

Impact of an Agent in a Cooperative Extension Program

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Studies have yet to fully demonstrate what can be done to improve parent education programs; in particular, how to train future and present educators to increase program success. The purpose of this study is to bridge the gap in existing literature by analyzing the teaching techniques of educators in parent education programs with techniques used in therapy. In addressing the research question, “How does the relationship between the teacher and parent influence the outcome of parent education programs?” it was expected that relationship-building techniques are used and influenced the success of parent education programs. The results have the potential to improve future and existing family education programs by increasing the options and training methods for educators working with adult learners.

The moment someone becomes a parent, they begin an everyday process of teaching their child about life. As time goes by, the lessons being taught progressively become more complicated and include issues surrounding the children’s peers, sexuality, and education. When facing these challenges, parents might look for outside resources to assist in their own education on how to raise a child, such as family and consumer science programs taught to increase one’s knowledge of parenting techniques. Unfortunately, the success of these programs has been controversial because of multiple obstacles being faced such as non-relevant topics and poor relationships with an educator (Hoard & Shepherd, 2005; Kazdin, 2000). Thus there is a need for further evaluation of what influences the success and sometimes failure of these programs.

Literature Review

The purpose of family life education, as defined by Thomas and Arcus (1992), is to improve the well-being of one’s family by strengthening the individuals. Numerous studies have been conducted on the success of parent education programs. In 2001, 9,876 participants were given an evaluation for a co-parenting program (Brandon, 2005). More than 90% of the participants thought the program was worth their time, gained an increased understanding with their children, and indicated that they would recommend the program to others. Another parent education program was analyzed that focused on parents of children who were diagnosed with an anxiety disorder (Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005). This program had six sessions and included 146 mothers. A significant decrease was found in anxiety with the children twelve months after the program ended.

Parent education programs are unique when compared to other types of education because they tend to cater to what their audience needs; this was shown by a historical analysis on past parent education programs (Seth, Edwards, Kaye, & Steib, 2005).

Several themes were discovered: society debates on how to best raise and treat children, healthy child rearing and education create better adults, parents seem to be eager to listen to “experts”, experts’ opinions on child rearing shift with each decade, and society views mothers differently with each decade. With views on parenting changing on a day-to-day basis, it is fair to say that parent education programs must be flexible in approaching a plethora of challenges.

Subsequently, parent education programs have varied in both their topics and approach to teaching. In 2005, Hoard and Shepard analyzed the effectiveness of sixteen parent education programs between the years of 1982 and 1985. Topics of the programs included aggressive behavior, sexual abuse, conduct problems, substance abuse, reading, depression, future parenting, problematic parenting, and child behaviors. The programs also differed in the approach of their teaching in that some programs were based on theories while others were psychoeducational. Regardless of the eclecticism of parent education programs, family and consumer science educators have faced similar obstacles.

Challenges in Parent Education Programs

There are numerous obstacles that significantly affect the participation, education, and long-term benefits of participants in family education programs including a lack of relevance in the topic, challenging requirements from the program, and a poor relationship with the educator (Kazdin, 2000; Laufer & Berman, 2006). Numerous studies have been done on the influence of particular barriers such as the relevancy of subject matters and achievement of personal expectations, but literature surrounding the need for a healthy partnership between the participant and educator is indisputable. For example, Duncan, Bowden, and Smith (2006) found that healthy communication from the educator resulted in an increase of enjoyment and feeling of support for the participants. In a program for future mothers, the relationship between the participant and the educator was seen to be a “key variant” to the benefits of the program (Pearson & Thurston, 2006, p. 355). Consequently, multiple researchers have suggested that there is a need for more investigation into the relationship between educators and participants (Brookman-Frazer, 2004; Cooper, 2007; Mincemoyer, Perkins, & Lillehoj, 2004).

While the studies associated with the success of a healthy educator-participant relationship are evident, the analysis of how the educator forms a healthy partnership requires further research. Shirk and Karver (2003) state that this void can be filled by analyzing these relationships with different perspectives and methods. The following sections will therefore take a distinctive look at educator-participant relationships by reviewing literature associated with cultivating a therapeutic relationship (i.e., Carl Rogers’ person-centered techniques and Edward Bordin’s therapeutic working alliance) and the implications it has for parent education programs.

Carl Rogers

Carl Rogers was a pioneer in psychotherapy who developed a relationship building theory that he defined as person-centered (Rogers, 1951). Rogers (1957) originally identified six conditions that he believed were “necessary to initiate constructive personality change...and appear to be sufficient to inaugurate that process” (p. 95). These techniques are also known as the precondition for a healthy working alliance (Watson & Greenberg, 2000) and are pertinent to the success of Rogerian theory

in both a therapeutic and teaching environment. Three of Rogers' original six conditions are known as the core concepts: genuineness (being honest with the client), trust (accepting the client as a person), and empathy (understanding the client).

Rogers' core concepts have been extended to the field of education when, in 1969, Rogers built upon his original person-centered model and edited his core concepts to facilitate a learning environment. In education, teachers can show genuineness by not putting unnecessary barriers between themselves and their pupils. This includes the instructors being open, honest, and willing to share their own experiences with their students. Empathy is achieved when the teachers view the world through their pupil's perspective. This does not necessarily mean always agreeing with the students, but rather understanding their point of view. Finally, trust is accomplished when students perceive the teachers' positive view of them. Teachers also need to be consistent in the way they teach and how they act to build trust (Gatongi, 2007).

The person-centered approach for students is more enjoyable and exciting while, for educators, makes teaching as exciting and stimulating as it was centuries ago (White, 2001; Aspy & Roebuck, 2001; Shaw, 2001). With Rogers' impact on therapeutic relationships and education, person-centered techniques can easily develop into a multifaceted method (Novotny, 2000). One such theorist that has taken another approach to Rogers' concepts is Edward Bordin.

Edward Bordin

Edward Bordin speculated that a therapeutic working alliance is key to the change in a client and its development is dependent on the level of collaboration between the client and the counselor. In 1979 Bordin defined the "working alliance" as a shared process between the patient and therapist of forming mutual goals, agreeing upon tasks that each person is to perform in the relationship, and developing an attachment bond.

Reaching an understood and mutually agreed upon goal is pertinent to the success of the therapeutic working alliance. Bordin (1979) believed that the client's understanding of the goal is therapeutic, sometimes providing him or her with the motivation to begin to change. To accomplish this, the therapist must continuously have some direct or indirect evidence that the goals established in the therapeutic relationship are shared with and accepted by the client (Horvath & Greenberg, 1986). This can be accomplished by Bordin's next element, tasks.

Tasks are an agreement between therapist and client of activities that will assist the client in reaching his or her goals. Both therapist and client must feel that the tasks agreed upon during the therapeutic process are rational, attainable, and closely related to the therapeutic goals (Horvath & Greenberg, 1986). Bordin (1979) stated that "the effectiveness of [the] tasks ... depends upon the vividness with which the therapist can link the assigned task to the patient's sense of difficulties and his wish to change (p. 254)".

The idea of bonds refers to the level of "partner compatibility" between the counselor and the client (Bordin, 1994, p. 16) and occurs when two people engage in a shared activity with a sense of common commitments. Some of the conditions that help to create a healthy bond are mutual understanding between patient and therapist, a caring attitude on the therapist's side, and the patient's perception that the therapist likes him or her (Horvath & Greenberg, 1986).

Purpose of the Study

This study's purpose is to further evaluate the relationship between educators and their participants in a parent education program. The main area of analysis involved the educators' possible application of Rogers' core concepts (i.e., genuineness, trust, and empathy) to form Bordin's therapeutic working alliance (i.e., goals, tasks, and bonds). The hypothesis is that the educators in the program were unknowingly using Carl Rogers' core techniques to form Bordin's therapeutic working alliance which, subsequently, increased both the participants' education and the educators' enjoyment of the program. Specifically, this study sought to determine if therapeutic relationships increased the success of services provided by a parent education program offered by a state's Cooperative Extension services. The following research questions will be addressed:

- RQ1. Was the parent education program successful?
- RQ2. Is there a correlation between Rogers' person-centered techniques and Bordin's therapeutic working alliance?
- RQ3. Is there greater improvement in parent education programs that include Bordin's therapeutic working alliance?
- RQ4. Is there greater improvement in parent education programs that include Rogers' person-centered techniques?

Method

Sample

A parent education program focused on helping families in a Southeastern state's Cooperative Extension was used as the sample. A total of eight counties that were widely distributed around the state were chosen to host the program based on several demographic criteria as well as a commitment from the Cooperative Extension educators to the project. The eight counties were then divided into three groups: a comparison group, a group that received the parent program, and a group that received both the parent program and in-home coaching.

Forty families were nominated by the Department for Community Based Services (DCBS) while 28 completed it; the completion rate was 69 percent which fell in the 60-80 percent range that is typical of this parent program nationwide (Bavolek, n.d.). Demographics of the participants indicate that the mean age was approximately 30 years of age with a standard deviation of 9.8 years. The majority of the participants (67%) was female and had an average of approximately three children. Most of the members were Caucasian (85%), with the remainder being African-American (7%), Hispanic (5%), and Native American (3%). A slight majority of respondents were married (37%), few were currently single (23%) and/or divorced (23%), and the rest were cohabiting (18%). When questioned about their employment status, 37 percent were currently employed full-time and 40 percent were unemployed. A majority of the participants (61%) were earning less than \$15,000 annually.

Eight individuals were a part of a comparison group. The participants were located in three different counties and were chosen because of their demographics and nomination by the DCBS. These participants were given the same questionnaires as the

families involved in the program except for the measurements requesting information about the educators.

Measures

Participants received a Nurturing Quiz (NQ) before and after the program ended. This quiz was also given to the control counties at two different points. The NQ is a multiple-choice inventory designed to measure the knowledge participants have of appropriate parenting practices and provided useful information regarding gains in knowledge the participants made from the program. Each correct answer on this twenty-five item quiz added one point to the overall total. Thus, the higher the sum, the more knowledge the participants have of appropriate parenting practices.

The Adult-Adolescent Parenting Inventory-Revised (AAPI-2) was given to the participants before the program began and after the program was completed. This was also presented to the control counties. The AAPI-2 is scored on a 5-point Likert scale that ranges from *strongly agree* to *strongly disagree*. This thirty-two item questionnaire is grouped into four subscales which include inappropriate parental expectations of a child, lack of empathy towards children's needs, parental value of physical punishment, and parent-child role reversal. This questionnaire was specifically chosen because of its ability to provide an index of risk for practicing parenting behaviors. Subsequently, higher scores reflected appropriate attitudes while lower scores showed a high risk of abusive parent-child interactions.

The participants involved in the program were also given a 5-point Likert type scale entitled the "Helping Relationship Index". This questionnaire measured the views the parents held of their educators. There were a total of nine questions operationalized from Rogers' (1957) *Necessary and Sufficient Conditions*. Each of Rogers' core conditions (i.e., genuineness, trust, and empathy) were evaluated by three questions. These evaluations were given sporadically to the participants throughout the program.

Finally, a Working Alliance Inventory (WAI) was provided to the participants periodically throughout the program. This twelve-item questionnaire came from an initial pool of ninety-one items that were generated on the basis of Bordin's (1979) descriptions of goals, tasks, and bonds (Tracey & Kokotovic, 1989). The WAI questions were rated on a 7-point scale ranging from 1 = *never* to 7 = *always*. Total scores ranged from twelve to eighty-four with the questionnaires having higher scores indicating a stronger working alliance.

Data Analysis

To begin, an analysis of whether or not the program was successful in teaching healthy parenting skills to the participants needed to be accomplished. This understanding came from two different measures: AAPI-2 and the Nurturing Quiz. Since both measures were given to all of the counties at two different times, an evaluation of the success of the participants was possible by finding the difference between the two times the participants were given the measures. Thus, a *t*-test was done on the difference between the pre- and post-test scores in both the control counties and the counties that received the program. This consequently answered the research question:

Research question 1. Was the parent education program successful?

As depicted in *Table 1*, the independent samples *t*-test for the AAPI-2 showed that the results of the Levene’s test, which is .395, is not significant. We thus took the option of looking at the equal variance. The *p*-value for equal variance was .94. Since the *p*-value was larger than .05 a conclusion could be made that the difference scores between the pre and post-test from the AAPI-2 was not significant. The independent samples *t*-test for the Nurturing Quiz showed a .304 (i.e., not significant) for the Levene’s test. The equal variance was analyzed resulting in a *p*-value of .414. Since the *p*-value was larger than .05, a conclusion can be made that the difference of the Nurturing Quiz scores was not significant thus alluding to the parent education program not being successful.

Table 1
Independent Samples T-Test on Nurturing Quiz and AAPI-2

	Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	T	Sig. (2-tailed)	Std. Error Difference
AAMEAN					
Equal variances assumed	.748	.395	-.077	.940	.4198
NURDIFF					
Equal variances assumed	1.105	.304	-.831	.414	1.8381

Next an examination needed to be done to further understanding of the techniques being used by the educators. Specifically, the focus was on the application of Rogers’ person-centered techniques to form Bordin’s therapeutic working alliance (i.e., WAI and the Helping Relationship Index). To begin, an analysis was performed to see whether or not Rogers’ person-centered techniques are similar to Bordin’s therapeutic working alliance. This was accomplished by comparing the WAI to the Helping Relationship Index in a correlation table. This comparison answered the following question:

Research question 2. Is there a correlation between Rogers’ person-centered techniques and Bordin’s therapeutic working alliance?

As depicted in *Table 2*, the data showed a positive correlation between the variables; tasks and goals ($r = .752, p < .01$), tasks and bonds ($r = .859, p < .01$), tasks and empathy ($r = .392, p < .01$), tasks and genuineness ($r = .471, p < .01$), tasks and trust ($r = .621, p < .01$), goals and bonds ($r = .894, p < .01$), goals and empathy ($r = .518, p < .01$), goals and genuineness ($r = .545, p < .01$), goals and trust ($r = .746, p < .01$), bonds and genuineness ($r = .462, p < .05$), bonds and trust ($r = .651, p < .01$), empathy and genuineness ($r = .741, p < .01$), empathy and trust ($r = .621, p < .01$), and genuineness and trust ($r = .868, p < .01$). There was not a significant correlation found between bonds and empathy ($r =$

.361). These results support a significant relationship between Rogers' person-centered techniques and Bordin's therapeutic working alliance.

Table 2

Pearson Correlation Analysis: WAI and the Helping Relationship Index

	Genuine	Empathy	Trust	Bond	Goal	Task
Genuine	1.00	.741**	.868**	.462*	.545**	.471**
Empathy	.741**	1.00	.621**	.361	.518**	.392*
Trust	.868**	.621**	1.00	.651**	.746**	.621**
Bond	.462*	.361	.651**	1.00	.894**	.859**
Goal	.545**	.518**	.746**	.894**	1.00	.752**
Task	.471**	.392*	.621**	.859**	.752**	1.00

** = Correlation is significant at the 0.01 level.

* = Correlation is significant at the 0.05 level.

The next step was to see whether Rogers' techniques or Bordin's therapeutic working alliance was more influential to the success of the program. This involved a correlation analysis between the WAI with the AAPI-2 and the Helping Relationship Index evaluation with the AAPI-2. This assisted in answering the following questions:

Research question 3. Is there greater improvement in parent education programs that include Bordin's therapeutic working alliance?

Research question 4. Is there greater improvement in parent education programs that include Rogers' person-centered techniques?

As we learned in the previous step, there was a significant correlation between the variables bonds, goals, and tasks. As depicted in *Table 3*, the data does not show a significant correlation between the AAPI-2 and the variables bonds ($r = .300$), goals ($r = .323$), and tasks ($r = .149$).

Table 3

Pearson Correlation Analysis: WAI and AAPI-2

		Task	Goal	Bond	AAPIMean
Task	Pearson Correlation	1.00	.752**	.859**	.149
	Significance (2-tailed)	--	.000	.000	.518
Goal	Pearson Correlation	.752**	1.00	.894**	.323

	Significance (2-tailed)	.000	--	.000	.153
Bond	Pearson Correlation	.859**	.894**	1.00	.300
	Significance (2-tailed)	.000	.000	--	.186
AAPIMean	Pearson Correlation	.149	.323	.300	1.00
	Significance (2-tailed)	.518	.153	.186	--

** . Correlation is significant at the 0.01 level (2-tailed).

As we also learned earlier, there was a significant correlation between the variables empathy, trust, and genuineness. As depicted in *Table 4*, the data does not show a significant correlation between the AAPI-2 and the variables empathy ($r = -.196$), genuineness ($r = -.205$), and trust ($r = -.124$). Since neither the Helping Relationship Index nor the WAI seemed to influence the success of the program more than another, a regression table was not done to see which techniques were more influential. This lack of support for research questions 3 and 4 is arguably due to not finding the program successful (i.e., RQ1).

Table 4

Pearson Correlation Analysis: Helping Relationship Index and AAPI-2

		Genuine	Empathy	Trust	AAPIMean
Genuine	Pearson Correlation	1.00	.741**	.868**	-.205
	Significance (2-tailed)	--	.000	.000	.373
Empathy	Pearson Correlation	.741**	1.00	.621**	-.196
	Significance (2-tailed)	.000	--	.000	.395
Trust	Pearson Correlation	.868**	.621**	1.00	-.124
	Significance (2-tailed)	.000	.000	.000	.591
AAPIMean	Pearson Correlation	-.205	-.196	-.124	1.00
	Significance (2-tailed)	.373	.395	.591	--

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

Previous research has shown that there is a need for more investigation into the relationship between educators and participants (Brookman-Fraze, 2004; Cooper, 2007). Shirk and Karver (2003) suggested that this void can be filled by analyzing these relationships with different perspectives and methods. This study has attempted to accomplish this task by analyzing a parent education program with therapeutic techniques.

Although the program was not found to be significantly successful, a correlation was seen between Rogers' techniques and Bordin's working alliance. This finding suggests that when educators use techniques to promote genuineness, trust, and empathy with their participants, a healthy working alliance can be formed and maintained. This is also reinforced by Apsy and Roebuck's (2001) previous study looking at the success of Rogers' techniques in a classroom. Thus the knowledge gained from this study can assist in modifying future and existing family and consumer science programs by increasing the options and training methods for educators working with adult learners.

In addition, it is known that family education programs have varied in both their topics and approach to teaching (Hoard & Shepard, 2005). By understanding the basic elements of what makes the participant-educator partnership healthy, a universal training method could be formed. Common instruction for training educators could greatly increase the success of future family education programs because existing literature shows the impact of a healthy working alliance (e.g., Mincemoyer, Perkins, & Lillehoj, 2004).

For future research, the methodology process of evaluating Rogers' person-centered techniques needs to be developed more thoroughly. To increase the reliability of the Helping Relationship Index, the variables should be explored with more questions to properly assess the leader's use of these techniques. In addition, because of the correlation between Bordin's working alliance and Rogers' person-centered techniques, further study should be done to investigate whether the techniques could help characterize Bordin's concept.

Additional factors need to be considered if this study is replicated. There was some concern with the response biases regarding the Working Alliance Inventory and Helping Relationship Index. If these were used in another educational program, then using them less frequently (i.e., not on a weekly basis) would likely deter this bias. Another consideration would be to assess and understand the willingness of the participants in attending the program. An evaluation provided at the beginning of the program to assess the participants' motivation could increase the understanding of the results.

Conclusion

As a pilot research project for future work, this study allowed a glimpse into the understanding of the relationship between an educator and his/her student. These findings have suggested that although the level of development was nebulous, the impact of therapeutic techniques can improve the working alliance. In particular, the present study has suggested the positive impact of using Rogers' person-centered techniques; though more research is needed in order to uncover and understand the breadth of these particular pedagogical methods before generalizing the findings to a larger audience. By introducing the concept of therapeutic techniques to parent education programs, future research can now focus on how to fully understand and teach the combination of pedagogical and therapeutic methods.

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