

## Preliminary Evaluation of a Parent Support Program for Adolescent Mothers

Andrew Martinez M.S.W. and Joy S. Kaufman, Ph.D.

Yale University School of Medicine, New Haven, CT

Carmen Ayala M.S.W., Bridgeport Department of Public Health, Bridgeport, CT

### Introduction:

The Bridgeport Pregnancy Prevention Program (BPPP), a collaboration between the Bridgeport Board of Education's Teen Pregnancy Program and the City of Bridgeport's Parent Aide Program, provides services to pregnant and parenting teen mothers in order to ensure the healthy development and well being of teen parents and their child(ren). Services are provided to young mothers who are 18 years old or younger, live in Bridgeport, Connecticut, and are enrolled in high school. Services are provided throughout the duration of the pregnancy until approximately one year after the delivery of the child. BPPP provides 3 major services: 1) parenting education and support services, 2) academic monitoring and support 3) and intensive case management, all of which are delivered through individual and group sessions by school and Parent Aide staff at the school or at the home of the teen mother. The outcome evaluation of BPPP assesses the efficacy of the program by comparing participants receiving services to a matched comparison group. This evaluation also collects dosage information to allow for the determination of the most appropriate level of service receipt for the population served. As a result of this program it is hypothesized that teen mothers in the intervention group will demonstrate 1) increased competence in parenting skills 2) increased levels of social support and involvement with services in the community 3) fewer repeat pregnancies 4) higher compliance with recommended immunizations 5) higher likelihood of remaining in school and 6) the children of the teen mothers will show increased likelihood of staying on target developmentally.

### Methods:

#### *Study Design:*

The outcome evaluation of the Bridgeport Pregnancy Prevention Program consists of a quasi-experimental longitudinal design assessing the effectiveness and impact of the program on the teen mothers and their children. This evaluation consists of 7 data collection points; a baseline, a second data collection when the child of the parenting teen is six months of age, and subsequent data collection points every six months thereafter until the child is 36 months of age. Participants are paid \$30 for their participation in the baseline interview and \$40 for each follow-up interview.

#### *Sample:*

As of October of 2008, 32 participants have been recruited into the intervention group and 30 participants have been recruited into the comparison group. The mean age of teen mothers in the intervention and comparison groups is 16.6 and 16.7 respectively. The racial/ethnic background of participants in the study is as follows: Intervention group (37.5% African American, 46.9% Hispanic, and 6.7% mixed race); Comparison Group (30% African American, 60% Hispanic, and 6.7% were of mixed race).

#### *Measures:*

Survey measures used for this evaluation are directly related to the program outcome objectives and include: Increased Competence in Parenting Skills: Parenting Stress Index (PSI) (Abidin, 1990), Parenting Sense of Competence (PSOC) (Gibaud-Wallston, 1977), Brief Child Abuse Potential Inventory (BCAP) (Ondersma, Chaffin, Simpson, & LeBretton, 2005), Knowledge of Infant Development Inventory (KIDI) (Macphee, 1981), Traumatic Events Screening Inventory (TESI-PRR) (Strand, Sarmiento, & Pasquale, 2005); Increased Levels of Social Support and Involvement with Services in the Community: Multidimensional Social Support Scale (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988), Reynolds Adolescent Depression Inventory (RADSI-2) (Reynolds, 2002), the Rosenberg Self Esteem Scale (RSES) (Rosenberg, 1965); Fewer Repeat Pregnancies: AFL Measure; Higher Compliance with Recommended Immunizations: Immunization Records; Higher Likelihood of Remaining in School: School Records; Children in Intervention More Likely to Stay on Target Developmentally: The Brigance Screen (Glascoe, 2002).

### Results:

The Bridgeport Pregnancy Prevention program is in its second year of implementation. The sample size of the follow-up data from the outcome evaluation is currently insufficient to make conclusive statement

regarding the program's efficacy. Data from the outcome measures was examined to reveal if there were any statistically significant baseline differences between the intervention and comparison groups.

*Depression:*

Results for the Reynolds Adolescent Depression Scale (RADS) did not reveal statistically significant differences between the intervention and comparison groups. Mean scores for the intervention and comparison groups are as follows: Dysphonic Mood (48.4; 46.9), Anhedonia Negative Affect (50.2; 50.2), Negative Self-Evaluation (45.9; 44.4), Somatic Complaints (48.6; 49.2), and Depression Total Score (47.6; 46.6). The majority of teen mothers, 91.7% in the intervention group and 93.8% in the comparison group, scored in the non-clinical range for depression. The percentage of teen mothers in the intervention and comparison groups scoring in the clinical range is as follows: Mild Clinical Depression (2.8%; 6.3%) and Severe Depression (5.6%; 0%).

*Parenting Skills:*

Results for the Parenting Stress Index (PSI) did not show statistically significant differences between the intervention and comparison groups at baseline. Mean scores for the intervention and comparison groups are as follows: Total Stress Score (79.3; 70.4) Parental Distress (30; 27.4), Dysfunctional Interaction (24.3; 20.9), and Difficult Child (25; 22.1). Results also show that 9.1% of parenting teen mothers in the intervention group and 25% in the comparison group experienced clinically significant levels of parenting stress at baseline. Clinical levels for parenting mothers in the intervention and comparison groups for the PSI subscales are as follows: Parental Distress (27.3%, 25%), Parent-Child Dysfunctional Interaction (27.3%, 25%), Difficult Child (9.1%, 0%).

No differences were found for the Parenting Sense of Competence Scale (PSOC) at Baseline. Mean scores for the Skills and Knowledge subscale of the PSOC for the intervention and comparison groups were 36.5 and 36.9, and mean scores for the Valuing and Comfort subscale were 42.5 and 43.8.

*Social Support:*

No differences were found on the Multidimensional Scale of Perceived Social Support (MSPSS) at baseline. Mean scores for the Total Score as well as the three subscales for the intervention and comparison groups are as follows: Total Score (5.94; 5.89), Family (5.96; 5.89), Friends (5.32; 5.40), and Significant Other (6.56; 6.38).

*Self Esteem:*

Baseline results to the Rosenberg Self Esteem Scale (RSES) did not show significant results. Mean scores for the intervention and comparison groups were 33.4 and 32.7 respectively.

**Discussion:**

Follow-up data from the outcome evaluation are currently insufficient to make conclusive statements regarding the efficacy of the program. However, it is hypothesized that the following results will occur: 1) By the end of year 1, 80% of teen mothers, will demonstrate a 50% increase in knowledge of appropriate parenting practices and skills, 2) By the end of year one in the program, 80% of teen mothers in the program will experience an increased connection to social supports and to community resources, 3) By the end of the program period, a 50% decrease in repeat teen pregnancies will occur among female program participants, 4) By the end of year two of the program, 100% of the children of clients will be up to date on all recommended immunizations, 5) By the end of year one, 75% of mothers enrolled in the program will continue their high school education, and 6) By the end of the second year of programming, 80% of the children of the teen mothers will be on target developmentally.

**Lessons Learned:**

Although the Bridgeport Pregnancy Prevention Program and evaluation have been in implementation for less than one year, one of the critical factors in this initiative and the evaluation has been maintaining a positive relationship with the sites from where the intervention and comparison group participants are recruited. In particular, we have found it essential to maintain a positive relationship with staff from the Women Infants and Children (WIC) office in Bridgeport Health Department who has been the main source of referrals for the comparison group. Efforts to maintain these relationships have taken the form of creating incentives in order to encourage referrals as well as simply maintaining a friendly relationship with individual staff members.