

Assessment of Medical/Social Services Collaborative and Community-Based Case Management Models for Pregnant and Parenting Adolescents – Preliminary Results for Social Support

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Background/Objectives

This evaluation project will, over a five-year period, test two program interventions that utilize a resiliency-based and developmental assets approach to providing support services to pregnant and parenting adolescents.

Standard Care, or Social Services Case Management Model (Teen Parent Services - TPS), provides referrals and linkages to a variety of services based on the needs of teen parents, individualized case management services, parenting education, support groups, informational presentations. TPS clients access services such as GED, emergency shelter and supportive housing for teen parents and their children, mental health counseling, and job training services.

Integrated Collaborative Medical Case Management Model (Tandem Program), provides medical case management services, a wide range of pre- and post-natal, pediatric, and preventive medical and health services, social services case management, parenting education, support groups, informational presentations, and linkage and referral to additional services. Mental health services can be accessed through referral to Austin Child Guidance Center, a collaborative partner with a therapist whose time is dedicated to working with Tandem clients.

One of the main program objectives is to increase sense of perceived social and family support for clients in these programs.

Methods

A quasi-experimental, three-group, repeated measures design was implemented to evaluate program effectiveness. Two of the groups involve Tandem and TPS, the intensive case management programs described above. The third group is a comparison of pregnant and parenting adolescents recruited through People's Community Clinic, Planned Parenthood, and WIC clinics. The goals for clients in the two intervention groups are improved family planning, mental health, social support, parenting skills, health care outcomes, and educational/vocational achievements as compared to a control group not receiving intensive case management services. The comparison group was recruited from a medical clinic, WIC offices, and Planned Parenthood. The protocol for this study is approved by The University of Texas at Austin Institutional Review Board. This presentation will focus on preliminary results for social support.

Social Support was measured using the Family Support Scale (Dunst, Jenkins, & Trivette, 1984 cf. Cherniss & Herzog, 1996; Hanley, Tasse, Aman, & Pace, 1998; Dunst, Trivette, & Hamby, 1994). The Family Support Scale (FSS) measures the helpfulness of sources of support to families rearing a young child. The scale includes 18 items (plus 2 respondent-initiated items) rated on a five-point scale ranging from not at all helpful (1) to extremely helpful (5). The reliability and validity of the scale were examined in a study of 139 parents of preschool retarded, handicapped, and developmentally at-risk children. Coefficient alpha computed from the average correlation among the 18 scale items was .77. The split-half reliability was .75 corrected for length using the Spearman-Brown formula.

Hypothesis: There will be an increase in social support as measured by the FSS for the adolescent parents involved in the Tandem or TPS Program from first assessment to 6-month assessment compared to the adolescent parents not receiving services from either of these programs (Comparison Group) across a similar time frame.

Analytic Strategy: Repeated Measures analyses were conducted with group membership as the independent variable (Tandem, TPS, or Comparison Group) and FSS Total Score at six-month

assessment as the dependent variable. SPSS was used to run the analyses and significance level was set at the conventional 0.05 level.

Results

At the end of year three of this five-year project, 4 female adolescents were included in the repeated measures analysis (Tandem=19; TPS=19; Comparison=8). At first assessment statistically significant differences occurred between the three groups for age and social support. There were no differences in pregnancy status, school status or ethnicity. Specifically, Tandem research participants are younger and have a higher social support score at first assessment. Specifically, means were significantly higher for social support between Tandem ($M=42.6$; $sd=10.5$) and TPS ($M=33.9$; $sd=7.5$) and between Tandem and the Comparison Group ($M=33.4$; $sd=8.1$). The one-way ANOVA for first assessment measures was $F(2, 43) = 6.31$, $p < .01$. Bonferroni post-hoc tests demonstrated that the differences occurred between Tandem and the other two groups. Differences between groups were also found on a particular item for the FSS: Tandem clients had a significantly higher mean on support from family or child's physician than did TPS clients.

For the repeated measures analysis for interaction between group membership and assessment phase, no significant difference was found, $F(2, 43) = 1.46$, $p < 0.24$. There were also no significant main effects for group membership or assessment phase.

Discussion

The hypothesis regarding change in social support was not supported by the data. Although social support increased for the TPS group and the change approached significance ($t=1.75$, $p < 0.097$), social support for Tandem was significantly higher at first assessment and slightly decreased at six-month assessment. Also, the comparison group's social support unexpectedly increased from baseline to six-month assessment. One limitation of this analysis is that the observed power was estimated to be .30, and thus the probability of making a Type II error of falsely accepting the null hypothesis is around 0.70.

The most striking finding is that the Tandem group appears to be different demographically and on first assessment measures. Since these groups are not randomly assigned to either intervention or the comparison, there is evidence that these programs are serving different clientele. At this time analyses are in process to compare the research participants to the entire population for these programs in order to test whether the research participants are different than the program populations. Trends associated with length of time between program intake and enrollment into the research study will also be examined because in most cases there is a lapse between these that might affect perceived levels of support.

In discussing the findings with case managers, it was suggested that pregnancy status or younger age might make the difference for Tandem clients' higher social support scores at baseline. Thus, follow-up analyses were conducted to assess for these differences. No statistically significant differences were found between pregnant and parenting participants on social support, and total social support was not significantly correlated with age of participants. Interestingly, social support was significantly correlated with client educational goals.

Implications

The significantly higher score for social support by the Tandem clients is worth investigating further. It is speculated that the medical services Tandem clients receive at People's Community Clinic and from their case manager before they enroll in the research study could be accounting for this difference.

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