

Teen Parent Education to Prevent Child Abuse and Neglect

Year I - Evaluation Report

1987-1988

prepared for

Eastern Connecticut Parent Child Resource System

Putnam, Connecticut

by

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I. Program Goals and Objectives

The purpose of this program is to provide parenting education and support services to pregnant teenagers and young parents to help improve knowledge, attitudes, and behavior in child rearing and to improve the quality of parent-child relationships.

The objectives of the program are to provide:

1. parenting education programs to pregnant teenagers and young parents in a group setting;
2. peer supports to reduce the isolation of rural areas;
3. in-home services to some of the teenagers who need more intensive services;
4. educational and support services to young fathers; and
5. to evaluate the impact of these services on client knowledge, attitudes, and behaviors in child rearing and in parent-child relationships.

II. Purpose of Evaluation

The purpose of the evaluation is to assess the specific impact of the program on client knowledge of and attitudes toward the topics covered in the educational groups, as well as the more global effects of the program on clients' general functioning as parents, and their children's well-being.

III. Program Description

Each group included 12 different educational topics with different guest speakers and each group worker was responsible for facilitating three groups throughout the year. The group locations were selected to help teens form bonds with other group participants who live near them. The Northeast and Windham programs had the same schedule. The format was the same for all groups - the first hour the clients prepare lunch, discuss nutrition and socialize. The remaining time is devoted to the discussion of a specific topic led by a community volunteer. The group membership combined clients who were enrolled in the GED program, as well as school dropouts, in order to provide positive role models for the dropouts and for logistical reasons.

The first Mothers Group in Danielson registered 16 girls and had an average weekly attendance of eight to twelve girls. The girls were highly motivated and eager to attend. They were very outspoken and confided in the group worker as a friend. They were mainly interested in learning about child development and partner relationships issues. The majority of mothers in this group lacked adequate parenting skills and did not take parenting issues seriously. They liked the child development sessions but really did not think that being a parent is a "big deal". They all had a strong desire to make friends with other teens in their situation and the group gave them this opportunity. The teens enjoyed the cooking/nutrition part of the program and expressed a lot of interest in learning how to budget their money more efficiently. The clients in this group accepted the worker with an atmosphere of friendship and looked to her for advice and concern for the

problems in their lives. They desperately sought attention and recognition for the things that they did. Several friendships existed outside of the group, as well as a pair of sisters. The day care served six to nine children, each session.

Danielson had the largest and most cooperative group for the Northeast program. Feedback from the group was excellent. The majority of participants wished to return to the new group in the Fall. The only negative feedback the girls expressed concerned the day care staff to infant ratio. This problem has been addressed by hiring additional day care staff for the groups in the Fall.

The Putnam group was smaller than the Danielson group and had eight teens who attended on a regular basis. There were approximately eight to ten infants in the day care each week. Attendance was a problem for many girls since there were many more pregnant girls near delivery in the group than in other groups. Additionally, the group lost several girls due to enrollment in summer school or the summer youth employment program. Although the Putnam group received the same information as the Danielson group, they were less receptive to the information.

In Moosup, 12 girls registered for the Mothers Group, seven of whom attended regularly. The clients in the group were very enthusiastic and felt comfortable with the group worker. They shared many personal thoughts and sought advice or alternative measures to solve their problems. They were mainly interested in child development sessions. This group was also particularly interested in finding employment. All seven of the mothers had

relatively good parenting skills and were concerned about being a good parent. Group discussions covered many topics of interest such as child abuse, partner problems, unemployment issues, alcohol and drug abuse, child development, birth control and teen parent problems. Most of these mothers were isolated before joining the group. The group helped them make friends, socialize and be with other young parents with similar interests. Several friendships formed and continue to exist outside of the group. Three to five children were cared for in the nursery at each session. The group was disbanded because three of the mothers found daytime employment, one mother moved out of the area, one mother delivered her baby and could not continue, and another member moved away and staff were unable to locate her. Moosup will be included again in year II of the grant.

The Windham program group worker facilitated two groups. The West Avenue group was based in a small low income public housing project in Willimantic. The Willimantic Mothers Group had seven to eight mothers who attended regularly, four of whom were Hispanic. Three of the members were pregnant for the first time and one teen had just delivered. One client already had four children. There were usually three to four children in day care. The majority of clients did not know each other before the group began. The group worker viewed the group as cooperative with her, the guest speakers, and each other. Many of the women formed friendships outside the group. The women felt comfortable sharing their concerns and problems. The group enjoyed all of the guest speakers and were eager for parenting information. The group worker provided individualized in-home casework services to six of the group members. These services included counseling, resource

assistance, and referrals.

The Mansfield group was the most difficult one for the Windham program. The group had eight members, only four of whom attended regularly; four were pregnant. Three children attended day care regularly. The members developed some friendships and a limited support network with each other but not as readily as the Willimantic group. The group was not as accepting of the information from the guest speakers because they believed they had good parenting skills. The group worker sees three of the members on an individual basis.

The Windham male outreach worker continued to recruit fathers for the program. Referrals came from program staff, management at the low income housing project where the program is based, and for a local youth probation program. The males continued to resist the concept of a formalized group so the outreach worker continued his individual casework services. The project is based in Windham Heights which is a low income housing project with an 85% Hispanic (Puerto Rican) population. The outreach worker is employed by the Windham Heights Community Center which will be opening a Teen Center where the outreach worker will focus some of his activities. Additionally, the fathers expressed interest in joint activities with the Mothers Groups. Several joint projects are planned for year II of the grant.

All staff and supervisors received monthly group work training with a professor from the University of Connecticut School of Social Work. The purpose of the sessions was to provide professional group work supervision, to create a format for problem

solving, and to provide on-going group work training for the staff.

Additionally, staff met continually with program evaluators to discuss data collection and analysis. Several changes in data collection and analysis will occur in year II based on experience gathered in the year I evaluation.

IV. Evaluation Methodology

The evaluation utilizes a pre- and post-test design and a variety of standardized instruments to measure the specific and global effects of the program. Clinical insights and judgment of group workers and caseworkers are also used for evaluative purposes. Because this project utilizes a quasi-experimental design, findings of the evaluation are limited to the assessment of relationships between independent and dependent variables, rather than causal findings. On the t-test, individual client scores are not matched for pre and post-test. This will be corrected in year II.

The Screening Measure for Client Referral to RAPP Programs was used to gather information to decide what level of service clients need, such as groups, individual counseling, or parent aides. The instrument is completed by the person most familiar with the client's home environment, probably the caseworker or group worker if the latter is providing individual counseling. The purpose of the measure is to provide observational ratings of the client's child care skills, home management skills, and general stability. The instrument contains 14 Likert-type scale items. (See attached instrument and scoring key).

The Attitudes and Opinions Questionnaire is completed by clients at both pre- and post-testing. The instrument consists of 39 true-false items intended to measure knowledge of and attitudes toward the topics covered in each group session. The scale yields a total scale score, as well as scores on 10 subscales, each corresponding to a different group topic. For year I, total scores and subscores, but not individual item scores, are used. (Instrument and scoring key are attached).

The Parenting Stress Index is a 101 item Likert-type scale which used a 5 point agree-disagree response format. It can be used with parents of children ages 3 months to 5 years, and takes approximately 20-30 minutes to verbally administer. It provides information on child characteristics (adaptability/plasticity; acceptability to parent; demandingness/degree of bother; mood; distractibility/hyperactivity; and reinforces parent), and parent characteristics (depression, unhappiness, guilt; attachment; restrictions imposed by parental role; sense of competence; social isolation; relationships with spouse; and health). This measure can be useful in predicting a child's current and future adjustment to school; child abuse; parental stress; family functioning; and special behavior disorders. For year I only individual item scores are useful; subscores and total score were not correctly computed.

The Conflict Tactics Scale is used to assess the types of conflict resolution strategies used by clients' parents and partners in disputes or argument with the client. The scale has three subscales corresponding to three types of conflict strategies: reasoning, verbal aggression; and violence. Total scale scores cannot be computed since the subscales measure qualitatively different types of conflict

tactics. This instrument was not successfully used in year I because the program did not relate to partner or family of origin conflict resolution and clients had difficulty answering the questions. It is recommended that this instrument not be used in year II.

The Vineland Adaptive Behavior Scales, which is used to assess a child's developmental status, was not used as planned, because administration of the instrument requires training and it was not possible to conduct the training in year I.

V. Evaluation Findings

Of the 14 items on the Screening Measure for Client Referral, the t-test comparison indicated only two items were significantly different at the .05 alpha level from pre- to post-test: (See attached instrument, scoring key, and scores on each item).

#1. Does the client see that her children receive appropriate medical care in a reasonable period of time, when needed?

#2. Does the child appear well taken care of?

On the Attitudes and Opinions Questionnaire, of the 10 subscales, only one subscale is significantly different from pre to post-test: Sex Abuse - items 4,9,35,36,38. (See attached instrument, scoring key, and subscale scores).

On the Parenting Stress Index, of the 101 items, only 3 showed statistical difference from pre to post-test:

#17 - My child seems to cry or fuss more often than most

children - 4.04 to 3.97.

#46 - As my child has grown older and become more independent, I find myself more worried than my child will get hurt or into trouble - 2.21 to 2.66.

#66 - My child knows I am his or her parent and wants me more than other people - 1.70 to 1.95.

VI. Conclusions and Recommendations

The format for year II of the project in Windham is not changed. Three groups are planned, each lasting 12 sessions. The groups will not be run simultaneously as they were in year I. The Windham program will also form a graduate group for year II. All girls who completed a group the first year will be eligible. The group will meet on a monthly basis and focus on providing an on-going support system for the girls.

The Northeast Program group format is changed for year II. The Northeast is much more rural than the Windham area and attendance in the surrounding rural areas was limited in year I. Thus, the group worker is concentrating on one large group in the centrally located Danielson area. Additionally, this group is being run on a continuous basis, rather than the 12 week format. This was done at the request of the girls who wanted on-going support and more detailed parenting information that could not be addressed in a three month group.

The main problem the project experienced concerns logistics. It has been difficult to find sites for the groups that are accessible to all clients, to provide transportation, etc. The Northeast group is

trying to eliminate these problems by concentrating on providing services to one centrally located group. The Windham program has addressed transportation problems by arranging for Dial-A-Ride to transport the girls to the group in year II.

The second major problem concerned keeping the girls motivated and attending group sessions during the summer. In spite of group picnics and beach trips, attendance dropped in July and August for a variety of reasons. Therefore, the groups will not meet on a weekly basis on the summer in year II of the project. Several trips will be planned and in-home and casework follow-up services will be emphasized during that time.

The evaluation findings from the standardized instruments only showed small and limited changes from pre- to post-testing. In addition, some of the changes were not in the expected directions. This decline in test scores in some cases, rather than improvement, may be explained by heightened participant awareness and self-criticism which sometimes occurs in training programs. There were some problems in data collection and analysis in year I. These problems are being corrected in year II and this may result in more definitive findings.

In general, several conclusions can be drawn from year I of the project:

1. This program is not easy to establish, especially in rural areas where access to transportation is not readily available. However, the program did become operational in a number of different locations and group leaders and clients were generally

very pleased with the content and process of program implementation.

2. One of the objectives of the program, which is to provide peer support, definitely was achieved. Program participants did develop friendships with each other which extended outside of the group; and clients were able to form relationships with staff both in the groups and on a one-to-one basis through individualized in-home services.

3. The program continues to struggle with engaging fathers in the educational process. Joint meetings between partners is being implemented in year II and this will be evaluated.

4. In year II, several changes are being made in data collection and analysis for evaluation purposes. This may help to determine more precisely the specific and global impact of the program on parenting and parent-child relations.

Northeast Program
MOTHERS GROUP

<u>SPEAKER</u>	<u>TOPICS</u>	<u># SESSIONS</u>
Lorraine Griffith (NEAC)	Budgeting-Coupons	1
Debbie Moyer (YPP)	Child Development 1. Growth 2. Bonding 3. Discipline	1 1 1
Lorraine Kaul (USMHS)	Stress - Depression	2
Dee Hopcroft (YPP)	Self-Esteem	2
Nancy Vitale (CC)	Career Counseling	1
Murrell Gionfriddo (YPP)	Family Violence Mental, Physical, Emotional Abuse	2
Ron Miller (USMHS)	Alcohol-Drug Issues	2
Frank Anastasio (USMHS)	Relationships-Friendships	2
Dr. Herklots (PED.)	Health Care Issues	3
Linda DeMarco (PP)	AIDS-Birth Control/STD's	2
Melanie Flynn (HM-HB)	Healthy Mom's & Babies	6
	Infant CPR & First Aid	2
Coleen (USMHS)	Battered Women	1

*Screening Measure for Client Referral
to RAPP Programs**

Date: _____

Client's name: _____

Client's age: _____

Ages and Sexes of Children:

<i>Birth Order</i>	<i>Age</i>	<i>Sex</i>	<i>Client's Age at Child's Birth</i>
<i>First</i>	_____	_____	_____
<i>Second</i>	_____	_____	_____
<i>Third</i>	_____	_____	_____
<i>Fourth</i>	_____	_____	_____

Area: NE W

Testing period: Pretest Posttest

Group Number: _____

Completed By: _____

Total Score: 4.82 to 4.08

*Based in part on the Teaching Homemaker Client Assessment Scale and the Social Functioning Scale.

Please put a check in the blank in front of the alternative or alternatives which come closest to describing this client's parenting skills. It's important that you read each alternative before marking your answer. Give a brief explanation for your rating on the lines provided.

Child Care

* 1. Does the client see that her children receive appropriate medical care in a reasonable period of time, when needed?

- 1.93 to
1.36
- almost always or always gets appropriate medical care as soon as possible
 - only sometimes gets necessary medical care, or doesn't always get care as soon as she could
 - usually doesn't get adequate care for her children, or often waits too long before getting care
 - rarely or never provides appropriate, timely medical care for children

Explanation: _____

* 2. Do the client's children appear well taken care of?

- 2.10 to
1.36
- children are almost always or always well fed, appropriately dressed, and kept as clean as possible
 - children are sometimes unfed, inappropriately dressed, or not as clean as they should be
 - children are usually unfed, inappropriately dressed, or left unclean
 - children are rarely or never well-fed, appropriately dressed, or kept clean

Explanation: _____

3. How does the client discipline her children? (Check as many as necessary.)

- 3.00 to
2.65
- very harsh, uses physical violence, screaming or threats to control children
 - disciplines children by non-abusive means, such as restricting their activities or sending them to their rooms
 - attempts or threatens non-abusive disciplinary practices, but rarely carries through
 - ignores children's inappropriate behaviors, providing little or no discipline

Explanation: _____

4. How does the client interact with her children, in general?

- 3.33 to
2.84
- usually pays very little attention to them
 - sometimes warm and caring towards them, sometimes overly hard on them
 - usually warm, caring, and involved with her children
 - usually too harsh with them, or too protective and controlling

Explanation: _____

Home Management

5. How clean and organized is the client's home?

- 2.26 A usually kept very clean and well-organized
 usually somewhat dirty, but appears well-organized
2.00 usually pretty clean, but often very cluttered or messy
 usually both dirty and disorganized

Explanation: _____

6. How safe is the client's home?

- 3.63 A many dangers to the children are usually present (for example, broken glass; exposed wiring; sharp or breakable objects, poisons or matches are left within the children's reach; windows aren't safe; etc.)
3.53 there are sometimes some dangers to the children present
 there are occasionally a few dangers present
 there is rarely or never anything dangerous to the children in the home

Explanation: _____

7. What is the quality and quantity of the food supply kept in the client's home?

- 1.70 A enough good, nourishing food is almost always or always on hand
 there's usually enough food, but it's mainly "junk" food, or food not suitable to the children's ages
1.44 there's sometimes a shortage of food, but when there is food it's generally suitable for the children
 there's rarely enough, and the food kept in the house is mainly unsuitable for the children

Explanation: _____

8. How are the client's money management skills?

- 3.06 A she's almost always or always behind on the rent or has many outstanding bills she can't pay on time
 she sometimes manages to pay her rent and bills on time, usually with great difficulty
2.84 she's usually on top of her expenses and pays bills on time, and only occasionally strains her budget
 she almost always or always keeps her expenses paid on time, without stretching her budget

Explanation: _____

General Stability

9. Is the client employed, or involved in a training or education program? (Check as many as necessary.)

- employed in a paid job
- involved in a job training program
- involved in an education program, such as GED preparation
- enrolled in a regular or alternative high or junior high school
- other:
- not employed, not involved in any education or training program

Explanation: _____

10. Does the client have a stable living situation? (Check more than one if necessary.)

- 1.70 has lived in the same place for at least one year
- has moved once or twice in the last year
- has moved more frequently in the last year
- 1.65 has been homeless at least once in the past year, but is now in a stable living situation
- is presently homeless, or will be soon if a suitable place isn't found

Explanation: _____

11. Is the client's living situation suitable for her family's needs?

- 3.30 very crowded, and needs crucial appliances, services, or furniture in a reasonable condition (such as a stove, refrigerator, adequate water and heat, or beds)
- very crowded, but has essentials necessary for adequate living conditions
- 3.23 enough room, but needs essentials for adequate living conditions
- has enough room and has essentials in good working order

Explanation: _____

12. What is the likelihood of substance abuse by the client?

- 4.20 drug and/or alcohol abuse is definite
- drug and/or alcohol abuse is strongly suspected
- some indication of drug and/or alcohol abuse
- 4.07 substance abuse seems unlikely, but can't say for sure
- definitely no substance abuse

Explanation: _____

13. What is the likelihood that the client has ever physically or sexually abused her children? (Check more than one if necessary.)

5.30 h
5.00

- at least one child definitely physically or sexually abused by client
- physical or sexual abuse of at least one child by client is strongly suspected
- some indication of physical or sexual abuse of at least one child by client
- abuse by client seems unlikely, but can't say for sure
- definitely no physical or sexual abuse of any children by client
- evidence of physical or sexual abuse of at least one child *by someone other than the client*

Explanation: _____

14. How would you describe the client's social supports?

1.76 h
1.84

- has friends or family who usually exert a helpful, positive, or supportive influence
- has friends or family who are sometimes helpful, but sometimes exert a negative influence on her
- has friends or family who usually exert a negative influence
- has few or no friends or family available to her

Explanation: _____

SCORING KEY for
Screening Measure for Client Referral
to RAPP Programs*

Directions: Add together *all* scores, as indicated on this key, for *all* alternatives checked, then divide by the total number of *items* answered (maximum of 13) .

Please put a check in the blank in front of the alternative or alternatives which come closest to describing this client's parenting skills. It's important that you read each alternative before marking your answer. Give a brief explanation for your rating on the lines provided.

Child Care

1. Does the client see that her children receive appropriate medical care in a reasonable period of time, when needed?

- 0 almost always or always gets appropriate medical care as soon as possible
- 1 only sometimes gets necessary medical care, or doesn't always get care as soon as she could
- 1 usually doesn't get adequate care for her children, or often waits too long before getting care
- 1 rarely or never provides appropriate, timely medical care for children

Explanation: _____

2. Do the client's children appear well taken care of?

- 0 children are almost always or always well fed, appropriately dressed, and kept as clean as possible
- 1 children are sometimes unfed, inappropriately dressed, or not as clean as they should be
- 1 children are usually unfed, inappropriately dressed, or left unclean
- 1 children are rarely or never well-fed, appropriately dressed, or kept clean

Explanation: _____

3. How does the client discipline her children? (Check as many as necessary.)

- 1 very harsh, uses physical violence, screaming or threats to control children
- 0 disciplines children by non-abusive means, such as restricting their activities or sending them to their rooms
- 0 attempts or threatens non-abusive disciplinary practices, but rarely carries through
- 1 ignores children's inappropriate behaviors, providing little or no discipline

Explanation: _____

4. How does the client interact with her children, in general?

- 1 usually pays very little attention to them
- 0 sometimes warm and caring towards them, sometimes overly hard on them
- 0 usually warm, caring, and involved with her children
- 1 usually too harsh with them, or too protective and controlling

Explanation: _____

Home Management

5. How clean and organized is the client's home?

- 0 usually kept very clean and well-organized
- 1 usually somewhat dirty, but appears well-organized
- 0 usually pretty clean, but often very cluttered or messy
- 1 usually both dirty and disorganized

Explanation: _____

6. How safe is the client's home?

- 1 many dangers to the children are usually present (for example, broken glass; exposed wiring; sharp or breakable objects, poisons or matches are left within the children's reach; windows aren't safe; etc.)
- 1 there are sometimes some dangers to the children present
- 1 there are occasionally a few dangers present
- 0 there is rarely or never anything dangerous to the children in the home

Explanation: _____

7. What is the quality and quantity of the food supply kept in the client's home?

- 0 enough good, nourishing food is almost always or always on hand
- 1 there's usually enough food, but it's mainly "junk" food, or food not suitable to the children's ages
- 0 there's sometimes a shortage of food, but when there is food it's generally suitable for the children
- 1 there's rarely enough, and the food kept in the house is mainly unsuitable for the children

Explanation: _____

8. How are the client's money management skills?

- 1 she's almost always or always behind on the rent or has many outstanding bills she can't pay on time
- 1 she sometimes manages to pay her rent and bills on time, usually with great difficulty
- 0 she's usually on top of her expenses and pays bills on time, and only occasionally strains her budget
- 0 she almost always or always keeps her expenses paid on time, without stretching her budget

Explanation: _____

General Stability

9. Does the client have a stable living situation? (Check more than one if necessary.)

- has lived in the same place for at least one year
- has moved once or twice in the last year
- has moved more frequently in the last year
- has been homeless at least once in the past year, but is now in a stable living situation
- is presently homeless, or will be soon if a suitable place isn't found

Explanation: _____

10. Is the client's living situation suitable for her family's needs?

- very crowded, and needs crucial appliances, services, or furniture in a reasonable condition (such as a stove, refrigerator, adequate water and heat, or beds)
- very crowded, but has essentials necessary for adequate living conditions
- enough room, but needs essentials for adequate living conditions
- has enough room and has essentials in good working order

Explanation: _____

11. What is the likelihood of substance abuse by the client?

- drug and/or alcohol abuse is definite
- drug and/or alcohol abuse is strongly suspected
- some indication of drug and/or alcohol abuse
- substance abuse seems unlikely, but can't say for sure
- definitely no substance abuse

Explanation: _____

(Circle whether sexual or physical abuse)

12. What is the likelihood that the client has ever physically or sexually abused her children? (Check more than one if necessary.)

- 1 at least one child definitely physically or sexually abused by client
- 1 physical or sexual abuse of at least one child by client is strongly suspected
- 1 some indication of physical or sexual abuse of at least one child by client
- 0 abuse by client seems unlikely, but can't say for sure
- 0 definitely no physical or sexual abuse of any children by client
- 1 evidence of physical or sexual abuse of at least one child by *someone other than the client*

Explanation: _____

13. How would you describe the client's social supports?

- 0 has friends or family who usually exert a helpful, positive, or supportive influence
- 0 has friends or family who are sometimes helpful, but sometimes exert a negative influence on her
- 1 has friends or family who usually exert a negative influence
- 1 has few or no friends or family available to her

Explanation: _____

Attitudes and Opinions Questionnaire

SUBSCALES
SCORING SHEET

Date: _____

Your name: _____

Your age: _____

THIS SPACE FOR USE BY PROGRAM STAFF

Area: NE W

Testing period: Pretest Posttest

Group Number: _____

Total Score: 30.78 - 32.00

Bud: 3.16 - 3.45

CD: 4.05 - 4.55

Bon: 4.18 - 4.45

Dis: 3.05 - 3.70

Str: 1.97 - 1.95

Rel: 2.64 - 2.70

HC: 2.62 - 2.75

Com: 1.00 - 1.07

BC: 3.48 - 3.60

SA: 4.64 - 4.95

The following are a set of statements about topics which will be discussed over the course of this group. We'd like to know what you think about these topics now, to give us an idea of what we need and don't need to cover in these groups. Please read each statement below, decide whether you believe it's true or false, and circle T if you think it's true, and F if you think it's false.

1. As many as one out of every four families in America are affected by alcoholism. T F
2. One of the first things a baby learns after birth is whether to trust and get attached to other people, or not. T F
3. It's not that important that your children eat a variety of food from the four basic food groups, since their bodies can easily make what they need from any kind of food. T F
4. Boys are almost never sexually abused. T F
5. It comforts your baby when you talk to him or her. T F
6. It's normal for a child to become shy of strangers and get very upset when his or her mother is out of sight, starting at less than a year old. T F
7. Children aren't usually affected by their parents' abuse of alcohol. T F
8. It's not healthy or normal for children as young as five or six to "play with themselves," and they should be kept from doing this. T F
9. When children say they've been sexually abused, they're usually making it up. T F
10. Does it take you a long time to get used to anything new?
Yes No
11. One way to improve your communications with other people is to learn to be a good listener. T F
12. When you have sex with someone, you're exposing yourself to all the venereal diseases anyone else he has ever had sex with might have had. T F
13. Children can get the message from the way you say something (your tone of voice, the expression on your face, and so on), as well as from what you say. T F
14. Using dry milk is no cheaper than whole milk. T F
15. As a parent, you have the responsibility to discipline your children, and it's ok to use any method of discipline you see fit. T F
16. Children start to develop self-esteem very early, so they need to feel loved right away. T F
17. To have your child immunized against diseases (given vaccines), you just need to take him or her to the doctor once for the shots. T F
18. Babies shouldn't be held a lot when they cry, since they'll get spoiled if they are. T F
19. One of the best ways to avoid getting AIDS is to make sure your partner uses a condom and you use spermicide (such as contraceptive foam, cream, or jelly), every time you have sex. T F

20. Children shouldn't be allowed to say "no" to an adult, since adults know what's good for them better than they do. T F
21. To get birth control, you need to be over 18 and be examined by a doctor. T F
22. People usually discipline their children in whatever ways they think are best, so it doesn't really matter how they were disciplined as children. T F
23. Two ways to help keep your child healthy are providing him or her with a well-balanced diet, and keeping your home clean. T F
24. There's one right way, and many wrong ways, to toilet train a child. T F
25. Television is generally a good teacher for small children.
T F
26. Not all forms of discipline mean punishment; you can get your children to obey you by rewarding their good behaviors, too. T F
27. With some kinds of birth control, it's not that important to use it the right way all the time. T F
28. You can save money on your energy bill by turning down the temperature on your hot water heater.
T F
29. Are there a lot of things about yourself you'd change if you could?
Yes No
30. Even if you're not an alcoholic yourself, you can still play a part in someone else's alcoholism.
T F
31. Hitting or spanking, or threatening to hit or spank children are the only ways to get them to mind.
T F
32. Do you get upset easily at home? Yes No
33. You need to be consistent in the way you act toward your children, or they'll be confused and not know what to expect from you.
T F
34. Using coupons, comparing brands, and unit pricing are *all* ways to save money on grocery shopping.
T F
35. Only strangers sexually abuse children, never their own family members. T F
36. A person can be abused physically, sexually, or emotionally.
T F
37. One way to save money when buying clothes in thrift stores is to look for seasonal clothes in advance.
T F
38. Not all people who sexually abuse children are men; some women do, too. T F
39. Do you give in very easily? Yes No

SCORING KEY for

Attitudes and Opinions Questionnaire

Directions: For the Total Score, score 1 point for items with the following answers, otherwise, score 0 for the item. Then divide this sum by the total number of items answered.

1. T	11. T	21. F	31. F
2. T	12. T	22. F	32. N
3. F	13. T	23. T	33. T
4. F	14. F	24. F	34. T
5. T	15. F	25. F	35. F
6. T	16. T	26. T	36. T
7. F	17. F	27. F	37. T
8. F	18. F	28. T	38. T
9. F	19. T	29. N	39. N
10. N	20. F	30. T	

Directions: For Subscale Scores, score the items listed in the same way as above, and divide by the total number of items completed for each subscale.

Bud: Budgeting -- items 14, 28, 34, 37

CD: Child Development -- items 6, 8, 20, 24, 25, 33

Bon: Bonding -- items 2, 5, 13, 16, 18

Dis: Discipline -- items 15, 22, 26, 31

Str: Stress/Self-Esteem -- items 10, 29, 32, 39

Rel: Relationships -- items 1, 7, 30

HC: Health Care -- items 3, 17, 23

Com: Communication -- item 11

BC: Birth Control -- items 12, 19, 21, 27

SA: Sex Abuse -- items 4, 9, 35, 36, 38

PARENTING STRESS INDEX (PSI)

Administration Booklet

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Directions:

In answering the following questions, please think about the child you are most concerned about.

The questions on the following pages ask you to mark an answer which best describes your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.**

Please mark the degree to which you agree or disagree with the following statements by filling in the number which best matches how you feel. If you are not sure, please fill in #3.

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

Example: 1 (2) 3 4 5

I enjoy going to the movies. (If you sometimes enjoy going to the movies, you would fill in #2.)

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

1. When my child wants something, my child usually keeps trying to get it. - 2.05 to 2.14
2. My child is so active that it exhausts me. 2.85 to 2.77
3. My child appears disorganized and is easily distracted. 3.72 to 3.76
4. Compared to most, my child has more difficulty concentrating and paying attention. 3.77 to 4.00
5. My child will often stay occupied with a toy for more than 10 minutes. 2.50 to 2.71
6. My child wanders away much more than I expected. 3.64 to 3.55
7. My child is much more active than I expected. 2.35 to 2.61
8. My child squirms and kicks a great deal when being dressed or bathed. 3.35 to 3.19
9. My child can be easily distracted from wanting something. 3.26 to 3.60
10. My child rarely does things for me that make me feel good. 3.85 to 4.19
11. Most times I feel that my child likes me and wants to be close to me. 1.42 to 1.72
12. Sometimes I feel my child doesn't like me and doesn't want to be close to me. 4.04 to 3.90
13. My child smiles at me much less than I expected. 3.70 to 3.85
14. When I do things for my child I get the feeling that my efforts are not appreciated very much. 3.85 to 3.8
15. Which statement best describes your child?
 1. almost always likes to play with me,
 2. sometimes likes to play with me.
 4. usually doesn't like to play with me,
 5. almost never likes to play with me.1.52 to 1.61
16. My child cries and fusses:
 1. much less than I had expected,
 2. less than I expected.
 3. about as much as I expected.
 4. much more than I expected.
 5. it seems almost constant.2.61 to 2.68
- * 17. My child seems to cry or fuss more often than most children. 4.04 to 3.95
18. When playing, my child doesn't often giggle or laugh. 4.15 to 4.23
19. My child generally wakes up in a bad mood. 3.96 to 4.09
20. I feel that my child is very moody and easily upset. 3.19 to 3.72
21. My child looks a little different than I expected and it bothers me at times. 4.28 to 4.60
22. In some areas my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children. 3.63 to 3.76

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

23. My child doesn't seem to learn as quickly as most children. 3.90 to 3.95
24. My child doesn't seem to smile as much as most children. 4.00 to 4.13
25. My child does a few things which bother me a great deal. 2.57 to 3.27
26. My child is not able to do as much as I expected. 4.00 to 4.04
27. My child does not like to be cuddled or touched very much. 3.95 to 4.22
28. When my child came home from the hospital, I had doubtful feelings about my ability to handle being a parent. 3.38 to 3.63
29. Being a parent is harder than I thought it would be. 2.85 to 3.00
30. I feel capable and on top of things when I am caring for my child. 2.14 to 2.31
31. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house. 3.55 to 3.33
32. My child reacts very strongly when something happens that my child doesn't like. 2.00 to 2.04
33. Leaving my child with a babysitter is usually a problem. 3.14 to 2.81
34. My child gets upset easily over the smallest thing. 3.19 to 3.00
35. My child easily notices and overreacts to loud sounds and bright lights. 3.09 to 3.00
36. My child's sleeping or eating schedule was much harder to establish than I expected. 3.38 to 3.40
37. My child usually avoids a new toy for a while before beginning to play with it. 3.55 to 3.55
38. It takes a long time and it is very hard for my child to get used to new things. 3.90 to 3.85
39. My child doesn't seem comfortable when meeting strangers. 3.35 to 3.38
40. When upset, my child is:
1. easy to calm down.
2. harder to calm down than I expected. 2.19 to 1.81
4. very difficult to calm down.
5. nothing I do helps to calm my child.
41. I have found that getting my child to do something or stop doing something is:
1. much harder than I expected.
2. somewhat harder than I expected. 2.61 to 2.59
3. about as hard as I expected.
4. somewhat easier than I expected.
5. much easier than I expected.

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

42. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please fill in the number which includes the number of things you counted.

1. 1-3
2. 4-5
3. 6-7
4. 8-9
5. 10+

1.95 to 1.86

43. When my child cries it usually lasts:

1. less than 2 minutes.
2. 2-5 minutes.
3. 5-10 minutes.
4. 10-15 minutes.
5. more than 15 minutes.

2.10 to 2.22

44. There are some things my child does that really bother me a lot.

2.76 to 2.77

45. My child has had more health problems than I expected.

3.71 to 3.95

* 46. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.

2.21 to 2.66

47. My child turned out to be more of a problem than I had expected.

4.04 to 3.95

48. My child seems to be much harder to care for than most.

4.28 to 4.18

49. My child is always hanging on me.

3.20 to 3.14

50. My child makes more demands on me than most children.

3.55 to 3.76

51. I can't make decisions without help.

3.14 to 3.63

52. I have had many more problems raising children than I expected.

3.66 to 4.00

53. I enjoy being a parent.

1.57 to 1.68

54. I feel that I am successful most of the time when I try to get my child to do or not do something.

2.45 to 2.22

55. Since I brought my last child home from the hospital, I find that I am not able to take care of this child as well as I thought I could. I need help.

4.09 to 4.04

56. I often have the feeling that I cannot handle things very well.

3.42 to 3.31

57. When I think about myself as a parent I believe:

1. I can handle anything that happens.
2. I can handle most things pretty well.
3. sometimes I have doubts, but find that I handle most things without any problems.
4. I have some doubts about being able to handle things.
5. I don't think I handle things very well at all.

2.70 to 2.72

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

58. I feel that I am:

1. a very good parent,
2. a better than average parent,
3. an average parent,
4. a person who has some trouble being a parent,
5. not very good at being a parent.

2.15 to 1.90

59. What were the highest levels in school or college you and the child's father/mother have completed?
Mother:

1. 1-8th grade
2. 9-12th grade
3. Vocational or some college
4. College graduate
5. Graduate or professional school

1.90 to 1.76

60. Father:

1. 1-8th grade
2. 9-12th grade
3. Vocational or some college
4. College graduate
5. Graduate or professional school

2.19 to 2.00

61. How easy is it for you to understand what your child wants or needs?

1. very easy,
2. easy,
3. somewhat difficult,
4. it is very hard,
5. I usually can't figure out what the problem is.

1.85 to 1.95

62. It takes a long time for parents to develop close, warm feelings for their children. 4.00 to 4.09

63. I expected to have closer and warmer feelings for my child than I do and this bothers me. 3.90 to 4.1

64. Sometimes my child does things that bother me just to be mean. 3.20 to 3.57

65. When I was young, I never felt comfortable holding or taking care of children. 4.23 to 4.00

* 66. My child knows I am his or her parent and wants me more than other people. 1.70 to 1.95

67. The number of children that I have now is too many. 4.35 to 4.19

68. Most of my life is spent doing things for my child. 2.38 to 2.09

69. I find myself giving up more of my life to meet my children's needs than I ever expected. 2.47 to 2.2

70. I feel trapped by my responsibilities as a parent. 3.71 to 3.72

71. I often feel that my child's needs control my life. 3.42 to 3.63

72. Since having this child I have been unable to do new and different things. 3.42 to 3.13

1	2	3	4	5
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

73. Since having a child I feel that I am almost never able to do things that I like to do. 3.66 to 3.52
74. It is hard to find a place in our home where I can go to be by myself. 2.66 to 2.95
75. When I think about the kind of parent I am, I often feel guilty or bad about myself. 3.95 to 3.95
76. I am unhappy with the last purchase of clothing I made for myself. 3.71 to 3.72
77. When my child misbehaves or fusses too much I feel responsible, as if I didn't do something right. 3.23 to 3.0
78. I feel everytime my child does something wrong it is really my fault. 3.95 to 3.95
79. I often feel guilty about the way I feel towards my child. 3.90 to 4.09
80. There are quite a few things that bother me about my life. 2.42 to 2.86
81. I felt sadder and more depressed than I expected after leaving the hospital with my baby. 3.76 to 3.9
82. I wind up feeling guilty when I get angry at my child and this bothers me. 2.52 to 2.11
83. After my child had been home from the hospital for about a month, I noticed that I was feeling more sad and depressed than I had expected. 3.95 to 3.0
84. Since having my child, my spouse (male/female friend) has not given me as much help and support as I expected. 2.90 to 2.54
85. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend). 3.66 to 3.67
86. Since having a child my spouse (or male/female friend) and I don't do as many things together. 3.09 to 3.0
87. Since having my child, my spouse (or male/female friend) and I don't spend as much time together as a family as I had expected. 2.85 to 3.09
88. Since having my last child, I have had less interest in sex. 3.35 to 3.47
89. Having a child seems to have increased the number of problems we have with in-laws and relatives. 3.47 to 3.46
90. Having children has been much more expensive than I had expected. 2.42 to 2.40
91. I feel alone and without friends. 3.42 to 3.77
92. When I go to a party I usually expect not to enjoy myself. 3.40 to 3.52
93. I am not as interested in people as I used to be. 3.19 to 3.13
94. I often have the feeling that other people my own age don't particularly like my company. 3.42 to 3.6
95. When I run into a problem taking care of my children I have a lot of people to whom I can talk to get help or advice. 2.14 to 1.90

1
Strongly
Agree

2
Agree

3
Not
Sure

4
Disagree

5
Strongly
Disagree

96. Since having children I have a lot fewer chances to see my friends and to make new friends. *3.35 to 3.22*
97. During the past six months I have been sicker than usual or have had more aches and pains than I normally do. *2.45 to 3.45*
98. Physically, I feel good most of the time. *2.05 to 2.22*
99. Having a child has caused changes in the way I sleep. *2.95 to 2.63*
100. I don't enjoy things as I used to. *3.50 to 3.13*
101. Since I've had my child:
1. I have been sick a great deal.
 2. I haven't felt as good.
 4. I haven't noticed any change in my health.
 5. I have been healthier.
- 3.45 to 3.81*

During the last 6 months, have any of the following events occurred in your immediate family? Please check on the answer sheet any that have happened.

102. Divorce
103. Marital reconciliation
104. Marriage
105. Separation
106. Pregnancy
107. Other relative moved into household
108. Income increased substantially (20% or more)
109. Went deeply into debt
110. Moved to new location
111. Promotion at work
112. Income decreased substantially
113. Alcohol or drug problem
114. Death of close family friend
115. Began new job
116. Entered new school
117. Trouble with superiors at work
118. Trouble with teachers at school
119. Legal problems
120. Death of immediate family member

PRETEST CTS

No matter how well a family or a couple get along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. Below is a list of some things that you and your family or husband/partners might have done when you had a dispute. For each item listed below circle how often it happened.

	Your partner or partners in the last 6 months								Ever happened with any partner			Your parents or family when you were a child							
	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	YES	NO	DON'T KNOW	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW
a. Discussed the issue calmly	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
b. Got information to back up (your/his) side of things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
c. Brought in or tried to bring in someone to help settle things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
d. Insulted or swore at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
e. Sulked and/or refused to talk about it	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
f. Stomped out of the room or house (or yard)	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
g. cried	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
h. Did or said something to spite the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X

	Your partner or partners in the last 6 months								Ever happened with any partner			Your parents or family when you were a child							
	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	YES	NO	DON'T KNOW	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW
i. Threatened to hit or throw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
j. Threw or smashed or hit or kicked something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
k. Threw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
l. Pushed, grabbed, or shoved the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
m. Slapped the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
n. Kicked, bit, or hit with a fist	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
o. Hit or tried to hit with something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
p. Beat up the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
q. Threatened with a knife	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
r. Used a knife or gun	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
s. Other: _____	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X



eastern connecticut
parent-child resource system inc.

162
~~150~~ main street putnam connecticut 06260 928-6567

August 22, 1990

Clearinghouse on Child Abuse and Neglect Information
c/o The Circle, Inc.
8201 Greensboro Drive
Suite 600
McLean, Virginia 22102

Dear Ms. Von Braunsberg,

Enclosed please find a complimentary copy of the 1st year evaluation report of our Teen Parent Education to Prevent Child Abuse & Neglect project. I am assuming that this is the document of interest as opposed to program proposals or interim progress reports.

If you have any questions feel free to call me.

Sincerely,

Stuart Kermes
Assistant Director

Enclosure