

Increasing knowledge of neurodevelopmental disorders in a group of adolescent mothers

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Description:

The goal of this project was to increase teen mothers' knowledge of neurodevelopmental disorders and the services provided locally to assist both children and families. We hope that such knowledge will help young mothers become effective advocates for their children. To achieve these goals, we presented information about neurodevelopmental disorders and services to a group of young mothers as a component of a larger parenting intervention being implemented with a group of homeless pregnant or parenting teen mothers.

Introduction and overview:

Why interested:

We became interested in this project in the course of working on a dissertation and field placement at a local transitional home for pregnant or parenting adolescent mothers. Nicole designed and is in the process of implementing a relationship-based parenting intervention for this population of young women as her dissertation. This intervention involves weekly individual sessions with each adolescent mother and child as well as weekly group sessions. Given the variety of risk factors that are associated with early parenthood, early interventions to support young mothers are very important. The larger intervention will target parental knowledge of child development, maternal representations of parenting, and parental beliefs and expectations of parenthood and of their children.

We decided that part of this child development education should include information regarding neurodevelopmental disorders, as it is possible that these young families might have to face such issues at some point in their child's development. We also felt that it would be important to talk about being an advocate for your child with these young mothers who are often unsure of themselves as parents. We wanted to try to empower them and to give them some ideas on how to successfully advocate for their child in a variety of settings.

Brief overview:

This project will be a component of the larger intervention previously mentioned. This component will consist of a brief presentation discussing the characteristics of the commonly diagnosed disorders along with a group discussion of common feelings experienced by parents who have children with neurodevelopmental disabilities. We will provide teen mothers with several fact sheets with information about normal child development, the commonly diagnosed disorders, and a list defining the roles of various service providers they might encounter. In addition, a brief list of local service providers will be given to each teen parent. We will also give all of the information presented to the

mothers to the organization to keep as a reference. Finally, we will discuss advocacy issues and effectively communicating with professionals.

Rationale:

Teen parenthood is embedded in a larger context of risk for both parents and children. Teen mothers are less likely to complete high school, more likely to rely on public assistance, more likely to have experienced physical and emotional abuse, more likely to become single parents, and more likely to engage in risky behavior (Whitman, Borkowski, Keogh, & Weed, 2001). As parents, teen mothers are often less knowledgeable about child development, less responsive, and more likely to use harsh/punitive punishments (Hans & Wakschlag, 2000). Given such risk factors, it is no surprise that the children of teen mothers are more likely to experience physical, behavioral, cognitive and emotional problems throughout their lives. Teen mothers often do not receive adequate prenatal care due to fear of exposing their pregnancies or lack of knowledge of care providers and the need for prenatal care. They are also at a greater risk for prenatal malnutrition, which can contribute to low birth weight in infants (Osofsky, Hann, & Peebles, 1993).

These young mothers are often unsure of themselves as parents and are reluctant to seek help from social programs (Whitman, et al, 2001). Increasing their knowledge of neurodevelopmental disorders might contribute to early detection of such disorders and early interventions, which could contribute to positive outcomes for children. Helping mothers feel confident in their knowledge and encouraging them to become advocates for their children might have a positive impact on their feelings of parental efficacy, along with benefiting their children.

Project aims:

The main goal of this project is to increase teen mothers' knowledge of neurodevelopmental disorders and service providers in the area. In addition, we hope to give mothers the confidence and knowledge they need to be successful advocates for their children. Finally, we will provide the organization with a binder including all of the information we present as well as the contact information of service providers in our area.

Methodology/Program Overview:

Participants:

4 homeless adolescent mothers between the ages of 16 and 19. All were first time parents with children ages 4 months, 9 months, 16 months, and 26 months. All mothers and children were residing at a local transitional home for teen mothers. 2 of the young mothers are working toward completion of high school or GED. One of the young mothers is employed part time. 3 of the children attend daycare. Most receive some other services including WIC, Early Head Start, and home health nursing. 2 of the young mothers have some contact with their family of origin. 3 of the mothers maintain some contact with the father of the baby.

Characteristics:

All participants are residents of a local transitional home providing a variety of services directed at helping the mothers meet their basic needs and work toward independence. Participants receive both case management and mental health counseling from this organization. Most of the mothers have experienced emotional and/or physical abuse. Some of the mothers are under investigation for child abuse or neglect and some have substance abuse issues.

Selection criteria:

All mothers residing in the transitional home were included in this intervention.

Measures/Evaluations Tools:**Specific tools:**

We did not use any specific measures or evaluation tools in this project. However, prior to the group session, we asked program staff to nominate particular neurodevelopmental disorders or topics of interest for us to cover with the residents. From this list, we compiled a list of possible topics for the mothers to choose from, which also included a place for mothers to write in topics that weren't listed. We also administered post-training evaluations to assess whether the mothers felt they benefited from the information provided.

Rationale for use of measures:

Asking the mothers to choose topics of interest served several purposes. First, it ensured that we were covering topics that they had some level of interest in. We also wanted the topics to be as relevant for this group as possible. In addition, we felt that this approach was best so that we could focus our presentation and not overwhelm the mothers with large amounts of information. The feedback from the presentation will be used to inform potential future presentations.

Procedures:**Program implementation/Data gathering:**

The first step in this project was to gather information regarding the needs of this population. We gathered this information from a large literature review, the staff, and residents of the transitional home. We also gathered information on developmental milestones from textbooks in child development. The next step was to gather information about relevant neurodevelopmental disorders. We gathered this information from our URLEND seminars, web searches, and textbooks on developmental disorders. We also made up a list of service providers that these young women and their children might encounter and gave a brief description of what each one does. Finally, a list of local services and providers was compiled.

Next, we designed the presentation. After working with this group of young women for 6 weeks, we knew that the presentation component needed to be very brief as their attention spans are incredibly short. We also had to consider the widely varying

cognitive abilities of the group of mothers, as some of them are well below their age level in cognitive development. From our initial surveys of mother's interests, we designed a presentation on Autism and Feeding and Sleeping issues, or regulatory disorders.

We presented during parenting group on April 24, 2008. Our group session was scheduled to last one hour, but went a little over. We brought snacks, as we knew that snacks were key to a good group. We spent the first 10 minutes talking about symptoms, onset, and treatment of Autism. We then gave the moms 5 minutes to ask us questions or to discuss what they knew about Autism. They had a lot of questions about what caused Autism and if Autism was a life-long disorder. Next we talked about feeding and sleeping disorders for 10 minutes. Again, we focused on the difference between normal sleep/feeding issues and disordered sleep/feeding. A 5 minute discussion of sleep/feeding disorders followed. The moms shared their stories of their children's sleep/feeding issues.

After discussing the disorders, we spent some time talking about the attachment issues that might arise if children are born with neurodevelopmental disabilities. A major focus of the larger group is attachment and the moms were able to talk about what it might feel like if her child were born with a disability. We talked about grieving the loss of your "ideal" child and talked about how it can be difficult to attach to a baby that isn't giving you the feedback you expect. We also talked about differences in how responsive a parent might need to be with a child with a disability and the stress that they might experience.

Finally, we covered the variety of providers the moms might encounter and gave them opportunities for discussion. As we were running out of time and wanted to include a game in the presentation, we simply gave the mothers the handout with developmental milestones and explained to them that they could use this handout to track their child's progress as they age. We then played a brief jeopardy game with the moms to review the concepts. We let them choose teams and gave them prizes at the end. At the close of group, we gave them an evaluation form asking them to rate the following on a scale of 1 to 5 (1=not at all, 3 = somewhat, 5, = extremely): the relevance of the information to them, their interest in the topics, and quality of the presentation. We left some empty space for comments and suggestions for future presentations.

Data Analysis: No data analysis was necessary for this project. We simply read through the comments provided by the participants.

Results and Discussion

Results from program implementation:

Overall, the young mothers that attended our group gave us high ratings for interest, relevance, and quality of the presentation. Their high marks might represent a social desirability bias, but they did seem to be enjoying themselves during our presentation. In the comments section, they wrote things like, "helpful," "I learned new things," "I hope I never have a child with disabilities" and "good." They were engaged throughout the presentation and asked a lot of questions, which we took to be a good sign.

Unfortunately, we didn't have time to talk about advocacy in this group due to time constraints. We weren't anticipating so much discussion about the disorders we

presented and found ourselves over our time limit with important information left to discuss. It may be possible to integrate this information into a later group in a more general sense.

Implications and limitations:

It is hard to know whether the information we presented during this group will have an impact upon the lives of teen mothers and their children. Our hope is that by providing these young mothers with information regarding developmental milestones, neurodevelopmental disorders, and local services that we may encourage them to take an active interest in their child's development and to be aware of potential signs of disorder.

In terms of limitations, our sample was very small. We presented information on a very narrow range of disorders and were not able to be very detailed in our descriptions given time constraints and attention spans. Finally, we have no concrete way of knowing whether our intervention was successful.

Future directions:

If we had more time, we would have liked to provide information on many more neurodevelopmental disorders. Such presentations would need to occur over a variety of sessions. It would also be great if we could make the presentations more individualized as the information presented might not be relevant to all involved. We also think that inviting a parent of a child with a disability to talk to the group might be a more effective way to convey the information. Finally, we would like to include a larger group of teen parents in future presentations so that we could target a much larger audience.

References

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