, and transcription processes. As such, the specific aims of the current study do not align with the original; moreover, errors in transcription or the absence of data (such as non-verbal cues) may have influenced the interpretation of the results.

The current study also has a number of strengths. The primary researcher utilized knowledge, input, and feedback from experts in the field of child development and qualitative research, and employed a second coder to increase the validity of the study. In addition, the researcher chose to follow an iterative and inductive research process, which allowed for changes to and further development of the research questions based on the data provided by participants. To facilitate this process, the researcher documented the analytic process in great detail, which further strengthened the reported findings.

Reflections

While the primary researcher concluded the current study following completion of the three main areas of analysis related to healthy parenting practices, maternal self-efficacy, and experiences receiving feedback and providing advice, she also recorded additional areas of interest for future analysis. These included mothers' comparisons of their own childhoods to their current parenting and a specific review of mother-reported changes in child behavior, especially as compared to the findings of the *Legacy* pair of RCTs. Owing to time and length constraints, these analyses were not completed; however, future research may benefit from exploration of these areas.

Overall, the findings of the current study confirm the previous results of CDC's evaluation of the *Legacy* program. Mothers demonstrate knowledge and understanding of healthy parenting practices, as well as improvements related to self-efficacy. The differences between sites indicate that mothers in Los Angeles may apply and describe certain parenting practices at a more advanced level than mothers in Miami; additional research is advised to better understand these differences. Future research may also seek to generate larger theories that speak to the differences between mothers in Miami and Los Angeles; forthcoming studies may also wish to investigate differences between sites during subsequent implementations of the *Legacy* program.

References

Addy, S., & Wight, V. R. (2012). Basic Facts About Low-income Children, 2010: Children Under Age 18. New York, NY: National Center for Children in Poverty.

American Psychological Association. (2013). Effects of Poverty, Hunger and Homelessness on Children and Youth. Washington, DC.

Ayoub, C., O'Connor, E., Rappolt-Schlictmann, G., Vallotton, C., Raikes, H., & Chazan-Cohen, R. (2009). Cognitive skill performance among young children living in poverty: Risk, change, and the promotive effects of Early Head Start. *Early Childhood Research Quarterly, 24*(3), 289-305.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191-215.

Bandura, A. (1986). *Social Foundations of Thought and Action: A Social-Cognitive View*. Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY, US: Freeman.

Bandura, A. (1999). A social cognitive theory of personality. In L. Pervin & O. John (Eds.), *Handbook of personality* (Second ed., pp. 154-196). New York: Guilford Publications.

Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development, 37*(4), 887-907.

Baumrind, D. (1967). Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs, 75*(1), 43-88.

Belous, I. (1995-2011). MAXQDA 10. Berlin, Germany: VERBI Software,.

Berk, M., Munib, A., Dean, O., Malhi, G. S., Kohlmann, K., Schapkaitz, I., . . . Bush, A. I. (2011). Qualitative methods in early-phase drug trials: Broadening the scope of data and methods from an RCT of N-acetylcysteine in schizophrenia. *Journal of Clinical Psychiatry, 72*(7), 909-913.

Camilli, G., Vargas, S., Ryan, S., & Barnett, W. S. (2010). Meta-Analysis of the Effects of Early Education Interventions on Cognitive and Social Development *Teachers College Record, 112*(3), 579-620.

Cohen, J., Onunaku, N., Clothier, S., & Poppe, J. (2005). Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development *Early Childhood Research and Policy Report*: National Conference of State Legislatures, Zero to Three.

Coleman, P. K., & Karraker, K. H. (1998). Self-Efficacy and Parenting Quality: Findings and Future Applications. *Developmental Review, 18*(1), 47-85.

Crosby, R. A., Kegler, M. C., & DiClemente, R. J. (2009). Theory in Health Promotion Practice and Research. In R. J. DiClemente, R. A. Crosby & M. C. Kegler (Eds.), *Emerging Theories in Health Promotion Practice and Research* (2nd ed.). San Francisco, CA: Jossey-Bass.

Duncan, G. J., Ziol-Guest, K. M., & Kalil, A. (2010). Early-Childhood Poverty and Adult Attainment, Behavior, and Health. *Child Development, 81*(1), 306-325.

Evans, G. W., & Kim, P. (2012). Childhood Poverty, Chronic Stress, Self-Regulation, and Coping. *Child Development Perspectives*.

Federal Interagency Forum on Child and Family Statistics. (2013). America's Children: Key National Indicators of Well-Being. Washington, DC: U.S. Government Printing Office.

Fernald, A., Marchman, V. A., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Dev Sci, 16*(2), 234-248.

Fraser, J. G. (2009). Legacy for Children™: Focus Group Summary Report (pp. 1-101). Research Triangle Park, NC: RTI International.

Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2013). Cochrane review: Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Review). *Evid Based Child Health, 8*(2), 318-692.

Glaser, B. G. (1965). The Constant Comparative Method of Qualitative Analysis. *Social Problems, 12*(4), 436-445.

Hackman, D. A., & Farah, M. J. (2009). Socioeconomic status and the developing brain. *Trends in Cognitive Science, 13*(2), 65-73.

Hennink, M., Hutter, I., & Bailey, A. (2011a). Data Preparation and Developing Codes *Qualitative Research Methods*. London: Sage.

Hennink, M., Hutter, I., & Bailey, A. (2011b). The Design Cycle *Qualitative Research Methods*. London: Sage.

Hennink, M., Hutter, I., & Bailey, A. (2011c). Ethical Issues in Qualitative Research *Qualitative Research Methods*. London: Sage.

Hennink, M., Hutter, I., & Bailey, A. (2011d). Focus Group Discussions *Qualitative Research Methods*. London: Sage.

Hennink, M., Hutter, I., & Bailey, A. (2011e). In-Depth Interviews *Qualitative Research Methods*. London: Sage.

Hennink, M., Hutter, I., & Bailey, A. (2011f). The Nature of Qualitative Research *Qualitative Research Methods*. London: Sage.

Hennink, M., Hutter, I., & Bailey, A. (2011g). Participant Recruitment *Qualitative Research Methods*. London: Sage.

Jones, T. L., & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review, 25*(3), 341-363.

Kaminski, J. W., Perou, R., Visser, S. N., Scott, K. G., Beckwith, L., Howard, J., . . . Danielson, M. L. (2013). Behavioral and socioemotional outcomes through age 5 years of the Legacy for Children™ public health approach to improving developmental outcomes among children born into poverty. *American Journal of Public Health, 103*(6), 1058-1066.

Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology, 36*(4), 567-589.

Lombard, M., Snyder-Duch, J., & Bracken, C. C. (2004). Practical Resources for Assessing and Reporting Intercoder Reliability in Content Analysis Research Projects, Temple University.

Luby, J., Belden, A., Botteron, K., Marrus, N., Harms, M. P., Babb, C., . . . Barch, D. (2013). The effects of poverty on childhood brain development: the mediating effect of caregiving and stressful life events. *JAMA Pediatr, 167*(12), 1135-1142.

McAlister, A. L., Perry, C. L., & Parcel, G. S. (2008). How Individuals, Environments, and Health Behaviors Interact: Social Cognitive Theory. In K. Glanz, B. K. Rimer & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (4th ed.). San Francisco, CA: Jossey-Bass.

Mesman, J., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2011). Unequal in opportunity, equal in process: Parental sensitivity promotes positive child development in ethnic minority families. *Child Development Perspectives*.

Neaum, S. (2010). *Child Development for Early Childhood Studies*: Learning Matters.

Olds, D. L., Sadler, L., & Kitzman, H. (2007). Programs for parents of infants and toddlers: recent evidence from randomized trials. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 48*(3-4), 355-391.

Pajares, F. (1997). Current Directions in Self-efficacy Research. In M. L. Maehr & P. R. Pintrich (Eds.), *Advances in Motivation and Achievement* (Vol. 10, pp. 1-49). Greenwich, CT: JAI Press.

Perou, R., Elliott, M. N., Visser, S. N., Claussen, A. H., Scott, K. G., Beckwith, L. H., . . . Smith, D. C. (2012). Legacy for Children™: A pair of randomized controlled trials of a public health model to improve developmental outcomes among children in poverty. *BMC Public Health, 12*, 691.

Poulton, R., Caspi, A., Milne, B. J., Thomson, W. M., Taylor, A., Sears, M. R., & Moffitt, T. E. (2002). Association between children's experience of socioeconomic disadvantage and adult health: a life-course study. *Lancet, 360*(9346), 1640-1645.

Rao, H., Betancourt, L., Giannetta, J. M., Brodsky, N. L., Korczykowski, M., Avants, B. B., . . . Farah, M. J. (2010). Early parental care is important for hippocampal

maturation: evidence from brain morphology in humans. *Neuroimage, 49*(1), 1144-1150.

Saavedra, L., Fraser, J. G., & Iklé, L. (2009). Legacy for Children™ Constructs and Measures Paper. Research Triangle Park, NC: RTI International.

Saldaña, J. (2012). An Introduction to Codes and Coding. *The Coding Manual for Qualitative Researchers* (Second ed., pp. 35): SAGE Publications Ltd.

Sandler, I. N., Schoenfelder, E. N., Wolchik, S. A., & MacKinnon, D. P. (2011). Long-term impact of prevention programs to promote effective parenting: lasting effects but uncertain processes. *Annual Review of Psychology, 62*, 299-329.

Sarris, J., Cox, K. H., Camfield, D. A., Scholey, A., Stough, C., Fogg, E., . . . Pipingas, A. (2012). Participant experiences from chronic administration of a multivitamin versus placebo on subjective health and wellbeing: a double-blind qualitative analysis of a randomised controlled trial. *Nutr J, 11*, 110.

Tavallaei, M., & Talib, M. A. (2010). A General Perspective on Role of Theory in Qualitative Research. *Journal of International Social Research, 3*(11), 570-577.

Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., . . . Richter, L. (2011). Inequality in early childhood: risk and protective factors for early child development. *The Lancet*.

Wells, N. M., Evans, G. W., Beavis, A., & Ong, A. D. (2011). Early childhood poverty, cumulative risk exposure, and body mass index trajectories through young adulthood. *Am J Public Health, 100*(12), 2507-2512.

Zilanawala, A., & Pilkauskas, N. V. (2012). Material Hardship and Child Socioemotional Behaviors: Differences by Types of Hardship, Timing, and Duration. *Child Youth Serv Rev, 34*(4), 814-825.

Ziol-Guest, K. M., Duncan, G. J., Kalil, A., & Boyce, W. T. (2012). Early childhood poverty, immune-mediated disease processes, and adult productivity. *Proceedings of the National Academy of Sciences of the United States of America, 109 Suppl 2*, 17289-17293.

Table 1. Focus group participants by category and site (Fraser, 2009)

Focus Group by Wave	Sampling Pool *n*	Participants *n* (%)
Los Angeles		
Wave I		
Engaged regular attenders	20	5 (25)
Unengaged regular attenders	14	6 (43)
Sporadic attenders	26	5 (19)
Wave II		
Engaged regular attenders	10	8 (80)
Graduates	10	7 (70)
Non-attenders	10	7 (70)
Wave III		
Older graduates	19	9 (47)
Newer graduates	17	9 (53)
Total[a]	126	56
Miami		
Wave I		
Engaged regular attenders	10	7 (70)
Unengaged regular attenders	10	6 (60)
Sporadic attenders	12	6 (50)
Wave II		
Engaged regular attenders	10	4 (40)
Unengaged regular attenders	10	9 (90)
Sporadic attenders	12	6 (50)
Wave III		
Repeat participants	24	12 (50)
New participants, Groups A and B	29	22 (76)
Wave IV		
Older graduates, Groups A and B	20	21 (95)[a]
Newer graduates, Groups A and B	21	17 (81)[b]
Total[c]	158	110

Note: Los Angeles = University of California, Los Angeles. Miami = University of Miami.

[a] Older graduates, Group A comprised 12 participants, one of whom was a newer graduate. Older graduates, Group B comprised 9 participants, one of whom was a newer graduate.

[b] Newer graduates, Group A comprised 9 participants. Newer graduates, Group B comprised 8 participants.

[c] Included repeat participants.

Table 2. Analytic groups by site

Focus Group by Wave	Participants (*n*)
UCLA	
Wave I	
Engaged regular attenders	5
Unengaged regular attenders	6
Sporadic attenders	5
Wave II	
Engaged regular attenders	8
Graduates	7
Non-attenders	7
Wave III	
Older graduates	9
Newer graduates	9
Total	56
Miami	
Wave I	
Engaged regular attenders	7
Unengaged regular attenders	6
Sporadic attenders	6
Wave II	
Engaged regular attenders	4
Unengaged regular attenders	9
Sporadic attenders	6
Wave III	
Repeat participants	12
New participants, Groups A and B	22
Wave IV	
Older graduates, Groups A and B	21
Newer graduates, Groups A and B	17
Total	110

Table 3. Analytic groups by attendance level

Site	Wave	Participants (*n*)
Engaged regular attenders		
Los Angeles	1	5
Los Angeles	2	8
Miami	1	7
Miami	2	4
Unengaged regular attendees		
Los Angeles	1	6
Miami	1	6
Miami	2	9
Sporadic attendees		
Los Angeles	1	5
Miami	1	6
Miami	2	6
Newer graduates		
Los Angeles	2	7
Los Angeles	3	9
Miami	4	17/2
Miami		
Older graduates		
Los Angeles	3	9
Miami	4	21/2
Miami		
Not included in attendance level analyses		
Los Angeles (non-attendees)	2	7
Miami (repeat participants)	3	12
Miami (new participants)	3	22/2
Miami (new participants)	3	

Appendix A. Original focus group discussion guide (Fraser, 2009)

Instructions to Focus Group Leader

Begin by thanking participants for agreeing to talk with you about their experiences with Legacy for Children™ parent groups.

Describe the purpose of the study and tell participants that the CDC is interested in their views of the project. We want to learn about their experiences with *Legacy*. How do the meetings influence their parenting style and motivation? In addition, we want their opinion about how well the project is promoting a sense of community among the groups. Does being a part of *Legacy* influence other areas of their lives outside the groups?

Explain that the discussion will be audio taped and obtain agreement from all participants. Remind them that the tape serves as a backup for the note taker and will not be shared with anyone outside the room. Refer to the section of the consent form that explains how the audiotape will be handled and their comments kept secured. If anyone feels uncomfortable with the discussion being taped, do not use the recording device. Have everyone sign a copy of the consent form and give each person a copy for her own records.

Begin discussion.

Overview of Legacy for Children™

Let's begin by talking about your experiences so far with *Legacy* and what you think of them.

1. Think back to when the recruiter came to you in the hospital. What did you think about *Legacy*? Has your view of *Legacy* changed any? In what ways?

2. What did you hear or sense that made you decide to be a part of Legacy for Children™?

Probe for

- Sensed the need to connect with others
- Interest in topics, incentives, social activities, etc.
- Personal feelings and attitudes

3. How do you describe *Legacy* to people outside?

Probe for

- Family
- Friends
- Coworkers
- Neighbors

Sense of Community

4. How do you see *Legacy* fitting into your life, by that I mean what you do every day?
   Probe for
   - As a resource
   - As a social outlet
   - As a place to have fun or recreation
   - Interference

5. Describe your relationship with other *Legacy* participants.
   Probe for specific examples of situations:
   - Get together inside and outside meetings
   - Call each other
   - Go places together
   - Do things with other participants and their babies/families
   - Ask other participants to do a favor
   - Offer help/advice to other participants

6. Describe your relationship with *Legacy* staff.
   Probe for specific ways of interacting with each type of staff person (group leader, van driver, child care provider, other staff):
   - Looks to group leader as a role model, confidante, or friend
   - Views van driver as a friend, confidante, protector, someone to rely on, role model for children, etc.
   - Trusts child care providers, feels confident in the care provided

7. Think back to when your groups combined and describe the effect it had on the group.
   Probe for
   - Less/greater sense of connection to others: with participants and staff
   - Less/more support and sharing among group members
   - Less/more talking among members
   - Less/more solidarity

[Note: Follow their line of thinking and probe for greater clarity/understanding of their experiences.]

8. Think about a meeting you thought was especially good. What did you like about it?
   Probe for
   - What made it a good meeting?
   - Was who attended important to the meeting?
   - Did you think any particular activities worked well?
   - What was most memorable or useful?

Motivation to Attend

9. What is the main reason that you continue to attend the *Legacy* groups?
   Probe for
   - Like the people—probe for which ones in particular and why
   - The parenting information and group discussions
   - Strong bond with other participants
   - Strong bond with staff members
   - Chance to get out and socialize
   - My child enjoys it
   - The food
   - Crafts and FUN Club activities
   - Particular *Legacy* staff

10. How much does having transportation, child care, incentives matter to you?
   Probe for each item and specifics about each item, if mentioned as important.

11. What is your favorite thing about *Legacy*?
   Probe for examples and follow up with specifics, time permitting.

12. What is your least favorite thing about *Legacy*?
   Probe for
   - Watching videos
   - Listening/sitting too long
   - Topics
   - Playing with children
   - Staff members
   - Other parents in the group

13. Think about what you learn at the meetings. How much of the information do you think applies to your child?
   Probe for specific examples.
   - How much of it was useful?

   Probe: Is this a reason why you continue to come?
   - How much do you think it just doesn't work for your child?
   - What are some examples of things that don't work?

   Probe: What do you think would work for your child?

14. What information do you think would have been more helpful in the beginning when your child was just born?
   Probe for specifics and where moms have preferred to receive that information.
   - What about now that your child is older?

Effects of *Legacy* on Parenting

15. How has *Legacy* affected the way you think about yourself as a parent?

16. Has *Legacy* influenced the way you think and what you actually do with your child?
    Probe: In what ways?
    - Awareness of how a child grows and develops
    - Child as a person with needs and personality
    - Doing more things with child to help development
    - Better understanding of how to be a good parent
    - More patient with child
    - Discipline styles

17. What are some things you have learned at the meeting that you have tried to use at home with your child?
    - Can you give an example of a situation where it was easy?
    - Can you give an example of a situation where it was hard?
    - What makes you try something that you've learned from a meeting at home?
    - Are there certain things that you're more likely to try at home than others?

    Probe for examples of things learned at *Legacy*:
    - Ways of disciplining their children
    - Ideas for playing with their children
    - Understanding what their children are trying to communicate

18. How has *Legacy* influenced the way you respond when your child misbehaves?

19. How has *Legacy* affected the way you discipline your child?
    Probe for
    - Know about more ways to discipline
    - Stricter with children (or not as strict)

20. Who are the people who most affect the way you raise your child?
    Probe for
    - Your friends—in what ways and under what circumstances?
    - Baby's father—repeat probes for all the following people
    - *Legacy* group leader
    - *Legacy* van driver
    - Other *Legacy* staff
    - *Legacy* participants
    - Not much influenced by anyone else

21. When you try things you have learned in *Legacy* with your children, what do people in your family say about it?
    Probe for
    - Examples
    - How do you respond?
    - What do you say to them?

22. What do people in your family think about *Legacy*'s way of doing things?

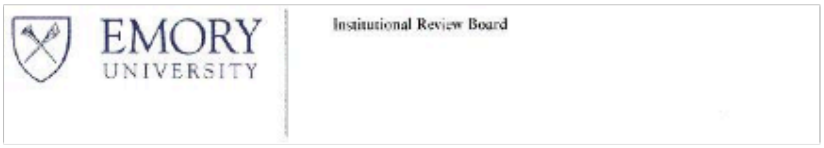
23. What changes have you seen in yourself since you first became involved with *Legacy*?
    Probe for
    - Better problem solver
    - More confident
    - More in control
    - Feel connected to others with things in common

24. Describe ways you have changed as a mother.
    Probe for
    - Feel you have control over things child does (e.g., weaning from bottle)
    - Affecting development
    - Getting your child to do what you want him/her to do
    - Less stress
    - Like it more
    - It's easier/harder

25. What do you think you need to do to influence your child's development?
    Probe for
    - What about child do they think they can change
    - What do they have no control over

Close the discussion by thanking parents for their time and let them know that we will keep individual comments confidential. The sponsors of Legacy for Children™ will receive a summary of the discussion.

Appendix B. Emory IRB determination letter



May 29, 2013

Sophie Hartwig
Rollins School of Public Health
Department of Behavioral Sciences and Health Education
Atlanta, GA 30322

RE: **Determination: No IRB Review Required**
Changes in parenting following participation in the *Legacy for Children*™ program: A qualitative study
Investigator: Hartwig

Dear Sophie:

Based on a re-review of the materials you have provided for this study, we have determined that it does not require IRB review because it does not meet the definition of a study involving "human subjects" as set forth in Emory policies and procedures and federal rules, if applicable. Specifically, in this project, you will conduct a secondary analysis of de-identified focus group data collected from 2005 to 2008 at University of Miami and UCLA. No one involved in this research activity was involved in the de-identification process.

HHS regulations define *human subject* at 45 CFR 46.102(f) as follows:

Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains:

(1) data through intervention or interaction with the individual, or
(2) identifiable private information.

This determination could be affected by substantive changes in the study design, subject populations, or identifiability of data. If the project changes in any substantive way, please contact our office for clarification.

Thank you for consulting the IRB.

Sincerely,

Sam Roberts, BA CIP
Senior Research Protocol Analyst
This letter has been digitally signed

Emory University
1599 Clifton Road, 5th Floor - Atlanta, Georgia 30322
Tel: 404.712.0720 - Fax: 404.727.1358 - Email: irb@emory.edu - Web: http://www.irb.emory.edu
An equal opportunity, affirmative action university

Appendix C. Summary of focus group content areas

Opening and closing information	Overview of *Legacy*	Sense of community	Motivation to attend *Legacy*	Effects of *Legacy* on parenting
Ice breakers	Recruitment process	How *Legacy* fits into participants' lives	Reasons for attendance	How *Legacy* has influenced participants' perceptions of themselves as parents
Concluding comments	Reasons for participation	Relationships with other participants and *Legacy* staff	Importance of incentives, transportation, and child care	How *Legacy* has influenced the way participants think and act with their children
	Participant descriptions of *Legacy* to others	How *Legacy* relationships influenced relationships with those outside of *Legacy*	Favorite and least favorite things about *Legacy*	*Legacy* concepts used in the home
	Feelings about *Legacy* ending	Qualities of successful group leaders	Applicability of information provided at *Legacy*	Mothers' responses to misbehavior
	Areas for change/improvement	Effects of group merges	Perceptions of information needed at beginning of the program	How *Legacy* has influenced discipline
	Information in use/no longer in use	Perceptions of the most helpful and non-helpful sessions		Perceptions of who in their child's life influences their behavior
	What was missed/not missed for graduates of *Legacy*	Perceptions of assessments and assessment staff		Feedback from others about *Legacy*
	Most valuable aspects of *Legacy*			Changes in mothers following *Legacy*
				Changes as mothers
				Perceptions of how to best influence their child's life
				Changes in child outcomes based on participation in *Legacy*

Appendix D. Final coding tree and codebook

Coding tree:

I. Structure codes
   a. Opening/closing
   b. Overview
   c. Sense of community
   d. Motivation to attend
   e. Effects of *Legacy* on parenting

II. Effects of *Legacy* on parenting (these can be positive or negative valence)
   a. Mothers' descriptions of themselves and their parenting in general—**cognitions**
      i. Self-efficacy
         1. Mastery experience
         2. Social modeling
            a. Shared experience
         3. Improved physical and emotional states
         4. Verbal persuasion
      ii. Knowledge (of parenting)
         1. Respect
      iii. Commitment (to parenting)
      iv. Role satisfaction
   b. Mothers' descriptions of mother-child interaction—**behaviors**
      i. Dimensions of parenting
         1. Parental control
         2. Maturity demand
         3. Communication
         4. Nurturance
      ii. Developmental stimulation
      iii. Strategies
   c. Mothers' descriptions of their children
      i. Social/emotional
      ii. Behavioral
      iii. Language
      iv. Cognition
   d. Mothers' descriptions of themselves

III. Other codes
   a. Giving advice
   b. Feedback
   c. Attribution of change
      i. Generalized reference to change
      ii. Attributed to *Legacy* directly
      iii. Attributed to *Legacy* indirectly
      iv. Attributed to other influence
   d. Context of attribution

i. Prompted by facilitator
ii. Prompted by participant
iii. Spontaneous

e. Challenges
f. Comparisons of parenting
    i. C. Childhood
    ii. C. Others
g. Good quotes

Codebook:

Code	Definition	Example
Structure codes		
Opening/closing	Discussion guide ice breakers and wrap-up questions	*"If someone gave you $100,000, what would you do with it?"* "As far as $100,000, I'd probably use some of it for college for my son and my daughter and the rest of it, same as you, house. I've always wanted a house, a big house. I would have to get a house."
Overview	Discussion guide questions and responses related to mothers' experiences with starting *Legacy* and the program overall	*"Do you remember what the person told you Legacy was going to be? How did they describe what you were going to do?"* "They said it was going to be a group of moms. You're going to get together once a week and you're all going to have discussions like a mom group."
Sense of community	Discussion guide questions and responses related to mothers' experiences with *Legacy* groups and other *Legacy* mothers Note: includes questions related to assessment and assessment staff (discussion guides are inconsistent on placement of this topic)	*"What qualities of other Legacy participants mattered to you the most? What qualities were important?"* "Knowing they were always listening and never gave any negative feedback in what you had to say."
Motivation to attend	Discussion guide questions and responses related to mothers' reasons for attending *Legacy*, as well as barriers to and facilitators of attendance	*"What ideas do the rest of you have, what motivated you to come and hang in there until the graduation?"* "Well, the happiness of my daughter, a one-on-one mornings, that my morning was

		for her, we would come and enjoy, she would enjoy her friends and I would enjoy mine, and it was—that was my mornings, Sunday mornings."
Effects of *Legacy* on parenting	Discussion guide questions and responses related to mothers' perceptions of what they learned in *Legacy* about parenting and child development	*"Are there other things that you've learned that you've tried at home that you've not learned before*?" "I learned not to be violent. I was pretty violent, spank my daughters pretty hard… and my son hasn't gone through that experience at all, whatsoever. So I do get down on my knees and talk to him. When he's throwing a fit, I just give him a bear hug. That's what *Legacy* taught me."
Mothers' descriptions of themselves and their parenting in general—cognitions		
Maternal self-efficacy	A mother's perception of her capacity to parent successfully Note: text can be coded as both maternal self-efficacy and one of the following methods, or just one and not the other	"What I'm going to carry forever is that I'm going to be a good mom. It's like they gave you a step-by-step to, not how to be a perfect mom, but a good mom. How to be a good example to your kids."
Mastery experience	Mothers' own experiences in parenting (method of developing self-efficacy)	"Cause what you would have did in the beginning with the first, you ain't going to do it with your second because… I'm used to this. I know what to do."
Social modeling	Observation (whether direct or indirect) of other parents' experiences in parenting (method of developing self-efficacy) Note: can include staff if they are talking about their own experiences with parenting; general statements about mothers giving ideas or talking together should be coded under verbal persuasion; in contrast, advice given based on past experiences or moms acting on that advice should be coded as social modeling	"Listening to other mothers talk about how they handled, how they disciplined their children kind of helped me be more confident in disciplining my child rather than being timid."
Shared experience	Mothers' perceptions of	"What was most important for

	support/community based on a shared experience of parenting (e.g., "we're going through this together) Note: include encouragement from other mothers under verbal persuasion code	me was that I have somebody that I could relate to. That I can hear somebody is going through exactly the same thing I am going through. And it makes you feel like ok, I'm not the only one."
Improved well-being	Improvements in mothers' physical and emotional states; for instance, venting, stress-relief, etc. (method of developing self-efficacy)	"And now that I have this second child. I am so impatient with her, you know. And it—when I think about some of the meetings, I go back and it starts to like calm me down so I can learn how to deal with her and handle stress."
Verbal persuasion	Strong encouragement and knowledge from others (method of developing self-efficacy) Note: include responses that indicate knowledge provided by another source; general statements regarding what a mother knows or has learned should be included under the *knowledge of parenting* code (e.g., they taught me v. I learned)	"Our facilitator was great, she was always, every day she would say, you mothers are doing so good, you're already – and I see you're already doing what – what the subject was that day, she said I see that it comes easy to you because you're already doing it, it was just reaffirming that what we were doing was good."
Knowledge of parenting	Basic understanding of child development and the practices to support it (with a focus on the mother) Note: include references to behaviors tailored to a child's specific developmental stage under maturity demand code. If just generally about what to expect at certain stages, include under *knowledge* code; include responses regarding the provision of information under the *verbal persuasion* code	"[W]e had a discussion about… how it's a major milestone like when kids start lifting up their heads or sitting up on their own and stuff like that. And we discussed looking at the little milestones, too. I kept on noticing, maybe not as major, but you know, like when they use their pincher grips and stuff like that. So I noticed, you know, to look at the, you know, maybe not so major milestones."
Respect	Recognition of the child as an individual (in vivo code)	"It helped me to understand that my kids have feelings, and to pay attention to their strengths and weaknesses, and understand that not everybody is the same so I don't have to raise everybody the same. They are special persons with their own ways, and have different needs."

Commitment to parenting	Dedication to the responsibility of being a parent and involvement in the role of parent (focus on cognitions, or decisions that mothers have made that reflect consideration for their child, such as rearranging their schedule so they can bring their child to group)	"I rescheduled going to church in order to come here and it was just good and my son was exposed to—to his friends and everything and—and to me, I was really happy to have a group that I could count on and trust and feel comfortable and—and all, you know, which responded very good that, it made us feel strong in our parent."
Role satisfaction	Enjoyment, accomplishment, and satisfaction resulting from the experience of parenting	"I just enjoy like the information I get to do with my kids because they teach me a lot, especially yeah because of them, I am like a strict reader to my daughter now."
Mothers' descriptions of mother-child interaction—behaviors		
Dimensions of parenting		
Parental control (aka discipline)	Maternal provision of structure to guide child behavior, follow-through with disciplinary guidelines, and encouragement of child achievement of parental standards	"You have to be constant with the discipline."
Maturity demand (aka flexibility/trust)	Maternal expectation for their child to achieve their best according to their developmental stage, as well as flexibility offered to the child to make their own decisions where appropriate	"My group leader taught me how to let him be angry physically… Like, 'you can stomp your feet. You can hit any specific pillow, but cannot pull a baby girl's hair. You cannot push the baby. Those are not okay. If you don't like your Auntie kissing you, then you tell her but you can't smack her, right.'"
Communication	Maternal willingness to communicate with their child, encouragement of their child sharing opinions and feelings, and use of reason to obtain obedience	"I talk with him, like when he's hungry in the car, 'mommy, I'm hungry I want something,' 'I know you're hungry. You have to wait, we're going to buy something, but now you have to wait…' and he's like 'okay, I'll wait.'… My sister-in-law is always like, 'why do you talk to him like that,' and I'm like, 'you have to wait, he's a kid he understands.' You have to talk to them."

Nurturance (aka warmth)	Maternal expression of affection and approval as well as protection of their child's physical and emotional well-being (such as being protective) Note: include patience here; to distinguish from *commitment to parenting*, focus on concrete, specific behaviors such as mothers spending time with their children	"No one wants their child to be hurt. You know you want your child to be safe. It's everything you think about with your kids."
Developmental stimulation	Practices that directly support or enhance child development (e.g., providing books and learning materials, opportunities and experiences for learning, playing with child, reading)	"I read—I read a lot to my *Legacy* son as opposed to, I would say the older ones. I read to them and everything, but now I take them to the library and… he's more into books than to television, you know. And yesterday… for the first time, he read an entire book to me."
Strategies	Specific techniques or practices related to parenting	"That corner thing, timeout. Send them to the bathroom for five minutes for timeout."
Mothers' descriptions of their children		
Social/emotional	Social skills, peer relations, and emotion regulation	"I get the same with my son. 'Oh your son is such a great kid.' He respects, he has manners. 'Thank you, good-bye, excuse me…' We learned here to respect, even though we don't agree with other people or other children. And love and caring and stuff like that."
Behavioral	Behavioral regulation and problems Note: include temper tantrums here	"I get commented that my kids are so well behaved. They tell me, 'what do you do?'"
Language	Communicative development and emergent literacy	"You can see a difference to reading to them when they were little, months old to now, how they just pick up books and want to read and want you to read to them."
Cognition	Intellectual functioning (e.g., cause and effect, reasoning, early math skills) and mastery motivation	"Recently when I took her to school to be tested for placement in her class they said she was really smart and they placed her in the highest

		kindergarten class."
Mothers' descriptions of themselves	Category of codes that capture how mothers describe themselves Note: do not include introductions at beginning of groups; do not include references to how mothers have changed in terms of parenting behaviors as these are capture elsewhere	"I'm very friendly, you can get my last dollar if I had it. That's how friendly I am."

Giving advice	Mothers' descriptions of how they provide advice to others in regards to parenting	"What I like also is if I, if they ask me questions, I feel I am at a different level of knowledge when it comes to be about [child] and little kids. They can ask me or I offer."
Feedback	Managing feedback (i.e., *social persuasion*) from others about the best way to parent	"I hear messages from family that the kids should be spanked, but I learned from here [*Legacy*] that kids are active. Not all behaviors are bad."
Attribution of change: exclude responses that don't indicate some sort of before/after comparison, direct reference to changes, etc. on the part of the participant (e.g., what have you learned? patience—as this doesn't really reference change from the participant's words alone)		
Generalized reference to change	Broad reference to mother or child changes in cognitions and/or behaviors without attribution to a specific source	"He used to throw tantrums in the corner. And I, you know, I had learned just to ignore it, just leave him there until he learned, you know. Just keep repetitive, keep doing it over and over again and it worked after a long time but it worked."
Attributed to *Legacy* directly	Reference to mother or child changes in cognitions and/or behaviors as a result of participation in *Legacy* (mentioned by name—e.g., *Legacy*, group leader, here, this program, etc.)	"[M]y three-year-old, is all over the place. I don't give her candy, but she's still really hyper and I just, you know, because of *Legacy*, I learned that that's just her personality. She's just more outgoing. That's it, you know, it doesn't mean anything, you know. So that's what I learned."
Attributed to *Legacy* indirectly	Reference to mother or child changes in cognitions and/or behaviors as a result of participation in *Legacy* (inferred based on focus guide questions, but not specifically mentioned by name)	"*In what ways do you think you have changed as a mother?"* "Patience." "Yeah I didn't used to have patience for nothing."
Attributed to other influence	Reference to mother or child changes in cognitions and/or behaviors as a result of some other influence (e.g., family members, school)	"I think when I had [child] everything changed for me. And when I had my third son it teach me how to value the time, the bonding time. You know when I get off from work, I need to spend more time with all three of my children and make sure I'm there for them and paying attention and not leaving them unattended for

		other people to take care of them."
Context of attribution		
Prompted by facilitator	Designation of mother or child changes in cognitions and/or behaviors following a statement or question from focus group facilitator with a specific mention of given cognition/behavior Note: do not code as prompted by facilitator if she asks generically about changes or participant response does not match example provided (e.g., facilitator asks if mother has more confidence and participant responds she reads to her children more); code as prompted by facilitator if participant responds yes/no to a question about change without adding more detail	*"So you share a lot of information about resources [with other mothers]? What about advice?"* "Many different points of view—people are different on disciplining their children. Some of mine changed, not all of them."
Participant mention	Designation of mother or child changes in cognitions and/or behaviors in response to generic question about change or without prior prompting Note: still code as participant mention if facilitator probes on something the participant mentioned before	*"Can you really describe what changes you've made as a parent, as a result of coming [to Legacy]?"* "I think I've improved in many ways. I talk to my son, or I read him books, show him the pictures, colors so he can start learning."
Prompted by participant	Designation of mother or child changes in cognitions and/or behaviors following a statement or question from another focus group participant Note: only code as prompted by participant if the issue of change originated with another participant, not if a mother is responding to the same facilitator question another mother has already answered; code as participant mention if it is not clear that a new participant is stating the same as another mother	*"What worked for you, what changes have you seen in yourself?"* "I'm also more patient and calm, too, like she said."
Challenges	Description of struggles related to parenting	"I don't understand the stages of toddlers sometimes. It's hard."

Comparisons of parenting		
C. Childhood	Comparison of parenting following *Legacy* to experience growing up	"My mama was never patient with me and you know. It helped me to learn more by looking at my mama, what she did to me. I don't want to do that to my child."
C. Others	Comparison of parenting following *Legacy* to other people in social network Note: include own family if discussing current parenting practices, use C. childhood if referring to experiences growing up; include examples mothers provide of how others parent (including others in regard to their children), even if not specifically comparing to their own; include comparisons of how mothers act toward their own v. other children; target child v. other children; code as social modeling if learning from observing other children	"My nephew is three, he's still bad, and my sister spanks him every time he's bad. I'm like, 'that's not teaching him.'"
Good quotes	Text that is particularly relevant, interesting, and/or well said	"I'm going to a meeting with different people, with different races, where we're all related because we're all mothers, and that if there are problems, we share on how we can get along, and if we have a disagreement, that it's ok to disagree. And that's what I tell them that I've learned here. A lot of people think that because you have a disagreement you're supposed to get up and beat up the person, or attack the person, but here they've taught us that it's ok to disagree with the person, that it's totally normal."

Appendix E. Second coding protocol

Second coding protocol:

1. Read through coding tree and codebook document
2. Discuss any questions/concerns with primary researcher
3. Divide each transcripts into five main sections based on the structure codes:
    a. *Opening/closing*
    b. *Overview*
    c. *Sense of community*
    d. *Motivation to attend*
    e. *Effects of Legacy on parenting*
4. Refer to discussion group focus guides as needed for which questions and responses correspond to each category
5. Code *effects of Legacy on parenting* section first
    a. Primary coding involved coding this section twice, each time keeping around half the codes in mind to ensure nothing was missed
6. Next code entire transcript; based on primary coding, fewer codes are applied during this step
    a. Limit application of codes to effects of *Legacy* on parenting (e.g., *changes* category of codes should not include discussion of group merges)
7. Memo any questions/concerns throughout the process
8. After second coding is complete, discuss process with primary researcher
9. Primary researcher will read through second coding, marking discrepancies along the way
10. Any discrepancies/issues will be discussed until resolved