

Parental Knowledge and Adjustment of Mothers in a Treatment Facility

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Introduction

- More than 1 in 10 children in the US live with a parent who abuses drugs or alcohol (Children's Bureau, 2014).
- Prior research has demonstrated that parental substance abuse impacts: parents' perceptions of themselves (Liles et al., 2012; Pajulo et al., 2001; Yanikkerem et al., 2013), the quality of parent-child interactions (Bromberg et al., 2010; Liles et al., 2012; Pajulo et al., 2001; Schechter et al., 2015), and the family's overall functioning (Carlson, 2006).
- With a push to keep families together (Children and Family Futures, 2017; National Drug Court Institute, 2017; Roberts, 1999), a proportion of treatment facilities have modified their programs to include a focus on family issues and motherhood (SAMHSA, 2007).
 - Integrated programs that focus on parenting skills, in addition to combating addiction, have demonstrated positive results (Calhoun et al., 2015; Niccols et al., 2012).
- This study aimed to examine women's knowledge of infant development, subjective perceptions of their adjustment to the parenting role while in a residential treatment facility, and their evaluation of programming designed to enhance their understanding of the progression and timing of developmental milestones.

Method

- These analyses focus on the four women ($M_{age} = 35.3$; 100% Caucasian) who completed both the pre- and post-programming surveys. At the time of the pre-programming survey, two of the women were pregnant and two had young infants ($M_{age} = 40.5$ days).

Materials

- Knowledge of Infant Development – Part B:** Women indicated whether they agreed with the age listed for 19 developmental milestones, if they believed infants are younger or older when they reach the milestones, or if they were not sure (McPhee, 1981). Answers were coded as correct/incorrect and the correct items were summed.
- Edinburgh Postnatal Depression Scale:** Women indicated how frequently they have had depressive feelings across 10 items using a 1 to 4 scale (Cox et al., 1987). A mean score was calculated.
- Parenting Stress Inventory:** Women indicated how much difficulty they thought they would experience or had experienced on 17 parenting tasks using a 1 to 4 scale (Terry, 1991). A mean score was calculated.
- State Anxiety:** Women indicated how much they had felt anxiety across 3 items using a 1 to 4 scale (Marteau & Bekker, 1992). A mean score was calculated.
- Subjective Evaluation of Programming:** Women answered 10 questions on the usefulness of the programming. Responses analyzed independently.

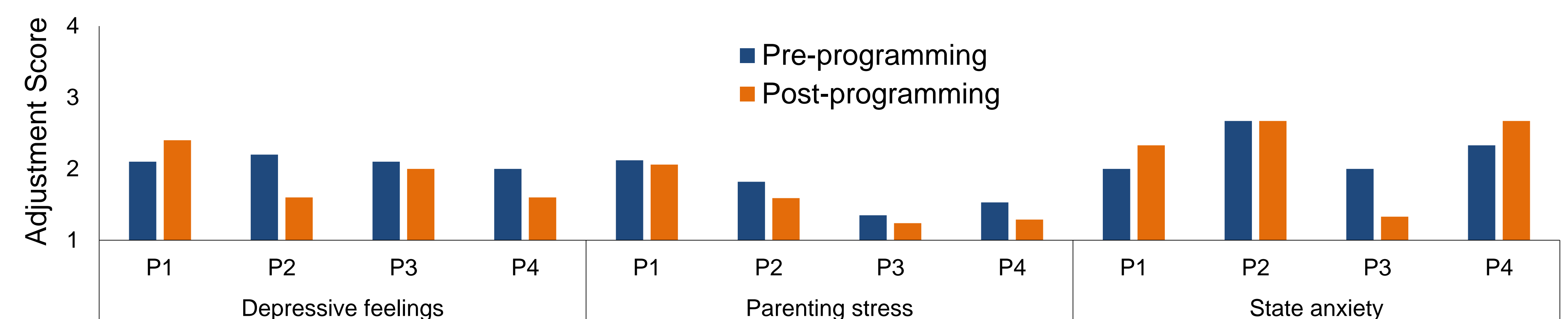
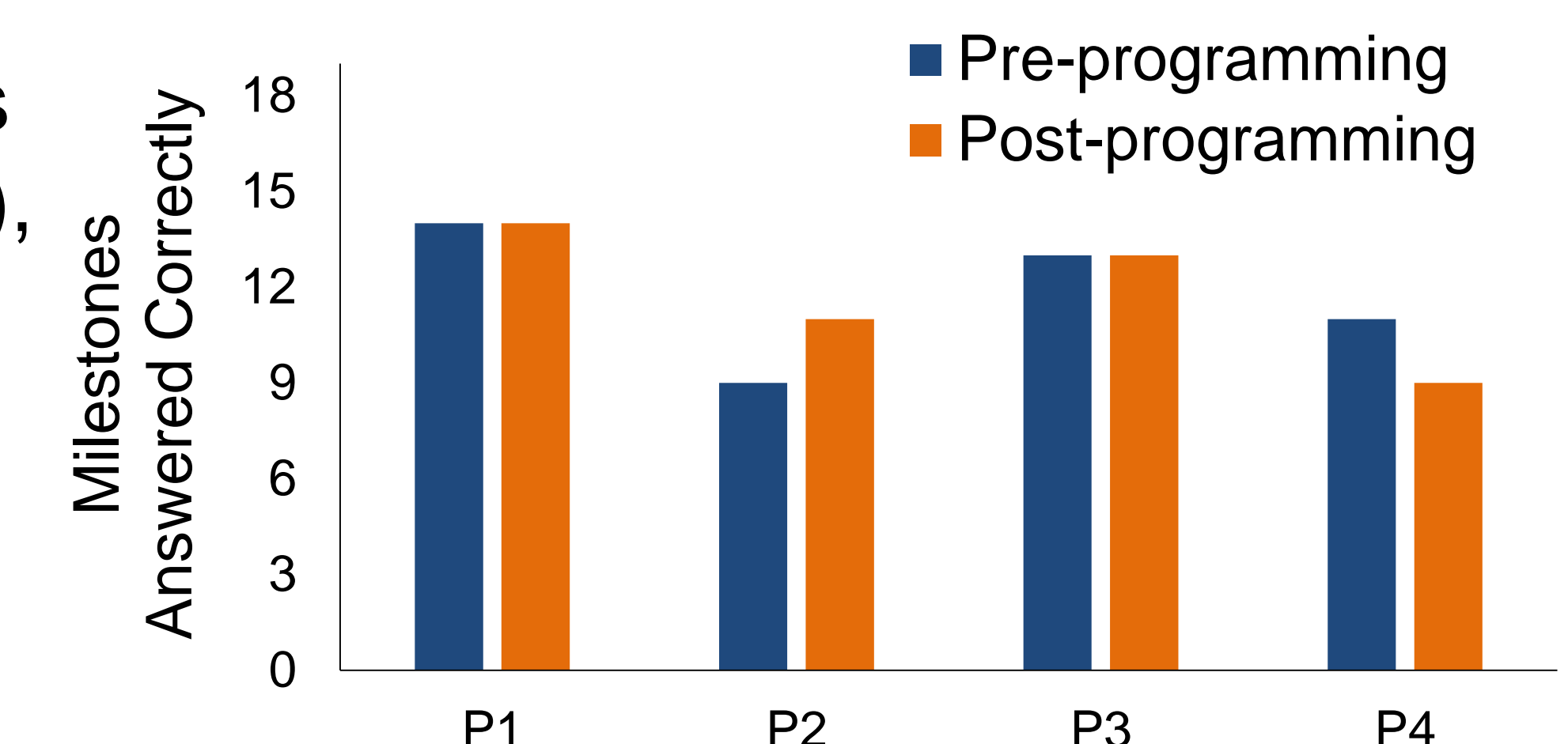
Results

Pre-programming

- The mothers correctly answered, on average, 11.75 of the developmental milestone questions.
- They also reported, on average, moderate levels of depressive feelings ($M = 2.1$), stress ($M = 1.7$), and state anxiety ($M = 2.3$).

Comparing pre- to post-programming

- No difference in the average number of developmental milestone questions answered correctly.
- No significant change was found in mothers' average depressive feelings or state anxiety. Mothers reported feeling significantly less stressed in dealing with parenting tasks after the programming than they had before it, $t(3) = 3.67, p = .035$.



Post-programming

- Mothers' subjective evaluation of the programming's lessons were generally positive.
 - All mothers indicated that the information was helpful in teaching them about the development of their infant, that the information was presented in a fun and engaging way, and that the presenter spoke clearly and effectively when teaching.
 - Two of the mothers reported that they already knew some of the information taught.
 - One mother suggested using a presenter who seemed more similar to them.
 - Three of the mothers perceived that the programming would "definitely" be helpful to other mothers at the residential treatment facility and to mothers outside of the facility.

Discussion

- Despite the aims of the *Smart Beginnings* programming, mothers' knowledge for the timing of infant development milestones was not altered after attending the programming.
- While not a direct focus of the *Smart Beginnings* programming, aspects of mothers' adjustment to the parenting role may be indirectly impacted by programming designed to increase parenting skills while also addressing mothers' addiction.
- Two limitations include that the programming was taught by someone external to the research team and the small clinical sample. Future research should aim to recruit multiple waves of participants as they transition through the residential treatment facility.