

Kathryn E. Barnard

- Born 4/16/1938 in Omaha, Nebraska
- B.S. (1960) Nursing, University of Nebraska; M.S. (1962) Nursing, Boston University; Ph.D. (1972) Ecology of Early Childhood Development, University of Washington

Major Employment

- Professor of Nursing, University of Washington: 1972-Present
- Adjunct Professor of Psychology, University of Washington: 1985-Present
- Principal Investigator, Washington State Plan, Washington State Department of Health: 1987-Present



Major Areas of Work

- Infant Mental Health

SRCD Affiliation

- Program Committee (1977-81), Adhoc Program Evaluation Committee (1979-82), Governing Council (1981-85), Publications Committee (1982-86)

SRCD Oral History Interview

Katherine E. Barnard

Interviewed by Nancy Robinson
At The University of Washington in Seattle
August 9, 2000

Robinson: This is an interview being conducted on August the 9th, the year 2000, in Seattle at the University of Washington. I'm Nancy Robinson, and the person being interviewed is Katherine Barnard, and this is part of the SRCD Oral History Project.

Kathy, we don't have to follow this outline religiously, but what I'd like to do is ask you first, the first questions have to do with your own history: where you grew up, what your schooling was like, the jobs your parents did, the kinds of things that were important formatively for you.

Barnard: Right. I was born in Omaha, Nebraska in 1938, and my parents -- my mother at the time was thirty, my dad was forty, and so they would be right in step with today's generation, but at that time I think they were a little older parents. Neither of my parents had completed high school. My father was one of two boys and four sisters, and when he was about thirteen years of age he felt he was hard done by because he had to start the fire in the family stove every morning. My grandfather owned a furniture store in Kansas and I guess he was breaking my father into being responsible. So my father, with a buddy of his, ran away from home at the age of thirteen, and my grandpa never heard from him until the Navy wrote and asked if they could have their permission for him to join the Navy at age fifteen. So he joined the Navy and then he was in the --

Robinson: At fifteen? Is it legal?

Barnard: Yes. That's why they wrote. And then he joined the Merchant Marines, so he was at sea and had an education around the world for the next - he was at sea for about twenty years in every port and city. I could always depend on him for a lot of good stories about what the world was like. And then when he came back to Nebraska -- and his parents lived at that time in Lincoln, Nebraska, which is the seed of The University of Nebraska -- he got involved in various jobs. His most enduring job in his

later years was with the Union Pacific Railroad where he ran a plant that distilled water for the steam locomotives and the railroad, and so you might say he was always involved in transportation. But he was very self-read and a person who was interested in everything. He was also quite perceptive of other people's behavior and seemed to be able to have a quite intelligent perspective about who to watch out for or who to trust.

My mother, on the other hand, her parents came from Sweden in the late, I guess just right about at the turn of the century in the 1900's, and she was born in 1907. She went to school her first day at school in a little country schoolhouse in Nebraska. She spoke not a word of English, as did about half of the class who were Swedish, from immigrants. She loved school, but her mother was ill, and she had four brothers and another sister, and so my grandpa took her out of school at the eighth grade and she then had to take over the mothering role, and sew and cook for the family. So she always regretted not having further education; while her siblings did complete high school, she didn't. As a mother and as a wife she was always at home. She was very active in school organizations; she was the President of the PTA in my grade school and my high school. She had Camp Fire Girl organizations, and she was very active in church activities. My father's sisters were all teachers, and my mothers' siblings; one brother, who's still alive in his nineties, is a farmer. Another brother was a businessman, and then two of her brothers were killed in World War II while they were in the Navy.

So, as I say, while my parents themselves did not have the advantage of a college education, they always, I mean, there was just no question about the fact that I would go to college, because they valued education a great deal.

Robinson: Did you have brothers or sisters?

Barnard: No, I was an only child. And that's been the one regret of my life; I always wanted siblings, although my friends who have siblings say that they're not sure why I do want them.

Robinson: As an only child also, what I wanted was an older brother, so there was nothing my parents could do about that.

Barnard: I had a cousin, however, who was born on the same day, same year, same city, different hospital, and so -- he is actually retired from the University of California right now running his own computer web page design business -- and so he and I have kind of been neck and neck in terms of our various careers. Actually, his mother is the one who's competitive about the careers.

I probably knew I wanted to be a nurse when I was in first grade; I don't know exactly why I wanted to be a nurse, but I do remember in first grade we had to do little pictures, and then, in our first grade style, we had to write on that picture about it. And I think one factor that related to wanting to be a nurse was my grandmother; as I said, my mother had to be taken out of school, she was an invalid and I don't know why she couldn't walk well. In fact, my grandfather took her all over the countryside, Mayo Clinic, etc., and they were never able to make a definitive diagnosis, but she wore a leg brace and much of the time she was either sitting in her chair or in her bed. So I can remember as a little child -- my grandparents finally moved two doors from our house when I was in grade school -- every day after school I'd go to see my grandmother and I would make little paper nurses caps and probably pretend that I was her nurse. But the closest thing to a nurse in our family was a distant cousin's wife, so that was the only exposure I had to nursing, but I kind of feel that it was my grandmother's situation that made me have some empathy for people who had disabilities or handicaps.

So then I was very eager to get a job when I could, and when I was sixteen, knowing I wanted to be a nurse, I applied to be a nurse's aide at the Douglas County Hospital in Nebraska. And so I worked there from the time I was sixteen in 1954 until I had finished my first year of college, which was a preparatory year before my going into the program at The University of Nebraska in nursing. So that was a wonderful experience for me because I learned a lot about the patient care environment. And the nurses there, because they knew I wanted to be a nurse, they would give me extra special duties. I

saw them as privileges, and I probably would get reported and they would get reported if we did some of those things today. Like I used to pass out the medications to patients who were on the convalescent floor, etc., but it was all very exciting, and that's kind of what I knew I wanted to be.

Now, when I was in nursing school we had rotations at that time, so we went through medical, surgical, urological, orthopedic, pediatric, obstetrics, and psychiatry. And I think one of the things they planned as you go through those rotations is that maybe you'll become interested in some specialty. When I went into obstetrics I loved that, except I hated the fear about timing a woman's contractions and then making sure that you were accurate about that so you could take appropriate actions to get her into the delivery room on time, etc. Then when I got to pediatrics I loved that, and I loved, actually, my rotation in psychiatric nursing, but I guess it was really when I was in pediatric nursing that a very special event happened to me. As a student nurse the instructor and head nurse asked me if I would take care of a ten-month-old child who was very ill with an undiagnosed problem and they were afraid he was going to die. But at the time one of the young residents had read about attachment theory and John Bowlby's idea, and thought maybe part of the reason this little tike was having such a hard time was because his mother couldn't be there. His mother was the wife of a colonel in the Army and they were stationed off an air force, and they happened to have a fairly big family; I think he had twelve other siblings. So they asked me if I would do extended hours with this little child, so I took care of him for at least twelve hours a day for about five days and I kind of fell in love with this little child during this time. And I just thought, Oh, if anything happened to this baby, I'm just going to die myself. Well, to make a long story short, they finally figured out that he had a tumor in his kidney, and they did surgery and he recovered extremely well. But in that period of time I experienced a lot about emotional connections with a young child, and so probably that was a turning point for me in terms of deciding the direction of my career.

When I was in nursing school I had some very excellent instructors. And I remember, in particular, an instructor I had in maternity nursing, and she was all excited about nursing and about infants and working with parents. And I still can remember her name was Grace Koons, and she'd take me up into the premature nursery. Now this was in the fifties and we were just really beginning a lot of care of prematures, and she had a fairly good size hand and she'd take me in the nursery and she'd go in that incubator and she'd hold that baby. She'd say, "Look at this baby. It's only as big as our hand," and inspect that baby, and that was just very awesome to me. So that when I graduated in 1960, even before I graduated in September, they offered me an opportunity. Again, I have, I guess, difficulty in my life distinguishing between opportunity and need. But they had a need to have someone be head nurse in the pediatric unit, and so they asked me as a student to be an acting head nurse in the pediatric unit at The University of Nebraska, which I did. And then they offered me a teaching job. So I went directly from my baccalaureate program in nursing into actually working in teaching.

And then I decided that I wanted to get my Master's degree, so in looking around at the places around the universities within the United States that offered Master's in maternal child nursing, there were several places. And I'd talked it over with my parents, and my father said to me, "Well, Boston is a very interesting city and I think you'd like it," so I chose to go to Boston University on his recommendation. And there I experienced, in the nursing program, really a wonderful bit for me. The Chairman of that department was a Dr. Betty Hall, and one of the things she did is she pushed a lot of creativity in learning and was very liberal in the kind of experiences she made possible. And I was actually supposed to go back to The University of Nebraska and teach, so I had that in my mind. And one of the things that was just opening at The University of Nebraska was the Meyer Rehabilitation Center for Children, and so I thought to myself, that would be a wonderful experience for students to have. So not having had any prior experience or exposure to the field of mental retardation, I decided that I would pick the field experience offered with the Massachusetts Mental Retardation Program. So my field experience was working with the Framingham Mental Health Center, and with the Nursery School Program for Retarded Children. The nursery school teacher's name was Mrs. Sands, who was a wonderful teacher, and I've learned an awful lot from being in that nursery school with her and also working with the families.

Now, in our BU Master's program we took our growth and development at the Elliot Pearson Program in Child Development at Tufts. And so I had all those wonderful people at the time who were just wonderful role models in terms of the excitement about children, excitement about child development, which made in my later career. In I think 1985, I was awarded the American Public Health Association Martha May Elliot Award. It made it particularly meaningful because I knew some of the people that knew Martha Elliot when I had been at Tufts. So those people had a great deal of influence and wetted my appetite for more experience and information about child development.

Well, I was in a dilemma, because when I finished my Master's degree I didn't want to go back to Nebraska, but I promised I'd go back. So what to do? So they offered a possibility of doing a post-master's year in higher education. So I did a post-master's year in higher education, in trying to figure out what I was going to do with the rest of my life, and that was a very good experience for me. I remember particularly a professor in education, a Dr. Phillips. He talked about, there's really nothing ever that you learn new after kindergarten, it's just a recombination of ideas. And that's always been a kind of prevailing thinking in terms of -- as I have learned more I realize how much that may be true.

So I had a strong interest in children. I had a strong interest in working with children with handicaps, and I was recruited in 1963 to come to the University of Washington, by telephone; I never had an in-person look, or did they look at me.

Robinson: You were recruited by --?

Barnard: I was recruited by the Department Chair of Maternal Child Nursing, Louise Murray, and it was for a job that was faculty with the school, but also with the Child Development Center, so that I replaced the first nurse who was with the Mental Retardation Clinic, Katherine Cheeque.

Robinson: No, the building wasn't the same as this one --

Barnard: Right.

Robinson: -- But the Center is the same as the one in Redwood City.

Barnard: At the time I came to the Child Development Center we were in the Japanese fraternity house, which I think by this time has been replaced by the School of Social Work and College of Speech and Hearing. So I came out, drove out all the way from Massachusetts and I got to the Cascade Mountains and I said, "Oh, my God, I can't believe it, what this place is like."

In addition to being a nurse in the Mental Retardation Clinic, I was responsible for teaching a growth and development course to the nursing students and I did that for the next six years. I never taught more than ten students at a time. In the first class I walked in and there were 110 students. And I can still remember I was sweating under my arms after the two hour lecture, and probably all that first quarter, but I had a wonderful time, and as you know, there's no better way to learn development than to have to teach it to somebody else.

So about the third week, I was going to work one morning and all of the sudden I saw mountains everywhere. See, I never -

Robinson: It took that long for the mountains to come out.

Barnard: I'd never been here before, and I thought, "Oh my gosh, I can't believe this." So I was really delighted with the Child Development Center, with the department, the nursing that I was recruited into, and then with the environment, even though I did cry all the way across the United States because I had to leave Boston.

At that time it was really my first exposure to working with an interdisciplinary team, and that experience has influenced the rest of my career, so that I, of course, worked with Robert Diesher. I worked with Ted Josem, Dr. Aldridge, and then later Dr. Laveck. His wife, I remember -

Robinson: Do you remember Robert Aldridge?

Barnard: Yes, Robert Aldridge.

Robinson: And Gerald Laveck.

Barnard: And then later Gene Sackett came to the program here and I worked with him, worked with your husband and you.

Robinson: That's Hal Robinson.

Barnard: Hal Robinson and Nancy Robinson. Then, also on the university campus, a person that I got to know and later became very important in my career was Helen B from the Department of Psychology. And then two people that I knew at the national level that were very important in the field of disabilities in nursing at that time was Camille Cook, who was a nursing consultant with the Children's Bureau at that time, and Una Hanes who was a nurse consultant with United Cerebral Palsy. And at the national level, people who I've worked with who have influenced my point of view -- it's interesting, a lot of them are in health sciences. And they're people such as Berry Brazelton, Marsha Klouse, John Kennel, Arthur Parmalee. Nedel Beckwith. In psychology, working with both Dr. Parmalee and Dr. Brazelton, Ed Tronic in his work on depression, Evelyn Tomin and her work on sleep and Dr. Leon Yarrow and his work on the environment, Joy Osofski and her work with interaction in high-risk populations. So I would say that in addition to the local people in child development, then there is a strong contingency of people who were in pediatrics and psychology at the national level that I admired and was influenced by their thinking and their work. In terms of my nursing -

Robinson: Let me just stop you there. There were probably some people on the international scene as well, were there not? Was Bowlby ever important in your life, or later?

Barnard: Later.

Robinson: Later. Okay.

Barnard: So that I would say that probably starting in the 80's some of the people more involved in social-emotional theories became more important. But for many years my objective was cognitive development and language, and it's only been, I guess, in the last twenty years that I've come to really appreciate how important the social-emotional growth of the child is and the attachment process and so forth, and how it can interfere with the learning of the child. So those people were the individuals that I can think of that I learned from, and first is Robert Diesher. I don't think there's anybody who's a better grant getter, and I learned about politicking with federal or private agencies in terms of figuring out how you can make it convenient for people to give you money. Ted Josem, I admired a lot of the work he did and the attitude he had about working with families and the importance of individual development and growth.

Robinson: You might want to add that he went on to NICHD -

Barnard: Right. And actually from this center many of the people, including Ted Josem, Dr. Aldridge and Dr. Jerry Laveck went on to really be prominent figures in the establishment of the National Center for Child Health and Human Development. And Dr. Diesher was always a big player in maternal and child health field with the U.S. Public Health Service.

There was an excitement about children, about development, about working with parents, about working with an interdisciplinary team, about working with the communities. We used to go out in the early days as a developmental team to Montana and Oregon and Idaho, and it was a lot of fun. And Dr. Diesher pulled me aside one day and he said, "You know, we do not talk about good weather in Seattle in the state of Washington. And, in fact, we try to emphasize to people that we have trouble keeping the mold out from between our toes, etc.," and so I got indoctrinated very early into the, 'We love Washington, but thank you we will take no visitors.' It was a wonderful period of time.

And also I should remember that Miriam Loneberg, who was a nutritionist, still is, she was a very important colleague of mine. And actually for a while in the early years we were both here, we shared an office next to each other and I would sometimes complain to her that I didn't really exactly like the role that I had in the Child Development Center. I would always say to myself, "Well, did I get a Master's degree for this?" because it was kind of like taking a picture of the child, weighing and measuring them. And she always used to tell me, she'd say, "Well, if you don't like it, change it," and so I did change it. And so from that one nursing position in the Child Development Center, I think that by the time I left in 1969 there were about eleven nurses employed in the Center.

Robinson: And in various capacities.

Barnard: Right.

Robinson: They were teachers, and they were investigators -

Barnard: Right.

Robinson: -- you were heading quite a group there.

Barnard: And there was also much more diversity in terms of programs that the Center was offering, so that the role for the nurse in working in training and in clinical service to families had been well established. I noticed also that, in terms of thinking about the past, thinking about political or social events or factors, and one of the things that greatly influenced what I did in the early 70's was from the Johnson War on Poverty, and part of a request that I got from the Division of Nursing, part of the U.S. Public Health Service in 1971, to design a research project to help identify early children who could be at risk for later developmental problems because of their environments, really came out of that agenda.

And then as I was preparing for this I was thinking back, and in the 1960's I'd been involved in helping plan part of the White House Conference on Children. I think that was actually the last White House Conference on Children. I can't remember for sure, but it was a very exciting event to participate in. Then Julius Richmond, I remember his years as Surgeon General, and really he started a whole new kind of schema to look at the health of the population and a part of that and part of negotiations I was involved in was the particular focus on looking at maternal child health issues.

And then since about 1980, I've been involved with the organization which was called Zero to Three, and now is Zero to Three: The National Center for Clinical Infant Programs, and that group on the national level I think has been very influential in pushing the agenda about the importance of the infancy period and working with families. And I did from the time I'd left the university to get my PhD, that was in 1969, I really have kind of dedicated myself to prevention as a field, so that in looking back I recalled pleasantly that in 1978 to '84 I was on a committee in the American Association of Mental Deficiency on prevention, and then that subsequently started.

In 1985 I was on an advisory group of the National Institutes of Mental Health, planning an agenda for prevention research and trying to see how researchers in the field could influence both the institute and other governmental bodies, and private organizations such as the Alliance for the Mentally Ill. (Tape malfunctions) -- the nurse with the retarded population. And I think it was particularly

influenced by some of the thinking of Ted Josem was that, you know, at the time we were seeing this syndrome and that syndrome and --

Okay. I'm going to start over a little bit and talk about the fact that I was involved since, actually 1978, with the American Association on Mental Deficiency, and then the National Institutes of Mental Health with trying to establish an agenda on prevention for the government, and particularly in terms of research. And, in addition, some of the big players were the National Alliance for Mental Illness, which was an important turning point, because many of the people who had been involved in the Alliance for the Mentally Ill were parents of schizophrenics and they had been against prevention. They wanted all the money to go toward treatment research, which is understandable, but it was quite a breakthrough in terms of getting that citizen and parent-led group to be supportive of more of the funds of the governmental agencies going toward prevention research.

And then it was in about 1985 that NIMH put out a call on prevention research, and as it turned out, we applied for some money to do some nursing prevention intervention that was based on a previous intervention we'd done with trying to provide intervention to high-risk families in the first three months. And so we were one of the first intervention programs with infants funded by NIMH, along with the project that Joy Osofski did with adolescent mothers, and Leo Beckwith was doing with pre-term infants and their parents. And subsequently then I think that research was broadened, and Tiffany Field was supported by that endeavor and Enlise Corner, are two of the names I can think of in particular.

But really I came to the idea about prevention in the field of child development from my work with the mentally retarded. And I had a particular case that I followed over the years, a child with Down Syndrome who came to our clinic here at the University of Washington, and I worked with the parents over the years and I helped them learn how to manage the child's behavior. She had a lot of disruptive behaviors. I got quite close to the family during that period of time. And over the years I realized in watching the other children grow, and both of the parents, that actually they could cope with the child, Tekla was her name. But in the end, I was very impressed with what I thought was the toll that the family experienced in terms of the other kids' achievement in school, the health of the father, etc. So I kind of made it a personal commitment to see what I, as a nurse, could do to influence in a positive way children's development so they didn't have to have disabilities.

So this kind of then led me into how I think of myself now, that is, my perspective is in terms of the ecology of the environment and how can I manipulate, influence, change the environment to support or facilitate the child's development. And at first I was involved in my doctoral dissertation and trying to see how you could provide within the incubator an environment that would help the baby maintain more mature patterns of sleep based on really habituating type of stimuli of rocking and heartbeat. And then I began, based on some of the research we were doing on child health assessment and learning how the baby -- the parents' attitudes, the parents' behavior, the parent/child interaction, how that influenced the child's later development, and saw the enormous influence that the parents' behavior early on had with the child's later cognitive and language development. So that I've kind of gone back and forth between how the environment influences the child and how the child influences the environment.

And so my present area of research interest is really on low functioning parents, and I've come to this experience particularly through working with the early Head Start program. And we'd do some partnership research with the program here in the Seattle area, and what we'd find is that, of course, to be in Head Start you have to meet the poverty criteria, so to begin with, all these parents are poor. And what we have been struggling to figure out is why the parents when there are services for them to use, they don't use them. And what we're learning a lot about those parents; number one, it seems as if most of them have unresolved losses or traumas in their lives that they can't be emotionally available to their children or to the program. And it is just tragic because you see these children within the first year of life already begin to fall off the developmental curve in terms of their scores in mental, motor, and certainly on their attachment relationships. And so that's my latest quest, to figure out how you work with those parents, and at the same time, prevent the child's developmental lag.

So it's been exciting. And I guess one of the things that I see as my personal contribution to the field of child development has been my interest in intervention. And a lot of times when I was doing this work, and I think particularly in terms of the work with premature infants and the rocking heartbeat intervention I planned, based on knowledge from the literature of what looked like the vicissitudes of normal brain development and how sleep could be controlled by the environment, and got a lot of questioning by people in -- I think particularly Arthur Parmelee was always a little bit disturbed that I was doing this work. He later on, I think, warmed up to it some, but he was very, very hesitant to do anything to intervene with development before the end of the first year of life, and so he was always -- I felt his strong questioning. But to me it was just so clear in seeing some of the children that I saw in the clinic that the environment was very important. And if it's one thing that I would like to have an influence on, it's the direction of this Center to be more concerned with the influence of the environment on children's lives, and the inability of some parents really to parent their child. Because if you look at all the textbooks on mental retardation and the ideology, far more mental retardation is caused by this factor than by biological events.

Robinson: And probably more remediable kinds of deficits.

Barnard: Right.

Robinson: Something you can really do about it.

Barnard: And that's where you get into the political issues, because you know I've seen just an enormous turnaround in the last five years about the public will and the social will in terms of recognition of the importance of the earliest period of life. And I think that, as bad as I thought the ABC show was on early brain development with Rob Reiner, I think that casting together all of the political interests and allies and getting the media involved in public awareness has made an enormous difference. I know in this state, the Office of Economic Development decided to educate people in this state to educate others about brain development, so they put money into training about two hundred people across the state -

Robinson: Oh, really!

Barnard: -- and there's now an organization supported by the state called, The Brain Net. And so there are trainers to go out to rotaries, to go out to parents groups in every little community, and they have really pushed the agenda a lot.

Robinson: Do you have any plans to become involved with the new institute that's being established on early learning near here, The Development --?

Barnard: I haven't heard much about the plans of it, but -

Robinson: You know Andy Meltzoff and Pat Kuhl are involved.

Barnard: Right.

Robinson: You know, as I heard you talking, I think one of the things perhaps you don't take enough credit for that I would like to see you, is not only the topics and effectiveness of your interest and your efforts, but the way that you helped to redefine what nursing is. As you say, when you came you were - you took and weighed kids and you measured their heads and you were essentially an adjunct to a physician, and that's what nursing was in those times. And it is a profession now of much greater breadth and in-depth, and holds its head among the other disciplines as an investigatory discipline. That wasn't true, and I think you're one of the main reasons that it is true now.

Barnard: Well, that's nice of you to say that. I have been probably very involved in influencing the definition of nursing in this country. And in 1980, there was a publication by the American Nurses Association, which I was involved in writing called, *Nursing the Social Policy*. And actually, it seems incredible, but there was never a public definition of nursing until that statement in 1980. There had been a lot of them attempted, but no one could ever come to consensus. I think actually that statement has begun to define a lot more the educational and research agenda. And the statement that was made at that time was that nursing is the diagnosis and treatment of actual or potential human responses to healthcare problems, so there has been a lot of development.

And, for instance, here we started a PhD in nursing science, and I was on the organizing committee for that. And we now have just celebrated a reunion where we've graduated 150 nurses since the first year they've graduated, I think it was in 1978. And I reviewed manuscripts that faculty or graduates submitted, and one of the interesting things -- I did not expect this -- but one of the interesting things was of all of the published material reviewed, over sixty-percent of it was published in journals other than nursing. So I was a little bit taken aback from that at first, and I told one of my older colleagues about it and she said, "Oh, that's evidence nursing has been recognized as a scientific discipline." So that was quite interesting, but it's been a good journey and there are a lot more nurses that are doing research.

There's now at the National Institute of Health, a Center for Nursing Research, so yes it has come a long way. And as our former Dean, Reba DeTornia says, and she presented at our reunion a little tape of my research with Anthony on a rocking bed, hearing a heartbeat so tone in, and she said, "If you want to know how we got the PhD program in nursing passed at this university and with the Board of Higher Education for the State of Washington, this is it." They saw this little film of Anthony, premature baby, being rocked gently back and forth and they could understand what nursing research might be about.

Robinson: This is part of your early work. Now, as I listen to you, I think someone -- in terms of your institutional affiliations, you talked about leaving the School of Nursing, which you only did temporarily while you got your PhD, but you've never really left?

Barnard: No, never really left. You had to quit if you were assistant professor or higher to get your PhD.

Robinson: To get your PhD. Which you, in fact, did not get in nursing, but it was in child development.

Barnard: Right. I got an individual PhD.

Robinson: Oh, it's an individual one? Okay. And then - but that was during a leave then -

Barnard: Right.

Robinson: -- and then you came back and you - what were the various administrative posts you held in our School of Nursing, which we probably should add as typically considered the premier school of nursing in the country.

Barnard: Right. I avoided any administrative jobs as long as I could, and then I was an associate dean for five years in the 80's, late 80's early 90's. I had been in a job five years and I said to myself, "Either I'm going to have to go full bent into nursing education and get more involved in the issues at a national level, or I should go back to my research on children." And I went up to the nursery one day and someone had given us a new bed that rocks babies gently back and forth, and so I was up there with that bed and I said to myself, "Well, I know what I would like to do, so why not just do it?" So then I resigned from the associate dean job and I got active again in my research.

And I also made another decision at that time, and that was that I wanted to pour more of my energy to a local state level instead of national, and I have done that by being very involved with some of the state issues, and have recently served on the Washington - the Governor's Commission on Early Learning, and now I'm a chartered member on the Washington Foundation for Early Learning.

Robinson: Oh!

Barnard: So I have tried to be attentive to issues in the local community, and one of the issues that I see as very important in terms of the development of children is childcare issues. As a society we have made an enormous change in the last ten to fifteen years, in terms of children being taken care of by someone other than their own parents. And as we've moved childcare into institutions and out of the family we now have, I think it's the societal responsibility to develop standards, training, etc., whereas when it was in the family I think it was more private and you could help parents understand their children and how to encourage development, but society didn't have quite the same responsibility as I see it having now when children are taken care of in institutions of the society.

Robinson: You've mentioned your teaching role and you've mentioned your research role, did you ever experience tensions between the two of those or have they always gone hand-in-hand for you?

Barnard: Well, in the early years of my career, I would say until actually the last ten years, I've never felt tension because there was always permission to do whatever you wanted, and to do as much of it as you wanted. And since I didn't have a family and children I could do it all, but now there's much more emphasis in the university about bringing in your own salary. I resisted putting my salary on any grants as long as I could -

Robinson: You were on a state salary.

Barnard: Yes. I was on a state salary, and so I didn't ask for money on research or training grants for my salary, I thought the university could jolly-well pay it, and I would rather use the money available for employing other people or getting resources to do the work. But there's been an increasing tendency to expect people to bring in their own salary, so then I think the evaluation of your teaching and your research commitment has tightened up in terms of how much coursework you have to show and etc. So, for instance, the real crunch came to me when I was associate dean. While I had some funded research, I found it was just not possible to do any new development of research because being associate dean is like a job from hell.

Robinson: Being at everybody's beck and call.

Barnard: I call it the super head nurse job, that you have to take care of everybody's problems immediately and so there's just no time to plan. So I began to really understand the leisureness of my past life. When you're a researcher you're kind of selfishly engaged in your own pursuits.

One time Vicky Levin at the National Institute of Mental Health said, "Why don't you come down for a Career Development Award?" And I said, "Well, I don't know why I would want to, because you know I can kind of do what I want to do anyway," but I changed my mind a few years later. But it's always been -

Robinson: So did you apply for one?

Barnard: No. I was associate dean by then -

Robinson: It's hard in career development.

Barnard: -- but it's always been pretty synchronous, and I've been lucky enough in terms of the courses I've taught. I have been able to incorporate enough of my own interests in my research that it's been a good mix.

Robinson: What do you suppose the greatest frustrations in your experiences have been? Anything local to you or conditions of human life, or --?

Barnard: Well, I could say it's been the - what do you call the Human Scent Committee --?

Robinson: Human Subjects Review Committee. I'm giving you a hard time.

Barnard: Well, I just planned for that there would be things that come up. So, I don't know, that's not a very big problem.

Robinson: Well, that's good. So you feel a sense of satisfaction --

Barnard: Yes.

Robinson: -- of what you've done and what you've --?

Barnard: Yes.

Robinson: Do you want to talk about your experiences with SRCD? When you joined?

Barnard: The first SRCD meeting I went to was in 1972 in Philadelphia, and I can't remember how many people were there at that time, but there was -

Robinson: They're in odd years, so it must have been '71, '73. That's close enough.

Barnard: I have that down in my vita, so it could be wrong. But at any rate, I always remember Helen B talking about the small meetings of 200, 500 people --

Robinson: Right.

Barnard: -- and I think maybe there were even 1000 people at that Philadelphia meeting, so I didn't get in on the ground floor, but I'd been invited to present in symposium. I was invited by Dr. Brazelton, and talked about my work with premature infants in sleep. And then the first official job I had with SRCD was in 1977 when I was appointed to the Program Committee, and that was a four year term, so I guess it went through two programs.

Robinson: When I was on it was six years.

Barnard: Six years?

Robinson: The program that you're - the program before your program, the one after, it might have changed.

Barnard: So, I don't know. Anyway, I was actually the first nurse that was on a committee of SRCD, according to what they told me. And then, I can't remember what all the issues were, but I was on an ad hoc Program Committee evaluation from '79 to '82, and I think it was just becoming so complex to plan the program, and I'm sure you were in some of those early program meetings, and we had boxes of index cards and we had flow sheets, and it took the Program Committee at least one whole day to just organize everybody's submission and make sure there weren't duplicates and -

Robinson: And the biggest advances, technological advances, there were the stickies.

Barnard: Yes, the stickies.

Robinson: The stickies because you could move those around.

Barnard: Right.

Robinson: By the time I came along we were able to use those.

Barnard: I think that the program was getting so much bigger that they had a special committee of people who had been on the Program Committee to try to discuss some of the issues of how we would go ahead. And one of the big issues was that every Local Arrangements Committee kind of -- they got a pot of money to do the local arrangements, but it meant that all these non-expert program planners were doing all of these conventions from ground up every time, and so it was a massive responsibility that people took on to be the local arrangements in the Program Committee, and how was SRCD going to manage that were some of the issues that were dealt with at that time.

Robinson: In Seattle you were the local program person.

Barnard: Right.

Robinson: -- when SRCD met here in 1991.

Barnard: In 1991. So I was the Local Arrangements Committee Chair.

Robinson: And it was all your fault that we met in Seattle.

Barnard: Yes, right. And I remember as hard as we worked on everything with the program, the evaluation, the thing that people were most praiseful about was the coffee.

Robinson: Well, this is Seattle.

Barnard: And I still have five umbrellas. As you recall, Phil Dale thought of the perfect idea in spring to sell umbrellas.

Robinson: In Seattle you would certainly need them instead of t-shirts.

Barnard: In fact, I took my SRCD 1991 umbrella all over Europe this summer. So that was fun, but I've also been in for the 1981 convention, I guess I was the panel for the Parent/Infant Social Development Panel. And then I was on the Governing Council in 1981 to '85. I was on the Publications Committee '82 to '86, on the Ethics Committee, of which I'm still on, and that's like interdisciplinary, seems to be an issue within SRCD that it's important but it always seems to get the short-end of the deal, like there's never any money for it to do anything and so people struggle on with it. And I think right now I was supposed to be off of it, but I'm on for an extended year, kind of until the Governing Board decides really how they're going to deal with what the Ethics Committee should be doing.

The thing that's been interesting to see in the years since I've first been involved is really the rapid increase in membership, the infusion, I think, of students and younger members, and to see the slow evolution of an interdisciplinary focus. And now to observe, which I think is becoming more successful, is the inclusion of minority researchers. But I think that what I observe happening now is that, this is in child development, this is in psychology, and in particular I see that there is more recognition of applied work than there ever was in the early years, and so that you see reflected in child development in particular, a broader perspective and not as much single subjects, single lab, single question --

Robinson: Right.

Barnard: -- Kind of orientation, but -

Robinson: If you remember, one of our distinguished associates here at The Child Development and Mental Retardation Center was initially denied tenure because he worked with deaf children and therefore his research must be too applied to belong in the university, and that was overturned, but nevertheless it was quite a statement about where we were in those days. And let's see, do you want to comment on the field in general, or do you think your comment on SRCD is --?

Barnard: Well, I guess, you know, thinking of the field, one experience that you and I both were somewhat involved with was the MacArthur effort in terms of -

Robinson: You, as head of the node, it was here.

Barnard: Right. And again, you know, I think that that was a strong impetus to look at early development, to look at transitions, to look at interdisciplinary, and really to begin to emphasize collaboration in a way that cross-fertilization, it never has been done before, and I see a lot of influence now the way the institutes operate. For instance, the child development NICHD, the whole childcare study, all the investigators were brought in on the strengths that their individual proposals, but then they had to dash them all and put together a collaborative. And then the study that Craig Ramey headed with Robert Woods Johnson and other funding -

Robinson: Right.

Barnard: -- That was a collaborative development project. And just one of the things probably few people remember and know is that Ed Zigler and I, under the auspices of Zero to Three, called together twenty-five scientists as an outgrowth of public outcry to Jay B --

Okay. So do you remember where we left off?

Robinson: Good question. What were we talking about? It was a very general question where we left off. I think what - well, now I know what it was. I asked you whether your views on SRCD had expressed your views of the changes in the field as a whole, and you were commenting on that.

Barnard: And I guess my comments reflected what I see to be more appreciation of interdisciplinary work and more appreciation of applied work, and then we went on to talk about - when did I get to that human subjects review?

Robinson: That was earlier.

Barnard: Oh, that was earlier?

Robinson: When I asked what were your greatest frustrations. How do you see the field of child development as playing a role in public policy? Do we go too far, do we go far enough? You talked about bringing together the group with Ed Zigler; he's certainly been a public policy figure.

Barnard: Okay. That's probably one of the things that few people know, or those that were involved remember. Ed and I, under the auspices of Zero to Three called together a group of twenty-five scientists and we asked them to react to the article that Jay Belsky had published in Zero to Three about the potential damage that childcare could do, and it was really at that meeting that Dwayne Alexander decided to do a study. And so the origin of the work that NICHD has done in a very big way on childcare kind of came out of that group of scientists, really affirming the need to look at this great social change. And I've been involved in many of the debates at the foundation and federal government

level over the last fifteen years about social policy and children and families, and it seems to me that kind of the pollsters are right.

I'll never forget when we did the Carnegie Commission Taskforce in meeting the needs of young children. They had various people talk to us and one group was a marketing firm, and they said at the time that everybody in the United States is for children, you know, if you ask questions about the importance of children, etc., everybody is for it. But nobody, very few people, want to spend money for children. And then there is this big factor of the sense in this country that it is not the right of the society to determine any of the issues about the development of young children, and particularly the years zero to five.

And that's, you know, now I see with the government taking a stand about welfare reform, that mother's need to go back to work, and it varies by state, but in this state, it happens to be the State of Washington, three months of age that the government having officially said that parents are not needed in the care of young children says by making that statement that they can be taken care of by other people. And it seems to me that it shifts some responsibility of the social structure of society to then be more affirmative about what that care should be.

And I am very distressed by what I read, and I believe that it's true about the number of children who are having difficulty in school, about the number of children in high-risk environments that are jailed. I know in Robin Carr-Morris' book *On Ghosts from the Nursery, the Roots of Community Violence*, she makes the statement that we almost have as many children of college age in prison as in college now. And I have engaged in conversations, and most recently with Robert Bradley at the ISIS meeting in Brighton, England, about what has gone wrong.

I had an interest in visiting some of the people who have the Health Visitor Program in the United Kingdom, and they were talking to me, one of the midwives was saying shamefully that the UK has the worst teenage pregnancy rate in Europe. So I said, "Well, how high is it?" And she couldn't immediately remember, but we found the statistics and it's three percent. And then when I began to understand the structure of the UK in terms of services to parents of young children it's very clear that the government and the society has made a statement about the fact that the rearing of children and assistance of parents is important and they put a lot of resources into it compared to our country. Parents are pretty much hanging out there on their own.

Robinson: Right.

Barnard: And I'm thinking back to what's happened to the family in this country, and I think maybe it dates back to the second World War when a lot of men were required to go in the service of the country, to leave their families; many men died and there has been a detraction of resources from the family for rearing children I think ever since that time, which was originally for the purpose of war. But now I think corporate America has taken a tremendous amount of resources out of the American family by driving an economy that requires both parents to work, and you see that children do not get the kind of security and environment and attention that could help them profitably with this current world, and I think that the expectations in children when they're in kindergarten and first grade, second grade, third grade, now is enormous.

Robinson: Not necessarily academically, I see it as having gone the other way, that academically we expect less, but in personal resources we expect more of children.

Barnard: I think we expect less because children can't perform. And if you happen to see the latest report on the status of children at the entry to kindergarten, you know, the same factors are driving their preparedness for kindergarten as we see in fourth grade results or later if there's a single mom, poverty, etc., and so that the single mom rate officially from birth records has gone in the last twenty years from about five percent to twenty-seven percent of children are born to single moms.

Robinson: Well, you're not going to run out of projects then are you?

Barnard: No.

Robinson: Do you want to comment on your future plans?

Barnard: Well, I've been actively involved now in the past two years with trying to initiate support and interest in the earliest years of life for social development and early learning, and I see an opportunity. And it's also an opportunity and a need for really influencing the training and the status of childcare workers. So even though that doesn't involve my profession in a meaningful way, and perhaps those things should have been more in this from the get go, but this is very clear that the childcare person, either in home care or center-based care has a very important role --

Robinson: Yes.

Barnard: -- in the experience of the child day to day. But also, what I think the NICHD study has shown us is that it's still the parent relationship that is very important to influencing outcomes. And the care providers, I feel, need to continue to nurture that parent/child relationship, and we so far in how we've set up childcare have not emphasized that aspect of the childcare providers' role. So I will be working hard on that, and then also in parent education programs and trying to push the society to claim more social responsibility for that.

And then I have talked very hard and long at the level of the government, and particularly for the Administration on Children Youth and Families, because of what I see to be the misfit between Head Start and early Head Start programs and so many parents in the poverty portion of our population that just simply cannot parent because their mental retardation, because of their own conflictual mental status due to their own trauma and losses, and that we have to recreate a system that addresses the inability of the parents to parent, and at the same time provide a safety-net for the children, and we aren't doing that now. So the first evidence I got that they were listening is that they set up a conference, a national conference for October to begin to address this issue and to possibly -

Robinson: They being?

Barnard: The Administration on Children - and to recruit a permanent staff member that deals with mental health issues, because it's just so clear to me as I've been working with the group at Head Start and you have children under three versus preschool, that if you don't have a functional caregiver, you're drowning.

Robinson: Right.

Barnard: Well, I guess that's the excitement of research though, is that as you study areas you find new and different problems, and I have never run out of -

Robinson: No, you haven't. You're not about to.

Barnard: -- ideas. But I do plan to make a change in my life when I'm 65, which will be in 2003, to retire from the University and then we'll see.

Robinson: I expect you'll keep just as involved, you just won't have a paycheck, right?

Barnard: Like this summer.

Robinson: Do you want to comment on any influence of your personal life, your more contemporary personal life, on your work or --?

Barnard: Well, you know, I think that in some respects I was thinking recently, we had a reunion of PhD students and current students, and one of the students said in a small group, "We don't want to be like our professors, they work too hard," and -

Robinson: Right.

Barnard: -- so that's something to think about in terms of when your students see that you work too much. I don't know that they're talking about me or not, but I've always enjoyed what I've -

Robinson: That's the secret of it I think -

Barnard: -- been doing, so -

Robinson: -- it's when you're work is recreational as well.

Barnard: It's not ever felt like I was ever working too hard, because it's just very exciting and challenging and rewarding. And now we've gotten this interview over.

Robinson: Yes. And it's been on our 'to do' list for a very long time. Thank you very much.

Barnard: Thank you.