

## **The University of Utah Young Parenthood Program: Improving Co-Parenting Relations and Reducing Risks among Adolescent Mothers and their Partners**

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### **Introduction**

Most intervention programs for adolescent parents focus on young mothers, overlooking the importance of the co-parenting relationship for a successful transition to parenthood. Previous research on young, fragile families has indicated that relational stress between co-parents is associated with a variety of problems, including intimate partner violence, chronic substance abuse, and paternal disengagement. The Young Parenthood Program (YPP) is based on the premise that: (a) the interpersonal environment in which adolescent pregnancy and parenthood is critical to the adolescent mother's well being, and by extension, the health of her child (Leaman & Gee, 2008); and (b) many young parents need help developing the interpersonal skills to successfully establish a positive co-parenting partnership.

This poster presentation will describe a model of preventive-intervention for pregnant adolescents (ages 14-18) and their partners (ages 14-24) designed to facilitate the development of interpersonal skills, support positive co-parenting, and reduce the risks associated with young parenthood. This brief (10-12 sessions) program involves meeting with couples in community settings, such as schools and health care clinics, identifying relationship goals, and engaging in skill-building exercises that support healthy communication and a positive co-parenting partnership. The evaluation component of the program involves assessing the quality of the couple's relations over time and change in psychological risk factors.

### **Methods**

#### *Sample:*

150 pregnant adolescents (ages 14-18) and their partners (14-24) were recruited from clinics and schools providing services to pregnant and parenting adolescents. Approximately 60% of participants were Latino and 40% were Anglo-American. Under most circumstances, participants were recruited with an initial face-to-face contact, explaining the program and study, and a follow-up phone call. About 30% of eligible adolescents declined to participate. *Procedure:* Once recruited, couples were randomly selected into YPP or the treatment as usual condition (TAU). The TAU group received minimal social services offered through their clinic or school. Couples selected into YPP received co-parenting counseling sessions, which included communication skills training with a qualified therapist. Based on specific psychological needs and strengths, the therapist addressed other issues relevant to parenting including substance abuse, emotional regulation, and managing family dynamics. Couples in YPP also received active case management services to help with a variety of psychosocial concerns, including school placement, housing, legal issues, and finding appropriate medical care.

#### *Measures:*

Individual interviews were conducted with participants in the intervention and control groups at three points in time: (T1) prior to 26 weeks gestation; (T2) 2-5 months post birth; and (T3) 18-months post birth. Interviews focused on a range of psychological factors related to parenting, including couples relations, family relations, risk behavior, emotional problems, and coping skills. For the purposes of this presentation we focus on the Quality of Relations Inventory (Pierce, 1996), which was used to assess family and co-parenting relations, and the Drug Use Inventory, designed to assess change in substance use over time. Family relations were defined as each participant's relationship with his/her own parents and his/her partner's parents. All procedures and measures were approved by the University of Utah IRB committee and all participants were appropriately consented prior to engaging in the research process.

### *Hypotheses and statistical procedures:*

It was expected that compared to participants in the TAU group, participants in YPP would report better co-parenting relations and lower rates of substance use at follow-up. Hierarchical multiple regression was used to test the following hypotheses: (a) Quality of family relations at T1 would predict co-parenting relationships and drug use at T3 among both YPP and TAU participants; (b) participation in YPP would predict positive co-parenting relations at T3, irrespective of quality of family relations scores at T1; (c) The program would be most effective (in supporting positive co-parenting relations and preventing substance use) for those couples with relatively unsupportive family relations. This hypothesis was based on the assumption that the intervention would most benefit couples who were in greater need of additional supports.

### **Results**

Preliminary analyses indicated that most participants who were using drugs and alcohol prior to childbirth reported declines in substance use across the transition to parenthood. However, a subset of young mothers and fathers reported increased use over time. Substance use and the quality of co-parenting relations were significantly related, such that poorer relations predicted higher rates of substance use ( $r = -.231$  to  $-.253$ ;  $p < .05$ ). Results of primary analyses indicated that: (a) Quality of Family Relations scores at T1 predicted both Quality of Co-parenting Relations scores ( $\beta = .245$ ;  $p < .01$ ) and Drug Use scores ( $\beta = -.214$ ;  $p < .01$ ) at T3; (b) YPP participation was *not* significantly associated with either Quality of Co-parenting Relations scores or Drug Use scores at T3; (c) the interaction between Quality of Family Relations and YPP Participation was significantly associated with Quality of Co-parenting Relations ( $\beta = -1.36$ ;  $p = .05$ ) and Drug Use ( $\beta = -1.42$ ;  $p = .05$ ) at T3. Follow-up analyses indicated that as expected, participation in YPP predicted more positive co-parenting relations and less drug use among young couples who reported poorer family relations at T1.

### **Discussion**

The Young Parenthood Program is designed to help young couples learn to support each other more effectively across the difficult transition to parenthood. In this particular set of analyses, we were interested in testing the program's main effect on co-parenting relations and drug use, but also whether the program was more or less effective for young mothers (and fathers) in strained family environments. Main effects suggest that YPP participation did not have a positive influence on targeted outcomes (better co-parenting relations and less substance use). However, results indicated that YPP was efficacious for young co-parents who reported less supportive relations with their extended families. More specifically, YPP participants with low family relationship scores reported more positive co-parenting relations and less substance use, compared to those TAU participants who also reported with low family relationship scores. Couples with strained or distant family relations appeared to benefit from additional support provided by the YPP counselor and case manager.

### **Implications**

Providing social support for pregnant adolescents is important because some young mothers lack supportive families. For these young women, one potential source of support is the biological partner, the father of her child. However, the co-parenting relationship can also be a source of stress and conflict. Helping young parents learn to support one another requires a well-orchestrated, conceptually-grounded model and implementation plan. Such a program may benefit pregnant and parenting adolescents, but may be unnecessary or even counter-indicated for others. Results of these analyses suggest that the next phase in the developing YPP should involve a careful screening process to determine who is likely to benefit from the program.

### **Contact Information**

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