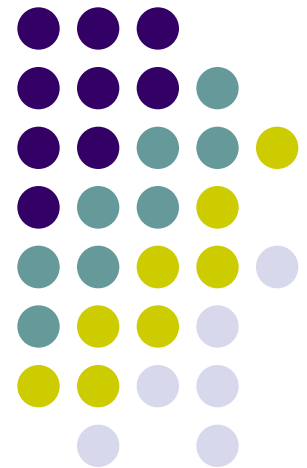


Research Report on Adolescent Mothers in the Context of an Intervention Study

Sheri Madigan, PhD
Hospital for Sick Children





Goals of the presentation

- To provide an overview of the rationale and methodology for an ongoing study on adolescent mothers in collaboration with YPRC's in the GTA
- To provide background information on Trauma-Focused Cognitive Behaviour Therapy
- To provide preliminary results on Phase One of our data collection
- To discuss next steps and avenues for future research

What are we doing?



Recruitment – 2nd trimester of pregnancy

Phase One

Prenatal Assessment

Parenting Group

Parenting Group + Trauma-Focused CBT

Phase Two

6-month Assessment

Phase Three

12-month Assessment

What intervention are we examining?



- Trauma-Focused Cognitive Behaviour Therapy (TF-CBT; Cohen et al, 2000)
 - Developed for children/adolescents aged 3 to 18 years
 - 12 to 16 weekly sessions, designed to help children and adolescents overcome the negative effects of sexual or physical abuse, traumatic loss, and exposure to violence or disasters.
 - Allows adolescents to process trauma experiences through direct exploration in a supportive environment; teaches skills for managing distressing thoughts; and encourages examination of thoughts, feelings, and behaviors.
 - Over 80% of traumatized adolescents show clinically significant improvement with 12 to 16 weeks of 60-90 minute once weekly sessions.



Why are we doing it?

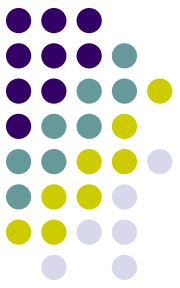
- Primary goal:
 - To prevent the development of Disorganized infant-mother attachment relationships
- Secondary Goals:
 - To reduce symptoms associated with PTSD/traumatic experiences (e.g., dissociation)
 - To reduce unresolved experiences related to loss and/or trauma

Why Target Disorganized Attachment?



- Attachment refers to the caregiver's ability to promote the infant's feelings of safety, security and protection.
- Infant draws on a history of caregiver responsiveness to estimate the caregiver's probable responsiveness should the infant become distressed.
- *Disorganized* attachment is an *inability* of the infant to elicit the cooperation of the parent in regulating distress.
 - Face a dilemma of either approaching (to get comfort) or avoiding (because an approach will likely create or increase distress) their caregivers when distressed because the attachment figure is simultaneously a source of fear and a source of comfort.

How common is Disorganized Attachment?



- In non-clinical and low-risk groups - 15%
- Overrepresented in children with clinical problems and who have been maltreated
 - Found in up to 60% of infants of adolescent parents,
 - 25-34% of infants from low socio-economic status,
 - and over 80% of abused/neglected infants.

Why is the reduction of disorganized attachment important?



- Linked to problems with:
 - Regulation and control of negative emotions
 - Internalizing and externalizing problems, oppositional, hostile-aggressive behaviors, and coercive styles of interaction
 - Poor peer interactions and unusual or bizarre classroom behavior, and higher teacher ratings of dissociative behavior and internalizing symptoms.
 - Rejection by peers, poor social perception, and hypervigilance and hyperarousal.
- History of disorganized attachment is linked to lower mathematics achievement at 8 years and impaired formal operational skills and self regulation at 17 years
- Linked to high levels of dissociation and overall psychopathology at 17 years
- Linked to high levels of physiological stress

What are the precursors to disorganized attachment?



- Unresolved mourning/trauma
 - Assessed using the Adult Attachment Interview (Main, Goldwyn, & Hesse, 2002)
 - Adapted for use during pregnancy and with adolescents
- Atypical Maternal Behaviour during interactions with infant
 - Assessed using the Atypical Maternal Behaviour Instrument for Assessment and Classification (AMBIANCE; Bronfman, Madigan, & Lyons-Ruth, 2008)



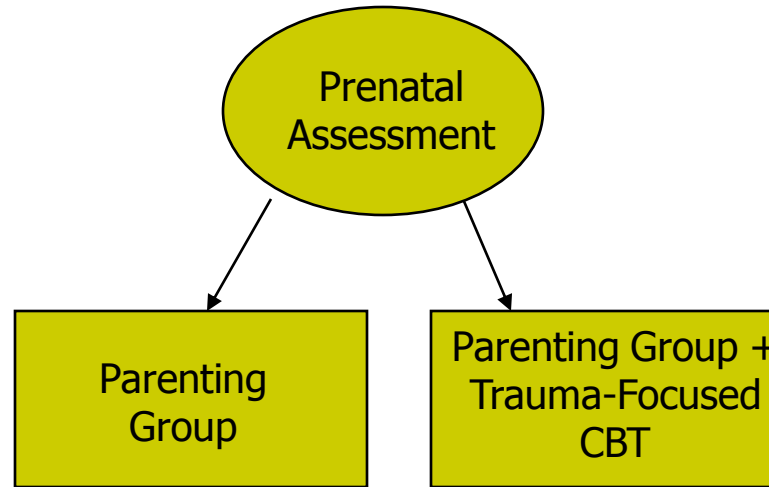
Who is in the study?

- Sample size = 47
- Pregnant 12-19 year olds
- Three phases of data collection:
 - Prenatal
 - Infant age = 6-9 months
 - Infant age = 12-18 months



Data Collection

Phase One



Phase Two

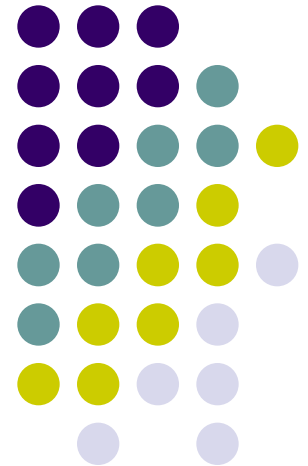


Phase Three



PHASE ONE - Results

What have we found using data from the prenatal assessment?



Data Collection for PHASE ONE



Session 1

Adult
Attachment
Interview

Childhood PTSD
Interview

Demographics and
History

Session 2

Childhood
Trauma
Questionnaire

Beck
Depression
Inventory

Youth Self
Report

Adolescent
Dissociative
Experience Scale

What is the demographic of this sample?



- Mean Age = 17.2 years
- Mean Education = 10.4 years
- Percent married = 0%
- Percent planned pregnancy = 13%

- Ethnicity
 - 49% African Canadian
 - 29% Caucasian
 - 9% Native Canadian
 - 9% Hispanic
 - 4% Other

What have we found?

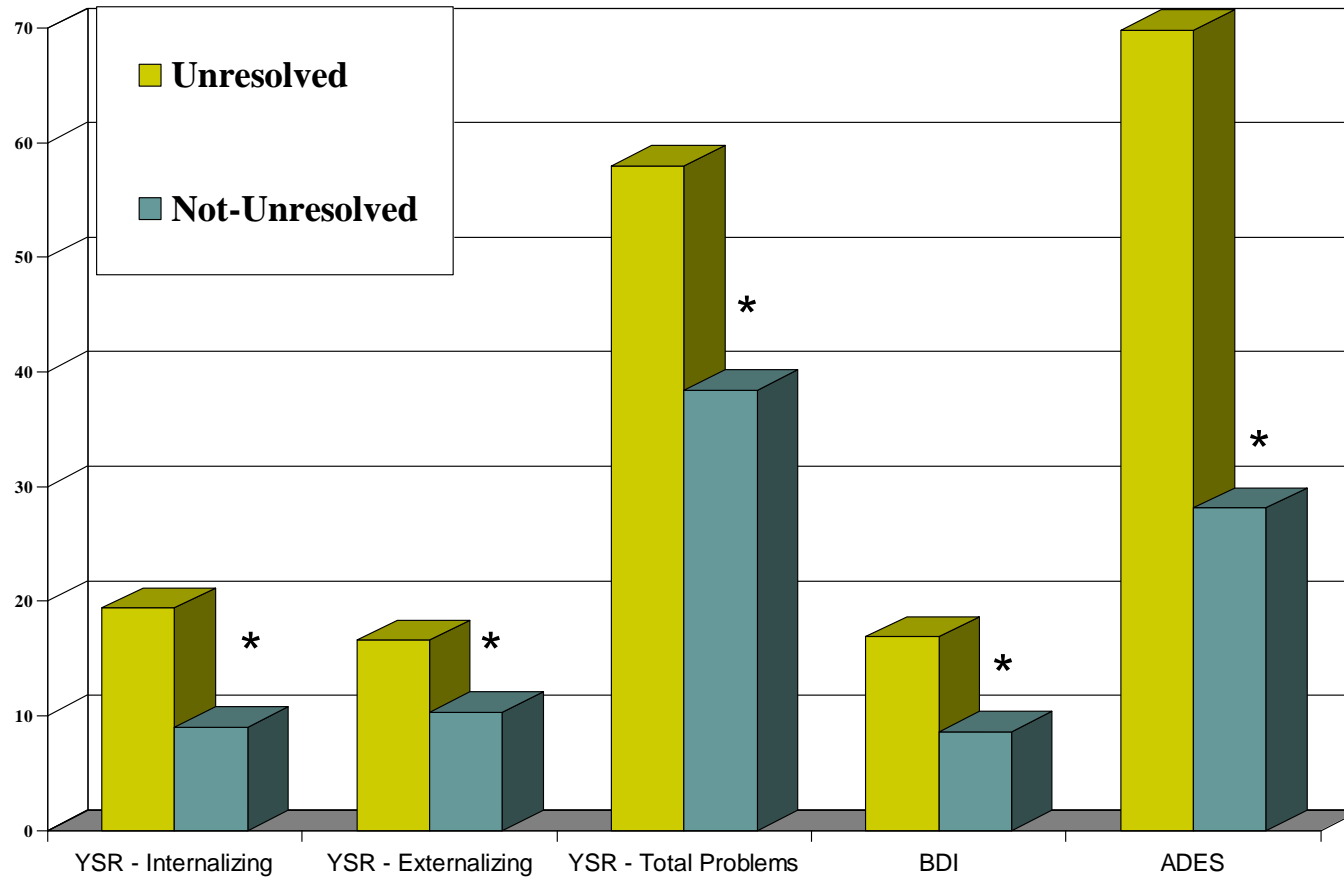
RISK FACTORS



- History of child protection services - 47%
- Prior reported drug use – 43%
- Reported criminal record – 17%
- Prior reported psychological diagnosis – 20%
- Unresolved for loss/abuse on the Adult Attachment Interview – 83%

What have we found?

SOCIO-EMOTIONAL PROBLEMS



* = $p < .05$

What have we found?

ABUSE HISTORY



Abuse history in community samples:

- Physical = 15-72%
- Sexual = 4-66%
- Emotional = 15-27%

Abuse history in this sample:

- Physical = 68%
- Sexual = 51%
- Emotional = 68%

- Adolescent mothers do not consistently report incidents of emotional, physical, and sexual abuse across measures.
- Tests probing for the presence of maltreatment through abuse specific questions (i.e., the AAI) appear to be more sensitive at identifying abuse.

What have we learned thus far?



- Research with this population can be difficult!
 - Why?
 - Drop out rate
 - Low commitment to treatment
 - Trauma experiences are complex and chronic
 - Transient lifestyle
- BUT, research with this population is important!
 - In addition to a host of other risk factors
 - Majority of mothers have unresolved states of mind regarding past loss or abuse
 - Preliminary evidence suggests that most of the children are being classified as disorganized and majority of mothers are displaying atypical behaviour



What are our next steps?

- Complete Phase two and three of data collection
- Conduct a feasibility study to determine how to retain adolescent caregivers in an intervention study
- Gain a greater understanding of the underlying factors associated with risk in this sample in order to provide services that target their needs

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