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LOYOLA UNIVERSITY CHICAGO

SUPPORT SYSTEMS AND ADOLESCENT MOTHERS:
EFFECTS ON PARENT-CHILD INTERACTION

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS
DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

KIMBERLEY B. JACOBS

CHICAGO, ILLINOIS

MAY 1997

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CHAPTER 1

For a number of years, adolescent mothers have been targeted as a high risk population and have been the focus of extensive research. Approximately 365,000 single adolescents become mothers in the United States each year (Vital Statistics Report, 1994). Eighty three percent of these teenagers are economically underprivileged (Illinois Caucus for Adolescent Health, 1995). Adolescent pregnancy is increasing in frequency, hence presenting a new generation of at risk children. This population has presented professionals with the complex task of formulating effective interventions to counteract the negative affects of premature parenting.

Teen parenting begins with the abrupt interruption of the young woman's developmental focus from herself to that of a child. This early and often unplanned event usually leads to discontinuation of high school, a lack of employment opportunities, and the absence of the child's father from the home (Luster & Rhoades, 1989). Adolescent developmental issues have not been resolved and further complicate the transition to parenthood (Barratt & Roach, 1995; Thompson & Peebles-Wilkins, 1992). McKenry, Kotch and Browne (1991) found that these mothers "tend to have higher levels of stress, lower levels of income, less education, and fewer psychosocial resources as compared to mothers who delay childbearing into adulthood" (p. 216). Along with these factors, the adolescent is faced with the simultaneous task of meeting the needs of the infant.

The needs of a young child are often in direct conflict with the developmental needs of the adolescent. Moroz and Allen-Meares (1991) pointed out that the egocentric nature of the adolescent, including seeking to develop independence from adults and a tendency toward immediate gratification, may pose difficulties for the mother to fulfill the consistent and organized role needed for the infant. The result of this conflict is poor parenting skills and unrealistic expectations.

Barratt and Roach (1995) found significant differences between adolescent and adult mothers' parenting skills. Adolescent mothers showed less stimulation and responsiveness, as well as appropriate interaction. Several studies showed that adolescent mothers engage in fewer verbal interactions with their children (Barratt & Roach, 1995; Field, Widmayer, Stringer, & Ignatoff, 1980; Moroz & Allen-Meares, 1991), developmentally inappropriate expectations (Field et al., 1980; Rickel & Biasatti, 1982), and more negative parent-child interactions (Nitz, Ketterlinus, & Brandt, 1995; Rickel & Biasatti, 1982) than adult mothers. These deficits have a direct result on the development of the infant.

Rickel (1989) documented some of the risks for offspring to be low birth weight, emotional difficulties, and deficits in IQ and academic achievement. Long term affects of low birth weight include mental retardation, neurological deficits, and learning disabilities (Moroz & Allen-Meares, 1991). The absence of positive affects has as substantial an impact as negative occurrences. Moroz and Allen-Meares (1991) pointed out that optimal development is reliant upon a nurturing and safe environment for the infant. The lack of stability and consistency in teen parenting may have as significant an impact on these

children as possible neglect or abuse, which these parents may be at risk for when socially isolated.

The onset of teenage motherhood not only creates a crisis for the adolescent, but also results in major relationship changes with family and friends. The disruption of the normal developmental process pushes the adolescent toward adulthood, creating conflict in social support systems (Mayfield-Brown, 1989). The adolescent may use the child as a means to develop independence from her parents, attempting to take on the new roles of adult and mother (Camp, Holman, & Ridgway, 1993). This leads to yet another conflict, as most adolescent mothers are reliant upon their family of origin for child care, housing, or financial support. The teen is torn between relying on support and perceiving interference, especially in regard to unsolicited advice regarding child-rearing. Relationships with peers change as well, leaving the potential for both positive and negative feelings. Interactions with this network have potential for conflict as well (Richardson, Barbour, & Bubenzer, 1991).

The advantages of social support have typically been conceptualized as a buffer for stress. Camp, Hoffman, and Ridgway (1993) pointed out that adolescent parents seem to be a population in which these systems might be instrumental in the prevention of undue stress. However, not all studies have focused on the conflictual nature of some support systems and the possible negative effects. Unger and Wandersman (1985) noted that these support systems can also cause distress and that it is important to clarify the nature of the support in order to assess the effects on adjustment for the adolescent mother and her

baby. The adolescent population has complicated systems, and it is important to separate out those support systems which lessen stress rather than exacerbate it.

Hypotheses

A number of studies have been done surrounding adolescent mothers and social support systems. The research has been inconsistent as to what type of support networks are effective in assisting adolescent mothers demonstrate more positive interaction with their children. It is hypothesized that adolescent mothers who report greater numbers of people in their network that provide unconflicted support will be related to positive parent-child interaction; adolescent mothers who report fewer support systems or more conflicted support will be related to less positive parent-child interaction.

CHAPTER 2

REVIEW OF THE LITERATURE

A great deal of literature has focused on the effects of social support on adolescent mothers, their children and the parent-child relationship. Unger and Wandersman (1985) defined social support as the extent to which individuals perceive their need for assistance and companionship to be satisfied. This perception is based on the quality of the relationships in the network. Major groups that have been focused on within this network are the adolescent's family, significant other, and community support systems.

Throughout much of the literature there is evidence that greater perceived support results in positive effects on the adolescent mother. Unger and Wandersman (1985) found that a larger support network resulted in greater life satisfaction and less parenting anxiety. Adequate financial support also bolstered life satisfaction and decreased anxiety. The adolescent mother's general contentment and views toward child rearing were improved by utilization of these support networks in a study conducted by Kissman (1989). Camp, Holman and Ridgway (1993) noted that support has a modifying or preventative effect for the adolescent mother on stress post-partum. Richardson, Barbour and Bubenzer (1991) supported this finding, especially regarding parenting stress. These positive relationships have also shown to produce higher self-esteem and better adjustment to parenthood (Samuels, Stockdale, & Crase, 1994). Thompson and Peebles-Wilkins (1992)

suggested that the outcome of a positive informal network includes emotional, economic, and recreational support and buffers the stress of parenthood, poverty, and other life events.

Family support has been found to be a significant influence. Unger and Wandersman (1985) found that the mother's feeling of adjustment was associated with perceived family support. In a study conducted by Voight, Hans, and Bernstein (1995), the teenager's mother was the most cited form of positive support. Nitz, Ketterlinus and Brandt (1995) had similar results, but also noted siblings as a consistent source of support for African American adolescent mothers. They also noted that parenting stress was positively correlated with perceived support from family relationships. Kissman (1989) found this to be true in regard to the adolescent mother's attitude toward parenting and life satisfaction as well. Colletta (1981) noted that family support may also play an important role in facilitating positive parenting by the adolescent mother.

The literature also demonstrates the important role of a significant other. Samuels, Stockdale and Crase (1994) found that involvement of the baby's father contributed positively to the adolescent mother's adjustment. Similarly, Thompson (1986) notes that a male partner may be significant in the mother's adjustment to parenting, especially in regard to psychological distress. Thompson and Peebles-Wilkins (1992) supported these findings, also noting an increase in self-esteem. It is important to note that Thompson's (1986) findings do not suggest that the significant other must be the baby's father or a husband, which is consistent with other studies (Thompson & Peebles-Wilkins, 1992;

Unger & Wandersman, 1985; Voight et al., 1995).

Friends and community support have also been found to contribute to the adolescent mother's well being. Unger and Wandersman (1985) found that perceived support from friends was associated with greater life satisfaction. Thompson (1986) noted that friends may be particularly important in the adolescent mother's adjustment to parenting. Nitz, Ketterlinus, and Brandt (1995) supported this finding in regard to adjustment, as well as positive well-being. It has also been found that they are a significant source of emotional support. Richardson, Barbour and Bubenzer (1995) suggested that due to the developmental stage of an adolescent, support from peers is more significant than family. Thompson and Peebles-Wilkins (1992) found that contact with a caseworker or a support group also significantly reduced psychological distress.

Overall, support systems have been shown to provide the companionship and assistance necessary for adolescent mothers to approach their new role with a positive attitude and greater satisfaction. Sufficient support leads to increased self-esteem, better adjustment, and less anxiety.

In contrast, there is also evidence that support networks may result in as much conflict for the adolescent mother as support. Kissman (1989) pointed out that the extent to which the networks enhance her quality of life is not always clear. The developmental need for autonomy of an adolescent is in direct conflict with dependence on the family for assistance. Camp, Holman and Ridgway (1993) found that their sample of adolescent mothers who demonstrated more negative attitudes toward the pregnancy had a greater support network. Richardson, Barbour and Bubenzer (1991) found that friends and family

play both a supportive and interfering role. Several studies have found these networks to be the most salient (Nitz et al., 1995; Richardson et al., 1991; Thompson, 1986; Unger & Wandersman, 1985; Voight et al., 1995). Nitz, Ketterlinus, and Brandt (1995) found friends to be a frequent provider of support, but not a source of conflict. In contrast, Thompson's (1986) study found that support from friends and relatives is actually associated with higher levels of stress and that friend support may actually impair the adolescent's adjustment to parenthood.

Thompson (1986) suggested that the personal distress of the adolescent mother puts stress on the relationships within her network. Child care responsibilities compromises time spent with peers, which results in conflict for both parties. Reliance upon family members for involuntary assistance in child care duties presents similar results. Relationships are especially conflicted when there is disagreement about the parenting role and responsibilities (Nitz et al., 1995; Colletta, 1981). Mayfield-Brown (1989) found that adolescent mothers were likely to remain dependent on family members. For those families with fewer resources, this creates an additional strain. Kissman (1989) pointed out that this leads to greater dissatisfaction for the teen parent. For those adolescent mothers unwilling to rely on family members, there is increased stress and fewer support systems (Camp et al., 1993). In addition, although adolescent mothers cite the baby's father as a significant support system for them, he is also the most cited source of conflict (Nitz et al., 1995). Richardson, Barbour, and Bubenzer (1991) made a strong argument in response to the conflictual research. "Clearly, informal social networks hold the potential for supportive and interfering functions. Yet the results of the present

research suggest that one cannot assume that support and interference are merely opposite ends of a single continuum” (p. 433).

Adolescent mothers also tend to lack the support systems that assist older mothers in the transition to parenthood (Butler, Rickel, Thomas, & Hendren, 1993; Crockenberg, 1987; Thompson, 1986). Mayfield-Brown (1989) found that mothers were more likely than nonmothers to live apart from their families--nearly 1 in 5 (18%), as opposed to 1 in 20 (5%), respectively. This increases isolation and may be one reason why junior adolescent mothers report a greater number of support systems (Camp et al., 1993). Mothers who were rejected as children or suffered adverse caretaking relationships tend to have less supportive relationships with their families in adolescence as well (Crockenberg, 1987). It is estimated that mothers with less than five support systems are vulnerable to social isolation (Budd, 1995). There is no established number of support systems that can be identified as being sufficient, however, and the aforementioned number is based on the possibility that support may be inaccessible during times of stress or crisis if these sources are limited. It is feasible that fewer but consistent sources of support could be sufficient to meet the individual's needs.

The other population to consider is the children of these adolescent mothers who suffer the long term effects. Crockenberg (1987) suggested that a mother using more hostile and rejecting threats to control a child's behavior, obstructs that child's development. As stated previously in the introduction, the adolescent's lack of parenting skills and realistic expectations often results in more negative interaction and a lack of stimulation. Field, Widmayer, Stringer, and Ignatoff (1980) found that adolescent mothers

are unaware of normal developmental patterns, have unrealistically high expectations, appear insensitive and impatient with their children, demonstrate less verbal stimulation and are more likely to use corporal punishment. Luster and Rhoades (1989) found that adolescent mothers demonstrated significantly lower scores on the Home Observation for Measurement of the Environment (HOME) than an older comparison group. This supports previous findings that adolescent mothers demonstrate deficits in parent-child interaction (Barratt & Roach, 1995; Field et al., 1980; Moroz & Allen-Mears, 1991; Nitz, et al., 1995; Rickel, 1989). One reason for this may include the fact that adolescent mothers tend to be low income and less educated than older mothers. If these mothers lack basic knowledge of child development or parenting skills they may not seek it out. Another reason may be that these families are predominately single-parent households and forms of quick, harsh discipline may be used out of necessity due to the other demands within the home.

When examining the literature specifically regarding support systems as they relate to parent-child interaction, findings are inconsistent. Unger and Wandersman (1985) conducted two support intervention studies of adolescent mothers, examining the relationship between social support and parenting behavior. The studies focused on several support systems, including family, friends, significant other or baby's father, and community-based services. In one of the two studies, perceived support was associated with better parenting skills. Demonstration of competent parenting skills was contributed to child care from the baby's father and other relatives, a stable home, and service accessibility. However, a significant connection between family support and parenting

behavior was not found. They did find that positive and negative effects came out of the adolescent mother's social networks. As noted previously, although networks provided assistance it was often perceived as intrusive. Mothers that relegated too much of the parenting role to an alternative caregiver were less responsive to their infants. Those that had relatives nearby reported feeling less satisfied and more anxious but provided a better environment as measured by the HOME. The second study did suggest a positive correlation between family support and parenting. However, it did not present similar results in regard to the baby's father or significant other. The involvement of a home-based visiting program produced positive results, including more responsive attitudes toward their children.

Crockenberg (1987) conducted a study of adolescent mothers who had spent their childhood in substitute care as wards of the state due to abuse or neglect. She reported that those who experienced rejection in their own childhood and low support from a partner were more likely to demonstrate an angry and punitive style of parenting. This was offset by those receiving positive support from their partner. Family support was not found to be significant and these mothers were less likely to have positive relationships with the afore-mentioned groups. This study is particularly interesting in that the population is similar to the one used in the current study.

A study conducted by Voight, Hans, and Bernstein (1995) of low SES African American adolescents found that female kin, male partners, and friends were the most prominent support systems identified. They found that more support from the grandmother was related to the daughter providing more positive interaction with her

infant. Like other studies, this support was often perceived as interference as well as assistance. In contradiction to Crockenberg (1987), but in support of Unger and Wandersman (1985), this study found that although male partners provided support it was not related to positive parenting behavior. They also found that friends were a significant source of support and that the greater number of friends in the mother's network was positively related to parenting behavior, which is supported by Unger and Wandersman (1985). Colletta (1981) contradicted these findings, noting that friends in general are not a major source of support and have little influence on parenting behavior.

Samuels, Stockdale, and Crase (1994) found that contact with the baby's father was instrumental in the adolescent mother's parenting of her infant. Studies suggest that adolescent mothers with positive partner support tend to be more accepting and less punitive with their children (Colletta, 1981; Crockenberg, 1987). In contrast, Nitz, Ketterlinus, and Brandt (1995) found that adolescent mothers with more conflictual relationships displayed fewer nurturing behaviors with their children.

Kissman (1989) suggested that a positive attitude toward parenting is essential in order to obtain healthy parent-child interaction. The complex situation of an adolescent parent would suggest that in order to maintain a healthy relationship, she would need to have her own needs met and feel supported. Although Bergman's (1989) study found that these mothers received a great deal of informal support, there were significant areas of unmet needs reported. Unger and Wandersman (1985) found that adolescent mothers with dense kin networks, more relatives living nearby or sharing the home with other children, were less satisfied and more anxious about parenting skills than those with

loose networks, relatives living at a greater distance and the ability to develop new support systems in their new role. Those individuals which these mothers choose to tap into for support may vary from relative to friend, and mentor to partner. What is significant is the level of support provided, as well as the quality of that support. Perhaps there is always potential for stress-producing or stress-reducing qualities within any of these support systems. The complexity arises in the perpetuating of negative relationships out of choice rather than obligation.

Purpose

The studies reviewed most likely conflict due to differences in populations studied and varying definitions of social support. Adolescent parents sixteen years of age and younger may differ dramatically from those seventeen years of age and older (Nitz et al., 1995). Perceived support systems have been elicited through a variety of instruments and structured interviews. Some researchers have focused on the number of relatives available within close vicinity or whether the adolescent gets along with the family rather than the type of support that is provided by these systems. Several studies fail to even examine conflicted support systems as a factor. The purpose of this study was to utilize a comprehensive tool to examine the different aspects of support, including conflicted support systems, and factors that influence these systems. The adolescent parents studied are all wards of the state, meaning they have a history of abuse or neglect from their families, which is a population which has not typically been addressed in past studies. None of the adolescents were residing with family members or significant others at the

time of the study, which is also unusual for the literature. Data was gathered in the subjects' homes as opposed to center-based observation as customarily utilized in the literature. This was done in order to observe the adolescent mother in her own environment in an attempt to obtain a more accurate measure of parent-child interaction that typically occurs on a daily basis. The combination of these factors should provide us with a unique picture of adolescent mothers, especially as parents struggling to overcome their own histories.

CHAPTER 3

METHOD

Research Participants

The sample consisted of 29 adolescent mothers who were participating in a community-based independent living program. This program was designed for young adult wards who were not able to return to their families of origin and needed skills to transition to independence. This program provided assistance with educational and vocational goals, as well as basic daily living skills and parenting. All of the women were under the guardianship of the state and were living in residences apart from family members. Each mother was recruited to voluntarily participate in the study. The participants were drawn from a sample of 32 young mothers. Three of the teens were unavailable for the interview for three consecutive home visits.

Mothers ranged in age from 17 to 21 years of age at the time of the interview (\bar{X} = 19.6). The majority of the participants were of African American descent ($n = 25$) with two participants being Caucasian and *two* denoting themselves as Bi-racial. Participants had between one and six children with one and two children being the mode at 13 participants each (89.7%). Two of the mothers had three children with one mother having six children. Three of the mothers had at least one child in custody of the state (10.3%). The length of time that the mothers had participated in the program spanned from less

than one month to three years and four months, with a mean of slightly over one year ($\bar{X} = 1.01$, $SD = .77$).

The child chosen for observation was selected based on age if there were multiple children within the family. The criteria was as follows: children were to be between the ages of zero and three years of age, with the child closest to three being the target child. One of the assessment tools is broken down into two age groups, zero to three (0-3) and three to six (3-6). These criteria were chosen in order to allow for only one age scale (0-3) of the assessment to be used and that, based on the assessment tool, the older child would provide a more accurate assessment of parent-child interaction. The 29 children ranged in age from 0 to 33 months with a mean of fifteen and a half months ($\bar{X} = 15.48$) at the time of the interview. Twenty-five of the children were of African American descent. One child was Caucasian and three denoted as Bi-racial. Seventeen of the children were male (58.6%) and twelve female (41.4%).

Instruments

The two measures used were the Home Observation for Measurement of the Environment (HOME, Caldwell & Bradley, 1984), an interview and observation tool used to assess the quality of stimulation, affective responding, and disciplinary practices in parent-child interactions, and the Arizona Social Support Interview Schedule (ASSIS, Barrera, 1981), utilized to assess the subjects informal social support network of positive and negative social contacts, with modifications by Mitchell (1989).

The HOME inventory entails six subscales with a total of forty-five (45) items.

The subscales are: Emotional and Verbal Responsivity of Parent (11 items); Acceptance of Child's Behavior (8 items); Organization of Physical and Temporal Environment (6 items); Provision of Appropriate Play Materials (9 items); Parental Involvement with Child (6 items); and Opportunity for Variety in Daily Stimulation (5 items). The Emotional and Verbal Responsivity subscale is designed for observation of the parent responding verbally to the child and observer, as well as a display of affection toward the child. For example, "Mother spontaneously vocalizes to child twice during the visit (excluding scolding)." Acceptance of Child's Behavior should provides an idea of the extent to which punishment or restriction of behavior is utilized. For example, "Mother does not shout at child during the visit." The subscale Organization of the Environment addresses consistency and safety of care for the child. For example, "When mother is away, care is provided by one of three regular substitutes." Play Materials addresses the developmental appropriateness of the child's toys. "Child has one or more muscle activity toys or pieces of equipment." Parental Involvement focuses on the observation and eliciting of the parent's attachment and investment. For example, "Mother tends to keep child within visual range and to look at him often." The subscale Opportunities for Variety addresses the involvement of a father figure and other relatives. For example, "Father provides some caregiving everyday."

Each item on the HOME is scored "yes" = 1 or "no" =0. In the average population, it is expected that 50% of the homes would fall within the middle range of 26 to 36. It would also be expected that 25% of the homes would fall below this range and

that 25% would score above this, demonstrating an outstanding environment. Reliability data for the 0-3 HOME was based on a sample of 174 families, with a variety of ethnic backgrounds and socio-economic statuses, living in Little Rock, Arkansas. The samples consisted of approximately two-third African Americans, with two-thirds of the families being non-welfare recipients. Internal consistency was .89 for the total HOME and an average of .70 for the six subscales, using the Kuder-Richardson-20 coefficient (Magura & Moses, 1986).

The ASSIS delineates the composition of an individual's social support network in regard to five specific functions. The functions are: sharing private feelings or having someone to talk with about private and personal things, providing material aid or someone to lend or give something valuable if needed, giving positive feedback or someone who praises the individual, social participation or people to recreate with, and negative interactions someone who can be expected to upset the individual. Subjects are asked to identify specific people who fulfill these functions and, specifically, those that have done so within the last month. Under each category, subjects are asked to rate their satisfaction and need for such support on a 3-point scale. Although this tool is primarily descriptive, it is possible to use previous results for comparison purposes. Barrera (1981) reported an average network of 15-20 individuals for pregnant teenagers. Nitz, Ketterlinus and Brandt (1995) had comparable results for parenting adolescents. Mitchell (1989) reports significant reliability scores ranging from .67 to .98.

Procedure

Each of the subjects were assigned a random number to insure confidentiality. All of the adolescent mothers were contacted in person in order to arrange for a mutually desirable time for a home visit. They were informed that it was important for the target child to be present and awake during this visit and that the appointment would last approximately one and one-half hours. It was anticipated that conducting the interview in the parent's environment would provide a less stressful atmosphere and allow for more accurate observation of parent-child interaction.

Consent was obtained in writing from each subject (Appendix A). The consent was read aloud to the mother in order to insure understanding of the procedures and purpose of the interview. The potential benefits and possibility of psychological stress were shared with the subjects, allowing them to refuse participation or to terminate the interview at any time. The mothers were informed that a referral for counseling services would be provided if needed and that any witness of abuse by the interviewer would result in a hotline report. Subjects were given an opportunity to seek further understanding or clarification prior to beginning the interview. Guardian consent was also obtained for those subjects under 18 years of age.

An interview format was chosen in order to avoid any possible literacy issues or misperception of the material. The interviews were conducted by three individuals of at least Bachelors level with no less than five years experience working with teen parents. Ten (34.5%) of the interviews were conducted with two observers in order to assure a high correlation and maintain reliability. Due to the complexity of coordinating home

visits, it was decided that one-third of the interviews would be sufficient to predict consistency among observers. Interobserver reliability ranged from 91% to 100%, with a mean of 97.2%. All interviews were conducted over a three month time period no more than ten days apart.

The quality of the mother's parent-child interaction with the target child was assessed using the HOME. Mothers were asked to select a place in the home where they would be comfortable conducting the interview. They engaged their children in a variety of tasks during the interviews, including playing with toys, feeding, diapering, playing games, and free time. Subjects were not given any direction regarding what should be done during this time, allowing for a relatively unstructured free observation period. The interview/observation period for the HOME lasted approximately one hour. Interviewers were instructed to utilize an accepting and objective approach, more like a friendly talk. They were also instructed to focus on the target child in order to prevent subjects from feeling defensive or uncomfortable.

Following completion of the HOME, subjects were interviewed regarding their support systems utilizing the ASSIS. All questions were read aloud by the interviewer with administration of this survey ranging from ten to fifteen minutes.

CHAPTER 4

RESULTS

Descriptive Statistics

Scores on the HOME ranged from 13 to 40 ($n = 45$), with the majority of the mothers scoring in the middle range ($\bar{X} = 29.62$, $SD = 6.08$). In the average population, 50% of the homes would fall within this middle range, 26 to 36. This means that the majority of the mothers ($n=15$) demonstrated a satisfactory level of parent-child interaction as measured by the HOME. Three (3) of the mothers scored in the upper fourth, demonstrating outstanding parent-child interaction and eleven (11) of the mothers scored in the lowest fourth demonstrating an unsatisfactory level of parent-child interaction. Scores were especially high on Responsivity, with fifteen (15) of the mothers scoring in the upper fourth and ten (10) scoring in the middle range. Scores were also high within Organization, with nine (9) mothers scoring in the upper fourth and sixteen (16) scoring in the middle range. Table 1 outlines the distribution of scores in each of the subscales and in the overall total as measured by the HOME.

Insert Table 1 about here

The total number of individuals who provided some type of positive function

ranged from 1 to 11, with the majority of subjects reporting less than 8 (\bar{X} = 5.55, SD = 2.63). Twenty-three (79.3%) of the subjects indicated that there were 2 or fewer individuals with whom they could share personal things. Twenty-two (75.9%) indicated that they would not talk to family members about personal things. Twenty-six (89.7%) subjects indicated that they would not share personal feelings with their baby's father or significant other. Fifteen (51.7%) of the subjects reported friends as a resource they would share private feeling with. Siblings and extended family members were also reported as a resource (n=9), as well as counselors or program staff (n=7).

Over half of the subjects (51.7%) indicated that there was only one individual that would provide them with material support if they needed it. Another quarter of the subjects (24.1%) indicated that there was no one to assist them. Seventeen of the subjects (58.6%) indicated that no one in their family would assist them with material needs and twenty-two (75.9%) indicated that they could not rely on their baby's father or significant other. These results are not surprising considering the nature of the sample. Friends were the highest reported source in this area, with nine (31%) subjects noting them as a material support resource. Extended family members were also named, with five subjects denoting a grandmother, eight subjects naming either a sibling, aunt, uncle, or step-father.

The number of individuals that would provide the subjects with positive feedback was distributed from 0 to 7 individuals. However, nineteen (65.5%) of the subjects indicated that they did not receive positive feedback from family members and eighteen (62.1%) did not receive it from their baby's father or significant other. Positive feedback

was likely to come from a friend (n=10), program staff or counselor (n=18), siblings (n=5), or extended family (n=5).

Similarly, the number of individuals indicated as providing negative interactions ranged from 0 to 6. Sixteen (55.2%) of the subjects indicated a family member and fifteen (51.7%) of the subjects indicated negative interactions with the baby's father or significant other. Although the report of family members is high, identifying the baby's father as a source of conflict at this level is consistent with past research. Table 2 outlines the sources of support as reported on the ASSIS.

Insert Table 2 about here

It is important to note that the mean number of family members listed as sources of support was less than 1, with a standard deviation of slightly greater than 1 ($\bar{X} = .66$, $SD = 1.07$). Only five (17.2%) of the subjects indicated their mother as a source of positive support. Again, these results are to be expected given the nature of the population studied.

Inferential Statistics

Correlations were calculated between the HOME subscales and the demographics of the population. The age of the child was significantly negatively related to acceptance of the child's behavior ($r = -.42$, $p < .05$). This means that mothers with younger children were more accepting of their child's behavior in the experimental context. Also, the

child's gender was negatively significant with provision of appropriate play materials ($r = -.38, p < .05$). Male children were less likely to have developmentally appropriate toys than female children within this population.

Correlations were also calculated within the HOME subscales. Parental involvement was positively correlated with all of the sub-scales, with the exception of acceptance of the child's behavior ($r = .06$). These included responsiveness of the parent ($r = .45, p < .05$), organization of the environment ($r = .38, p < .05$), provision of appropriate play materials ($r = .44, p < .05$), and opportunities for variety ($r = .47, p < .01$). This means that the mothers were fairly consistent in their parent-child interaction if they scored well on the HOME. Those that demonstrated an attachment to their child also demonstrated consistency in the environment, developmentally appropriate toys, and variety in the child's routine.

A greater network of individuals providing positive feedback was significantly correlated with a greater network of individuals available for material assistance ($r = .39, p < .05$). A larger group for social participation was also significantly correlated with more individuals providing positive feedback ($r = .39, p < .05$), as well as with a greater network of people with whom subjects felt comfortable sharing private feelings ($r = .45, p < .05$). Interestingly, a greater number of negative interactions was significantly correlated with comfort sharing private feelings as well ($r = .46, p < .05$).

As might be expected, a greater network of family members that provided positive feedback was significantly correlated to material assistance from family ($r = .66, p < .01$).

Similarly, family members being indicated as social participants was significantly correlated to sharing private feelings with family ($r = .61, p < .01$).

Significant others or the baby's fathers who were indicated as providing positive feedback to mothers were related to the positive support categories, including sharing private feelings ($r = .43, p < .05$), assisting with material needs ($r = .72, p < .01$), and providing social recreation ($r = .72, p < .01$).

The total network of positive support was significantly correlated to the number of negative interactions ($r = .39, p < .05$). Eleven subjects (37.9%) reported a need for more positive support in either the area of private feelings, material aid, or positive feedback. Twenty-two of the subjects (75.9%) reported a need for more social participation.

Hypothesis Testing

In examining the relationship between the HOME and ASSIS, several interesting findings resulted. The parent involvement with the child was positively related to the number of people in the mother's network providing positive feedback ($r = .38, p < .05$). This means that those mothers who perceived more positive feedback demonstrated more involvement with their child in the experimental context, which would support the hypothesis that more unconflicted support would be related to positive parent-child interaction. Organization of the physical and temporal environment was positively correlated with the number of negative interactions ($r = .41, p < .05$). Mothers demonstrated better environmental organization as the number of negative interactions increased. Scores within organization of the environment were especially significant when correlated with negative interactions with the baby's father or significant other ($r = .51$).

$p < .01$). This does not support the hypothesis that more conflicted support would be related to less positive parent-child interaction.

Parent involvement with the child was negatively related to social participation with the family ($r = -.51, p < .01$). This means the greater the social involvement was with the family, the less involvement the mothers demonstrated with their children in the experimental context. The provision of appropriate play materials was also negatively correlated with family socialization ($r = -.50, p < .01$). This means that the mothers who were socially involved with the family provided fewer age appropriate toys for the child. Parental involvement, however, was positively related to the total number reported in the social support network ($r = .36$). This means that those mothers who reported a greater support network overall demonstrated more involvement with their child within the experimental context, which supports the first hypothesis but with some exceptions.

The adolescent mother's age was negatively significant with material assistance from the family ($r = -.38, p < .05$). In other words, the older the mother was, the less likely she was to receive monetary aid from her family. The child's age was also negatively correlated with positive feedback from the baby's father ($r = -.40, p < .05$), and negatively related to whether the mother recreates with the baby's father ($r = -.36$). This means that the older the child was the less likely the mother was to receive positive verbal support from the baby's father or to spend time with him socially. This finding is consistent with previous studies of adolescent mothers.

There were several points of interest in regard to the mothers' participation in the independent living program. Analysis revealed a positive correlation between the length of

time in the program and the provision of appropriate play materials ($r = .41, p < .05$). The length of time in the program was also positively related to the overall total on the HOME ($r = .40, p < .05$). Fourteen (48.3%) of the mothers indicated staff from the independent living program as a source of support.

CHAPTER 5

DISCUSSION

The data reported in this paper indicate that the adolescent mother's social support network influences the interaction with her child, in both positive and negative ways. This is consistent with Richardson, Barbour and Bubenzer (1991) who found support systems to play both a supportive and interfering role. In this study, it was especially true with family members and the baby's father or significant other.

As was hypothesized, adolescent mothers reporting a larger support network was related to more parental involvement. Mothers who perceived more positive feedback from their network demonstrated significantly greater involvement with their children, providing toys that challenge the child, spending time teaching, and consciously encouraging developmental advance. This is most likely due to available support cushioning the transition to parenthood for the teen, making this shift more manageable. This also follows Unger and Wandersman's (1985) study in which they found perceived support to be associated with better parenting skills.

Contrary to the other hypothesis, no significant findings were produced to suggest that a more conflicted support network correlated with poorer parenting skills. Interestingly enough, the greater number of negative interactions experienced by the mother, the more likely she was to have greater consistency and safety within her child's

environment. This was especially true when the mother reported negative interactions with the baby's father or significant other. One possible reason for this may be a lack of outside caretakers for the child, leading to a limited amount of substitute care. However, this particular facet was not measured in this study.

Mothers who reported greater social involvement and recreation with family members demonstrated less involvement with their child and fewer age appropriate play materials. This may reflect the mothers' dependence on the family for other forms of support, such as child care, which may limit the amount of time spent with the child. Often mothers reported toys being at the substitute caregiver's house. These findings would support Mayfield-Brown (1989) who found adolescent mothers to be more dependent upon the family. The number of mothers who reported interacting with their families was limited in this study. A lack of family interaction is not surprising given the sample's history of abuse and neglect. The historically dysfunctional family patterns would predict a lack of family involvement or instability in family interaction that does occur.

The older the adolescent mothers were, the less likely they were to receive material assistance from the family. It seems that the younger adolescents are able to rely on the family for more support, but as the mothers get older they are less likely to be able to rely upon the family in times of need. Although this is developmentally appropriate, this finding demonstrates the lack of resources available to the mother in a crisis. Unger and Wandersman (1985) found that support from the mother's family and financial stability were related to the mother's sense of self-esteem and sense of life mastery.

Along these same lines, as the child grows older, the baby's father is less likely to remain involved in the child's life within this group. Those fathers that provided positive feedback were consistently noted as being sources of positive support in all areas. This occurred with children who were fairly young, supporting the idea that continued involvement may be less likely as the child grows older. This is unfortunate considering that Samuels, Stockdale, and Crase (1994) found that this relationship was instrumental in the mother's parenting, as well as other studies finding it significant in adjustment and self-esteem (Thompson, 1986; Thompson & Peebles-Wilkins, 1992). It is not surprising, however, to consider that the relationship which produces a child during adolescence will not survive that baby's childhood. A significant other or "step-father" seemed to be a sufficient substitute for this sample, which is consistent with the literature.

Mothers demonstrated less acceptance of the child's behavior as he/she grew older. This suggests that these adolescent mothers may have unrealistic expectations of their children or perceive older children as having more volition. This becomes especially significant during toddler years. These findings are consistent with previous studies which state that mothers are unaware of developmental patterns and have inappropriate expectations for their children (Field et al., 1980; Rickel & Biasatti, 1982). Findings also indicate a higher frequency of corporal punishment and less tolerance of the child's behavior among this group of adolescent mothers, even if the child has a nurturing environment. This would support previous studies suggesting that adolescent mothers present more negative parent-child interactions (Field et al., 1980; Nitz et al., 1995; Rickel & Biasatti, 1982). One possible reason for these results, given this sample, is the

reenactment of caregiving they experienced. Crockenberg (1987) suggested that adolescent mothers who experienced abuse as children are likely to utilize similar skills as parents. Another reason may be that these families are single-parent households and forms of quick, harsh discipline may be used out of necessity due to the other demands within the home. Many of these mothers may lack basic knowledge of child development or parenting skills, but may be less likely to seek out these skills.

Interestingly, community support was most significantly related to overall parenting as reported on the HOME. Participation in the independent living program *may* be an influence on the parent-child interaction showing those mothers who had been participating for longer periods of time demonstrating significantly higher scores. Even so, compared to Luster and Rhoades' (1989) sample of adolescent mothers this group scored substantially lower; nearly 6 points ($\bar{X} = 35.5$, $SD = 4.6$). It is important to take into account the limitations of this sample in the results presented. It would have been surprising if this sample demonstrated parenting skills that were comparable or surpassed other adolescent parenting populations. Given the abusive backgrounds, the HOME scores were reassuring. These results suggest that negative family patterns may be able to be gradually overcome with support and education.

It is often questioned whether community support can substitute for family or significant others. Thompson (1986) suggested that community programs which provide alternative sources of support may be able to compensate for the lack of family support. Unger and Wandersman (1985) demonstrated positive results through participation in a home-based visiting program, including mothers being more responsive to their children.

Interventions surrounding education of infant development and parenting skills, advocacy and assistance in accessing health care, and emotional support may be the most effective mode of reversing the effects of early child-bearing. It is important to note, however, that each adolescent mother has individual needs which must be assessed. Individual characteristics and perceptions may influence what will work most effectively for her and when. Unger and Wandersman (1985) also stressed the importance of a strengths-based approach. Kissman (1989) found that education and intervention surrounding the mother's parenting tended to have an extended effect on the mother's support system. This would suggest that the positive outcomes surrounding community intervention could lead to a more consistent form of child care from the support system surrounding the mother.

The results of this study suggest that although community based support systems may not always be recognized as a significant source of support, as indicated by the moderate level of report by the sample, such consistent systems may provide a positive influence on the parent-child relationship. Utilizing such programs as part of the intervention to counteract the effects of adolescent parenting may render a reasonable substitute for those lacking healthy and positive support systems. It is especially important, when serving a population such as sampled here, to incorporate a variety of activities which may utilize peer and adult interaction. Support groups which allow for adolescent mothers to interact with and gather support from one another may provide a resource for expanding networks, as well as allowing for a variety of stimulation and

educational settings. Individualized and supportive programming will increase the likelihood of participation and longevity of interest.

Results also suggest that adolescent mothers may have difficulty separating the positive and negative aspects of their relationships. A number of the negative support systems listed included friends, boyfriends, and extended family. Fourteen of the mothers reported positive support systems being a source of negative interaction as well. If support systems are limited, they are more likely to rely upon those individuals who provide some level of support even if it is linked with negative interactions. This may be especially true with family members and significant others. Adolescent mothers are inexperienced at the parental role and navigating independent community living. A focus for intervention should be targeted toward assisting mothers in characterizing these relationships and navigating decisions surrounding interaction. This may be more effective if it is framed surrounding the effects these interactions might have on their children, as opposed to themselves individually. Coupled with strengthening positive relationships and decreasing negative ones should be a focus on building self-esteem and empowerment.

Although this study enhances knowledge regarding support systems and parent-child interaction among adolescent mothers, it has several limitations. The sample examined a select group of wards of the state who were participating in a structured program. The degree to which this study can be generalized to other populations may be limited. A second limitation is that mothers were assessed during one home visit. A longitudinal study which continued to follow these mothers as they participated in programming may have provided further insight into the relationship between these

factors. This study also examined only one child within each family. Observing the interaction with all of the children in the family may have provided a more objective measure of the mothers' parenting skills.

Further research needs to be done involving adolescent parents who have been victims of abuse and neglect in regard to the effects support systems have on parent-child interaction. Future studies would benefit from a longitudinal approach that would track parenting skills as the population mature and their support systems change. Utilizing programming and community based support systems in an experimental context might also provide insight into the effectiveness of these interventions. Any young woman who enters into parenthood faces prodigious challenges. Strengthening her relationship with her child and assisting her in gaining confidence in her parenting skills can only assist her in other aspects of her life.

APPENDIX A

CONSENT FORMS

Consent for Participation

Project Title: Support Systems and Adolescent Mothers: Effects on Parent-Child Interaction

I, _____, state that I am over 17 years of age and that I wish to participate in a research project being conducted by Kimberley Jacobs.

A number of studies have been done surrounding adolescent mothers and social support systems. The research has been inconsistent as to whether support networks are effective in assisting adolescent mothers demonstrate more positive interaction and experience less psychological distress. The focus of this study is to clarify which support systems are most helpful with adolescent mothers so that we can assist them in strengthening those systems.

The research will consist of one home visit for approximately one and a half hours. During that time, you will be interviewed about what your child does when he is at home - what he likes to play with, whether he plays by himself or likes to play with others, etc. It is important that your child(ren) be present and awake during this time. We will also be discussing which people in your life you find to be most helpful and least helpful. The two instruments being used will be the HOME and ASSIS.

We understand that it can be uncomfortable to have someone in your home and that this can become stressful. You have the right to refuse participation in the study or to stop the interview at any time during the home visit if you feel uncomfortable. A referral for counseling will be provided if needed.

We hope to learn more about you and your child through this study, and hope that you might as well. The study should lead to professionals providing better assistance to young moms and help us improve our understanding of them.

Please feel free to ask any questions you might have regarding the study or what we will be doing during the home visit.

All interviewers are mandated reporters and any witness of abuse will be result in a hotline report.

I acknowledge that _____ has fully explained to me the risks involved and the need for the research; has informed me that I may withdraw from participation at any time without prejudice; has offered to answer any inquiries which I may make concerning the procedures to be followed; and has informed me that I will be given a copy of this consent form.

I freely and voluntarily consent to my participation in the research project.

Signature of Investigator

Date

Signature of Subject

Date

Witness

Date

Consent of Guardian for Study Participation

I, legal guardian of _____, a minor whose birthdate is _____, hereby consent for said ward to participate in a research project being conducted by Kimberley Jacobs under the supervision of Loyola University Chicago, titled *Support Systems and Adolescent Mothers: Effects on Parent-Child Interaction*.

A number of studies have been done surrounding adolescent mothers and social support systems. The research has been inconsistent as to whether support networks are effective in assisting adolescent mothers demonstrate more positive interaction and experience less psychological distress. The focus of this study is to clarify which support systems are most helpful with adolescent mothers so that we can assist them in strengthening those systems.

The two measures to be used will be the Home Observation for Measurement of the Environment (HOME), an interview and observation tool used to assess the quality of stimulation, affective responding, and disciplinary practices in parent-child interactions (Caldwell & Bradley, 1984), and the Arizona Social Support Interview Schedule (ASSIS), utilized to assess the subjects' informal social support network of positive and negative social contacts (Barrera, 1981), with modifications by Mitchell (1989).

Consent will be obtained in writing from each subject. Confidentiality will be upheld by assignment of random numbers to each subject. Subjects will be given the option to withdraw or terminate the interview at any point, as well as refuse participation without penalty. Clients who are perceived to have an unusual amount of distress surrounding investigation of parenting skills or personal issues will be dropped from the sample and referred to a mental health specialist.

Guardianship Administrator

Date

by _____
Asst. Guardianship Administrator and Authorized Agent

Witness

Date

APPENDIX B

TABLES OF OUTCOMES

Table 1. Distribution of Scores on the HOME

Category	Lowest Fourth	Middle Half	Upper Fourth
Acceptance	8 27.5%	18 62.0%	3 10.3%
Involvement	11 37.9%	9 31.0%	9 31.0%
Organization	4 13.7%	16 55.1%	9 31.0%
Play Materials	7 24.1%	17 58.6%	5 17.2%
Responsivity	4 13.7%	10 34.4%	15 51.7%
Total Score	11 37.9%	15 51.7%	3 10.3%

Note: In the average population of homes, 25% would score in the Lowest Fourth, 50% in the Middle Half and 25% in the Upper Fourth.

Table 2. Mean Numbers of Support Systems as Reported on the ASSIS

Category	Total Network	Family	Significant Other
Private Feelings			
Mean	1.59	.48	.10
SD	1.57	1.21	.31
Material Aid			
Mean	1.31	.59	.24
SD	1.26	.87	.44
Positive Feedback			
Mean	2.90	.66	.38
SD	2.13	1.23	.49
Social Participation			
Mean	2.66	.83	.45
SD	1.80	1.28	.51
Negative Interactions			
Mean	2.03	.72	.52
SD	1.57	.75	.51
Total Network			
Mean	6.86		
SD	3.24		

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VITA

Kimberley B. Jacobs was born in Des Plaines, Illinois and grew up in the surrounding suburbs. She completed a Bachelor of Arts at Wheaton College in Psychology and Communications and went on to do Masters work at Loyola University Chicago. She has an extensive work history in child welfare, with a focus on adolescent parents and abused children. Kimberley has over five years of administrative and supervisory experience in both residential and outpatient settings. She also has experience in therapy, case management, substance abuse and crisis intervention. Kimberley is currently employed at a large child welfare agency in Chicago.

THESIS/DISSERTATION APPROVAL SHEET

The thesis, Support Systems and Adolescent Mothers: Effects on Parent-Child Interaction, submitted by Kimberley B. Jacobs has been read and approved by the following committee:

Elizabeth M. Vera, Ph.D., Director
Assistant Professor, Counseling Psychology
Loyola University Chicago

Manuel S. Silverman, Ph.D.
Professor, Counseling Psychology
Loyola University Chicago

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirement for the degree of Master of Arts.

4.7.97

Date


Director's Signature