FOSTERING RESILIENCE: A GROUP INTERVENTION TO ENHANCE PROTECTIVE FACTORS AND REDUCE RISKS CORRELATED WITH ADOLESCENT PARENTING

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Fostering Resilience: A Group Intervention to Enhance Protective Factors and Reduce Risks correlated with Adolescent Parenting

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ABSTRACT

A review of the literature indicates that adolescent childbearing is associated with increased life stress and is known to place both the young mother and her child at risk for negative future life consequences. Yet at the same time, there are those adolescent mothers who are resilient. That is, they are able to overcome adversity without apparent detrimental outcomes. The purpose of this practicum was to plan, implement and evaluate a group intervention aimed at fostering resilience in adolescent mothers. It was assumed that this could occur in two ways: 1) by enhancing protective factors in adolescent mothers and 2) by reducing risks correlated with adolescent parenting. The two groups focused on developing the protective skills to decrease stress, increase social support, and diminish risks by anchoring the mothers in networks that encouraged emotional ventilation, personal validation, offered psychosocial resources, and fostered affiliation through identification with others. The evaluation instruments utilized to assess change included the Coping Inventory for Stressful Situations: Adolescent Version (Endler & Parker, 1994), the Parenting Stress Index: Short Form (Abidin, 1995) and the Perceived Social Support Friends/Family Scales (Procidano & Heller, 1983). Although outcomes after the eight-week intervention did not reveal changes in all participants, statistically significant findings (between pre and post group measurements) were evident in some forms of coping and in perceived levels of social support from friends. Overall, the participants attested to the group's value and outcomes further demonstrated that interventions rooted in resilience hold promise for positive change.

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Fostering Resilience: A Group Intervention to Enhance Protective Factors and Reduce the Risks Correlated with Adolescent Parenting.

Introduction to the Practicum: Caring for a new baby, although frequently a highly anticipated event, is a stressful time for all parents. For the adolescent mother, the strain of an unexpected child is heightened by her already complex period of personal, social, and family life changes. The young mother is forced to balance the developmental demands of adolescence while simultaneously assume adult responsibilities of parenting without many crucial emotional, psychological, cognitive, or social capacities and often without the assistance of a partner (Turner et al., 1990). In addition to increased life stress, adolescent childbearing is also known to place both the young mother and her child at risk for poor health, poverty, social struggles, and emotional complications (Corcoran, 1998).

At the same time, a growing number of adolescent mothers are resilient (Carey et al., 1998). That is, they are able to overcome adversity without apparent detrimental outcomes (Rutter, 1993). The concept of resilience assumes that stress is a universal experience, that encountering life risks is not rare (Blum, 1997), and that the capacity to recover or maintain adaptive behavior (Garmezy, 1991) is less determined by arduous experiences and more connected to the resources or protective factors available to address negative life events (Blum, 1997).

Objectives for the Practicum: This purpose of this practicum was to plan, implement, and evaluate an intervention aimed at fostering resilience in

adolescent mothers. It was assumed that this could occur in two ways: 1) by enhancing protective factors in adolescent mothers and 2) by reducing the risks correlated with adolescent parenting (Masten & Garmezy, 1985).

In order to enhance protective factors this student chose to:

Goal #1: strengthen the adolescent mothers' coping skills by: a) providing information on the value of healthy coping; b) instructing and reinforcing coping efforts; c) modeling coping; d) creating a secure atmosphere to practice skills; and e) facilitating access to effective coping resources.

Goal #2: increase the adolescent mothers' social network skills by: a) imparting knowledge on the benefits of social network skills; b) teaching and building positive social network skills; c) demonstrating social network skills; d) providing a safe environment for skills rehearsal; and e) aiding contact with helpful social network resources.

In order to reduce the risks correlated with adolescent parenting this student chose to:

Goal #3: alter the adolescent mothers' perceptions of risks through: a) positive coping resulting in decreased parenting stress and b) effective social network skills creating increased perceptions of social support from friends and family.

Goal #4: modify the adolescent mothers' exposure to risks through the development of a successful group that provided the young moms with an escape from stressful and precarious life situations. This group aimed to: a) anchor the mothers in supportive networks that encouraged emotional

ventilation, personal validation, and offered psychosocial resources; b) foster affiliation through identification with the experiences of other young mothers; c) upgrade the size and quality of supportive relationships in the mothers' lives (Kemp et al., 1997).

In completing this practicum, this student set out to gain the following educational benefits: a) a greater understanding of the experiences, obstacles, and demands that adolescent mothers face through a review of the literature and practical experience; b) an increased comprehension about the use and benefits of resilience based interventions through a review of relevant literature and group work experience; and c) an enhanced knowledge and skill in group planning, implementation, and evaluation.

Organization of the Practicum Report: The first chapter reviews the literature related to the central concepts of resilience and the realities of adolescent parenting. The second chapter explains the ideas relevant to adolescent group interventions rooted in resilience. The third chapter describes the intervention context, the pre-group planning, the supervision, and the evaluation procedures. The fourth chapter provides an overview of the practicum experience. The fifth and sixth chapters highlight practicum findings by exploring common themes, group differences, and results of the evaluation tools in relation to the identified goals. The final chapter concludes by summarizing this student's learning and makes recommendations for future resilience based group work with adolescent mothers.

CHAPTER ONE:
REVIEWING RESILIENCE

1.1 Chapter Introduction: Why are the end results between individuals who have seemingly experienced the same damaging situations so inconsistent? Why is it that while some adolescent mothers and their children experience poor life outcomes, others are able to defeat the odds that are stacked against them? It is the answers to these questions that are of interest to those studying resilience. The theory is that if one identified what permits people to escape damage everyone's resistance to stress and adversity could be enhanced (Rutter, 1993). The following literature review highlights the concepts central to understanding resilience, specifically as it relates to adolescent parenting.

Stress & Risk:

1.2 The Nature of Stress: In some theoretical formulations, stress arises from changes to the status quo necessitating one to adapt to life changes (Boss, 1988), such as a mother's necessity to meet the challenges of parenting. The event is stressful because it demands a change from the new parent's usual activity. The literature has also focused on one's subjective experience of stress in terms of its implications for well-being rather than its objective reality (Lazarus & Folkman, 1984), such as a mother's cognitive appraisal of what parenting involves. This practicum sees stress from an adaptation perspective (McCubbin & Patterson, 1981) which combines these two ideas. In this light, stress results from an imbalance of events, situations, or combination of situations in which

one's actual or perceived demands exceed one's actual or perceived capacity to comfortably respond or meet that demand (Smith & Carlson, 1997).

Stress has been characterized as acute or chronic (Compas, 1987). Acute stressors involve a change to the existing condition or a disruption of the status quo (Compas, 1987). Acute stressors include major life events (ordinary and unusual in nature) as well as daily hassles (Compas, 1987). The acute stressors that adolescents often experience are a result of the demands that are part of normal, typical adolescent transitions from the academic, psychosocial, physical, and developmental arenas of this time (Langfield & Pasley, 1997). For an adolescent, daily hassles might include school pressures or conflicts with peers/family members (Langfield & Pasley, 1997). Pregnancy for most adults is considered an ordinary stressor (a common experience) in that it is evaluated as a positive life change but nevertheless presents new demands. Adolescent pregnancy becomes an unusual stressor as a result of its timing.

Chronic stressors involve an ongoing aspect of the internal or external environment (Compas, 1987). An internal chronic stressor may be that of an illness whereas an external chronic stressor for the adolescent mother may be that of poverty, poor education, and unemployment.

There are several concepts that must be emphasized to better understand stress. The first is that everyone experiences stress. However, because stress is not determined solely by its characteristics but instead includes the individual's evaluation of the situation (Lazarus & Folkman, 1984), outcomes vary. For example, early pregnancy and subsequent parenting will be appraised differently

from adolescent to adolescent depending on her characteristics (i.e. her stage of development, past experiences, personality) and her social environmental (i.e. cultural background, family dynamics). In other words, the dynamic inter-relatedness of events factors into how she perceives the stress of parenting (Sandler et al., 1997).

The second concept is that stressors can vary in intensity (larger or smaller), in duration (time limited or ongoing), and are rarely independent but instead are multiple, inter-linked, and sequential (Yarrow & Brown, 1993). For example, the single stress of young child rearing can not be considered in and of itself. The stress of early pregnancy is a time-limited event but it is strongly correlated to the chronic stress of poverty. This major stress of poverty brings on the occurrence of multiple smaller stressors such as unreliable transportation, substandard housing, and poor diet (Sandler et al., 1997).

The third concept is that as individuals adapt to stressful experiences, their beliefs, behavior, and approach to future encounters with stress changes. This says that the experience of stress or one's ability to cope may be conditioned by previous circumstances (Coyne & Downey, 1991). For example, the adolescent mother who is successful in returning to school and mastering her classes will have greater confidence to further her education, as her future steps in this direction will be less distressing. Simultaneously, just as the individual adapts to the environment, the environment changes to increase or decrease exposure to further stressors (Lazarus & Folkman, 1984). For example, once

educated, the adolescent mother experiences decreased exposure to poverty, an environmental stressor.

The above points which emphasize the subjective experience of stress, the complexity of stress, and the changing nature of stress are connected to Garmezy, et al.'s (1984) three models connecting stress, personal attributes, and adaptation. In the *compensatory model*, stress can be counteracted or compensated for by qualities of strength. For example, a cheerful personality makes it easier for the adolescent mother to rally support. In the *challenge model*, stress enhances competence so long as it is not overpowering. The adolescent mother sees school completion as demanding but her success inoculates her against future strain. In the *immunity versus vulnerability model*, personal attributes (both negative and positive) moderate the affect of stress. For example, the lazy young parent (negative attribute) will experience greater threat from a trying event than does the motivated adolescent mother (positive attribute).

1.2.1 The Stress of Adolescent Parenting: Sandler and Catrone (1983) speak about the "dual developmental crisis" where the young mom confronts dramatic physical and psychological changes simultaneously. The conflict of these roles causes stress.

As an adolescent, the young mother is striving to form a sense of individuality, have emotional independence from her family, and becomes increasingly reliant on friends. While adolescence is a time of much growth,

cognitive and psychosocial maturation often lag behind rapid physical changes (Pasley et al., 1993).

As a parent, the young mother experiences stress related to the pregnancy and birth experiences as well as the strain of having to redefine her roles, responsibilities, and relationships with others (friends, family, institutions). She is responsible for the care and nurturing of her child and faces a new financial strain (Cowan & Hetherington, 1991).

Thus, one is highly vulnerable to stress at points of individual transitions (i.e. adolescence) and family transitions (i.e. birth of a baby). When these two life stages are combined, the mother experiences a compounded increase in pressure related to competing demands, role strain, confusion, and ambiguity, as well as having to negotiate multiple transitions simultaneously (Pasley et al., 1993; Sandler et al., 1997). For example, the adolescent mother has many financial responsibilities. Should she hold a job, she has less time for school, a social life, and less energy to nurture her child. If she relies on her family for economic help, childcare assistance, and emotional support, she is impeded in her ability to gain autonomy. School takes her away from parenting but failure to complete her education has long term negative social and financial consequences. Her need to expand her peer network can take her away from her child (Sandler et al., 1997). The young mother's cognitive ability may not permit her to understand complex issues, plan, and make realistic decisions. Emotionally, she may not have the capacity for compassion towards her child. The adolescent body's need to develop for a pregnancy can cause struggles

around self-esteem and can compete with her body's need to physically develop into an adult (Corcoran, 1998; Pasley et al, 1993).

1.3 The Nature of Risk: Risk is best described as those events or mechanisms that increase the likelihood that an individual will develop an emotional or behavioral disorder or find themselves in circumstances that diminish their likelihood of successful development compared to the general population (Garmezy & Rutter, 1988).

There are several key conceptual points that need to be made to better understand risk. The first is that all risk factors are stressful, but the reverse is not necessarily true. This is because strain may be positively perceived but the impact of a risk is always negative (Rutter, 1993). For example, writing an exam is tense for the adolescent mother but successful completion brings about positive results. On the other hand, not having money for food is a stressful risk with no positive outcome.

The second point is that risks do not take into account the meaning that the individual attributes to the event but rather uses longitudinal studies to find statistical associations between certain factors and unfavorable outcomes (Smith & Carlson, 1997). For example, adolescent parenting is strongly correlated with poverty. However, risk does not take the adolescent mother's cognitive appraisal of what living in poverty means to her into consideration.

The third point is that all individuals experience some risk that exposes them to circumstances associated with increased incidence of a negative outcome but a single risk factor rarely determines a poor result (Zigler, 1993).

Werner and Smith (1992) feel that individuals are only truly "at risk" if they are challenged by a minimum of four risk factors as it is the cumulative effect that produces negative outcomes (Rutter, 1987). In other words, when risk accumulates, opportunity ameliorates (Garbarino, 1993). For example, the single risk factor of a poor education does not doom the adolescent mother. Rather, it is the multiple risk factors of low education, poverty, unskilled labor, unreliable transportation, and poor housing that place the mother at risk.

The fourth point is that risk factors can include characteristics of an individual, her family, her social context, or the interactions between the mother and her environment (Smith & Carlson, 1997). Murphy & Moriarty (1976) describe primary vulnerability (physical, temperamental, cognitive, and personality abnormalities) and secondary vulnerabilities (those acquired during the developmental phases). This individual nature of risk means that:

a) The critical threshold at which point the mother will have experienced too many risks and will have difficulty adapting to parenthood will vary from adolescent to adolescent (Jessor, 1993). It is therefore necessary to consider individualized aspects of the young mother's experience (Rutter, 1993). For example, the adolescent mother with good social supports may be protected while the isolated young mom may experience maladaptive results.

b) Risk factors do not impinge equally on all individuals in that the same event affects people in different ways (Rutter, 1993). For example, a

thrifty adolescent mother may manage below the poverty line better than another young parent does.

c) One must focus on the risk mechanism rather than the risk factor as the same feature could be a risk in one situation and a protective factor in another (Rutter, 1990). A factor can not been deemed inherently risky (Rutter, 1987). For example, reliance on welfare can be a risk for poverty and dependency but it may also be protective by providing the adolescent mother with an education, training, and help her meet the basic necessities of life.

The final point is that nonshared environmental influences have a greater effect than shared ones (Rutter, 1993). This means that features that impinge equally on all adolescents are less important than those that weigh differently on them (Rutter, 1993). For example, all teens face the developmental tasks of adolescence but a significantly smaller number of them become parents. Thus, while adolescence is a stressful period for all teenagers, parenting increases the adolescent's odds of an adverse outcome.

1.3.1 The Risks Correlated with Adolescent Parenting: This section is subdivided into risks to the mother and risks to the adolescent mother's child.

Risks for the Adolescent Mother: i) Economic Risks: Many adolescent mothers drop out of school and then find it difficult to return due to financial barriers and childcare responsibilities (Maynard, 1996). The only jobs for the uneducated are low skill and low paying which make it difficult for the young

mother to make financial ends meet (Rudd et al., 1990). Due to their economic disadvantage, adolescent mothers and their families have an increased chance of living in a poor/violent neighborhood and have to settle for substandard housing (Langfield & Pasley, 1997). The economic risks surrounding adolescent childbearing are often exacerbated by the fact that over half of adolescent mothers have a second child within 2 years (Furstenberg & Harris, 1993) and so they are more likely than older mothers to have larger families (Hofferth, 1987). Adolescent mothers are more likely to remain single (Kellam et al, 1982) which is an important economic variable because marriage significantly improves a woman's economic status (Moore & Wertheimer, 1984). Of course, marriage as a means to financial gain is chancy (Furstenberg et al., 1987). Adolescent mothers are also less likely to receive child support payments (Furstenberg & Harris, 1993). Given these factors, it is hardly surprising that many adolescent mothers are heavily reliant on public financial assistance (Hardy & Zabin, 1991) and are more likely to be dependant on welfare longer than older mothers (Harris, 1991).

ii) Health Risks: Adolescent mothers are at an increased risk of being in poor physical health resulting from poor nutrition and unhealthy choices (i.e. substance use) (Finkelstein et al., 1982). There is also the tendency for adolescents to hide their pregnancies and thus vital prenatal care may be neglected (Brooks-Gunn & Furstenberg, 1986). As developing mother and baby may be competing for nutritional needs (Stevens-Simon & Beach, 1992; cited in Corcoran, 1998), adolescents are more likely to experience pregnancy

complications such as toxemia, hypertension (Finkelstein et al., 1982), anemia, cephalopelvic disproportion with low birth-weight, premature (Fraser et al, 1995, Maynard, 1996) and stillborn babies (Black & DeBlassie, 1985).

iii) Emotional Risks: Due to the enormous pressure that adolescent mothers face, they are more vulnerable to depression, have higher suicide rates (Bayatpour et al., 1992), and have difficulty managing their own affect (Osofsky et al., 1993). The hormonal changes that occur during pregnancy and those occurring during adolescence may impact the adolescent mother's affective functioning (Bayatpour et al., 1992). In comparison to older parents, adolescent mothers are more anxious (Klein & Cordell, 1987), more intolerant and impatient (Pelton, 1985), less positive, less emotionally able to adjust to parenting, and are more resentful of their parenting role (Klein & Cordell, 1987). This results in risks to the child.

iv) Social Risks: Most often, the adolescent mother becomes more dependent on her family while she is simultaneously striving to become self-sufficient and independent. This conflict may lead to dissatisfaction with family relationships (Hechtman, 1989). The adolescent mother's transition to parenting frequently alienates her from peers causing her to experience loneliness and isolation (Hechtman, 1989). Missing out on the important skills learned through socialization places the adolescent mother at risk for multiple failed relationships (Pasley 1995, Furstenberg & Harris, 1993). Young marriages are associated with a higher separation/divorce rate, a spouse with few resources and a history of social problems (Furstenburg et al. 1987). According to Zuckerman et al.

(1987), adolescent mothers are more likely to experiment with drugs as there are overlapping antecedents for drug use and adolescent pregnancy. These factors include: isolation from peers, depression, conflict in the home, school problems, harsh parental discipline, and low self-esteem.

Risks for the Children of Adolescent Mothers: i) Health Risks: The infants of adolescent mothers have higher mortality rates due to sudden infant death syndrome, illnesses, and infections (McAnarney & Hendee, 1991) and the children of adolescent mothers have higher accident rates, hospital admissions (Zuckerman et al., 1984).

ii) Parenting Risks: As a result of adolescent mothers' emotional stressors, stage of development, and less than ideal experiences of being parented, they can be hampered in the parenting that they are able to offer their own children (Zabin & Haywood, 1993). For example, adolescent mothers are less nurturing, less empathetic (Brooks-Gunn & Furstenberg, 1986), more punitive (Field et al., 1980), and less attentive (Rich, 1991). They are less verbally interactive (Barratt & Roach, 1995), less cognitively stimulating (Hardy & Zabin, 1991; Wasserman et al, 1994), have less knowledge of child development (Fulton, 1991), and have unrealistic expectations of their child (Chase-Lansdale et al., 1992). As adolescent mothers have larger families, they may not be able to supervise and support their children in reaching their optimal developmental capacities (Hofferth, 1987). Many of these factors place the children of adolescent mothers at greater risk for parental abuse, maltreatment, and neglect (Steir, 1993; Boyer & Fine, 1992).

iii) Academic, Behavioral, Social, Emotional Risks: In the early years, the children of adolescent mothers are highly distracted, have more academic problems, have increased language comprehension and speech deficits, and are more likely to be diagnosed with a learning disability (Zabin & Hayward, 1993). They are more resentful of authority, more violent, have difficulties in relationships with peers, have poor impulse control, and more childhood psychiatric problems (Hechtman, 1989). There is an increased probability that teenage children of adolescent mothers will fail or be expelled from school, also become adolescent parents (Brooks-Gunn & Furstenberg, 1986), run away from home, and have trouble with the law (Zabin & Hayward, 1993). Finally, the children of adolescent mothers are likely to experience economic duress (Hardy & Zabin, 1991) and are at higher risk for attachment disruptions as a result of their mothers' multiple failed relationships (Furstenberg & Harris, 1993).

1.4 Summarizing Stress & Risk: All individuals experience stress and risk but it is the accumulation of these that threatens well being. Given the complexity of adolescent parenting and the demands that young mothers face, it is not surprising that they report higher stress levels and are more vulnerable to risk than adult mothers (Passino et al., 1993). However, while the adolescent mother's exposure to risk increases her likelihood of experiencing poor results, it is her interpretation, use of resources, and management of stressful life circumstances that will determine her vulnerability (Smith & Carlson, 1997).

Resilience:

1.5 Resilience: Despite the factors that are stacked against the adolescent mother, not everyone who experiences risk and who is subject to high levels of stress is destined for a poor outcome. Instead, many adolescent mothers are resilient (Carey et al., 1998). That is, they are able to "bounce back" (Demos, 1989) and escape serious adversity or sequelae (Rutter, 1993).

Masten et al. (1991) describe the ways in which resilience has been characterized. It has been viewed as recovery in the face of trauma such as abuse or injury. It has been linked to use of thoughts and actions to restore or maintain internal or external equilibrium when under significant threat by developmental or environmental hazards. Finally, it has been defined as the presence and use of protective factors that increase resistance by moderating risk and stress which heighten vulnerability. This practicum report focuses on the second two definitions as adolescent parenting is not an experience of trauma.

There are some important ideas to keep in mind when thinking about resilience. The first point is that nobody is invulnerable or completely risk-resistant (Werner & Smith, 1982). This is in contrast to Anthony's (1987) spectrum of vulnerability where he uses terms such as: hypervulnerbale, pseudo invulnerable, invulnerable, nonvulnerable. While some adolescent mothers are more resistant than others are, all have their breaking point.

The second point is that resilience does not apply to all situations (Rutter, 1993). For example, the adolescent mother may do well academically despite

her parenting demands (and so appear resilient) but may be struggling in her relationships with peers.

The third point is that resilience is not a personality trait but rather is a product of the interplay between the individual (i.e. her stage of development, life experiences, personality) and her social environment (i.e. cultural background, family dynamics) and so is always changing (Rutter, 1993). Werner & Smith (1992) describe resilience as being the positive counterpart to vulnerability (the adolescent's susceptibility to a disorder) and risk factors (biological/psychosocial hazards found in the teen or her social environment). The adolescent mother's resilience is reinforced by successful use of skills (i.e. coping, social network skills) that permit her to mediate the environment to her advantage (Greenbaum & Auerbach, 1992).

The final point is that resilience is not the avoidance of risk or the existence of good experiences (Rutter, 1993). For example, an adolescent who reaches adulthood without becoming pregnant is not resilient. Risk must have been experienced to result in a resilience outcome. At the very least, resilience necessitates that one take an active stance against a difficulty and that one sees the difficulty as a problem that can be worked on, overcome, changed, endured, or resolved in some way (Demos, 1989).

1.5.1 Resilient Development: Recent literature has moved from seeing adolescence as a time when predetermined characteristics universally unfold to recognizing much variability in development (Malekoff, 1997). At the same time, from a developmental perspective, resilience is the capacity to successfully

undertake the work of each successive developmental stage (Garmezy & Rutter, 1988). Malekoff (1997) summarizes the developmental tasks that must be mastered in order for adolescents to become healthy, functioning adults as follows:

- To separate from family by achieving emotional independence, increasing autonomous functioning, and developing a capacity for greater intimacy with peers.
- To forge a healthy sexual identity by accepting one's body and achieving a feminine (or masculine) social role.
- To prepare for the future through skill development, selection of a career, and preparation for relational aspirations (i.e. marriage, family).
- To develop a moral value system by developing a set of values, an ethical system to guide behavior, and achieving socially responsible behavior.

Development occurs as individuals adapt to a better person:environment fit. This means that the adolescent develops through ongoing interaction with her environment. She causes reactions in the environment as a result of her physical and behavioral characteristics and the environment evokes changes in her. It is a dynamic, transactional process where both adolescent and environment are always altering. The quality of feedback (resulting from the changes) is dependent on the degree of fit between the adolescent and her multiple social environments. A poor fit can result in stress, risk, and problematic development (Compas et al., 1995).

A balance between risk factors that heighten vulnerability and protective factors that enhance resistance to adversity determines the adolescent mother's developmental trajectory. Resilience is found in preceding and succeeding life circumstances along this trajectory (Rutter, 1993). This has several implications. Firstly, developmental outcomes can be determined based on prior behavior and experiences so that adverse life experiences are not necessarily random (Rutter, 1993). For example, the adolescent mother who succeeds at school will have an enhanced self-concept that promotes achievement in other areas.

Secondly, people's actions and behavior shape and select environments that they later experience. This says that people can greatly influence what happens to them (Rutter, 1993). For example, the adolescent chooses to be sexually active and so brings about her own life experience of an early pregnancy. However, just because individuals bring about events, this does not mean that they are unaffected by them (Rutter, 1986). The adolescent is heavily impacted by her pregnancy and must successfully adapt to parenting challenges.

Thirdly, individual variations in resistance may stem from being sensitized or from "steeling" experiences earlier along the developmental trajectory where the individual was exposed to a risk and learned to cope (Rutter, 1993). For example, the adolescent mother who has reared younger siblings may see pregnancy as a continuation of her role and be better prepared for parenting.

Finally, turning points (for better or for worse) can arrive at any point in life (Garmezy, 1987). According to Compas (1995), it is at developmental turning points when the individual's risk trajectory may be redirected towards a more

adaptive path for enhanced resilience in later life. For example, the adolescent mother is not doomed to a pre-determined life course but rather, a resilient developmental outcome lies in how she perceives her life changes and the opportunities that she capitalizes on to change her disadvantaging circumstances.

In sum, the dynamic transactions between a young mother and her environment underscore the remarkable adaptability of her to life events. This directs the way to interventions that build on inherent strengths, capabilities, and enhance protective factors.

Protective Factors:

1.6 Protective Factors: Just as it is important to reduce risk, it is equally vital that one pay attention to those features that enhance resistance. In fact, according to Werner & Smith (1992), protective factors make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or adverse life events. Rutter (1985) defines protective factors as influences that modify, ameliorate, or alter a person's response to an environmental hazard that predisposes her to a maladaptive outcome.

There are several points that must be made to better understand protective factors. First of all, protective factors are the antithesis of risk factors (Benard, 1991) which moderate or buffer the likelihood of developing problems when risk is high but have no effect when risk is low (Garmezy, 1987). For example, financial resources are only a protective factor for the adolescent

mother who is at risk for poverty. To the wealthy parent, money could be considered a resource factor that has beneficial effects whether risk is high or low (Garmezy, 1987).

Secondly, protective factors reduce the impact of the risk by influencing the risk itself or by altering exposure to the risk (Rutter, 1990). For example, a good marriage is said to reduce the risks correlated with adolescent mothering as it brings aspects such as financial resources, emotional encouragement, and childcare assistance.

Thirdly, protective factors reduce the likelihood of negative chain reactions stemming from the risk encounter (Rutter, 1990). For example, the adolescent mother who completes her education lessens her risk of living a life of scarcity.

Fourthly, protective factors promote self-esteem and self-efficacy through the availability of secure and supported personal relationships or success in task accomplishments (Rutter, 1990), such as being able to solve a parenting dilemma. Protective factors also open up opportunities of a positive kind (Rutter, 1990), such as high cognitive skills that allow the adolescent mother to attain a well paying job.

Finally, protective mechanisms promote resilience through a complex interaction between the individual, her family, and supports within the larger environment (Rutter, 1994). For example, Garmezy (1985) has summarized protective factors as including: *a) Individual traits* that mediate interaction with the environment such as activity level, self-esteem, reflectiveness, cognitive skills, and a positive responsiveness to others. Demos (1989) adds to this list the

ability to recognize what one can and can not change or knowing where the locus of control lies for various difficulties. One will note that many of these attributes are used in coping and promote positive experiences and interactions with others. *b) Family factors* including warmth, cohesion, absence of discord, and the presence of a consistent, stable, and caring adult (Garmezy, 1985). *c) Supports within the larger environment* that include personal social networks or institutional supports such as church, school, or a caring agency (Garmezy, 1985).

1.6.1 Protective Factors in Adolescent Mothers: The literature identifies protective factors that are specific to adolescent mothers.

a) Individual traits are said to include insight, as in the ability to understand interpersonal dynamics, motivation, manifested in resourcefulness and take-charge attitudes, and responsibility/rebellion, as in rebelling against belief that one is doomed and instead becoming a successful mother (Carey et al., 1998). Again, these are all skills that could be considered central to coping. Also included in this list is that of relationship skills, as in the ability to initiate and maintain positive relationships with a number of people (Carey et al., 1998).

b) Family Factors: Furstenburg et al. (1987) found that the support and guidance of grandparents and other family members helps adolescent mothers cope with their new situation. Their involvement provides the young mother with the opportunity to achieve through continued education and relationships with peers. Luster and Mittelstadt (1993) indicate that living with grandparents builds parenting competence, shelters the infant from his/her immature mother, and

protects both mother and child from many of the adverse conditions correlated with adolescent parenting. However, it must be recognized that not all families are protective, as it is often a deliberate family decision to make the new family situation work (Luster & Mittelstadt, 1993).

c) Support within the Larger Environment: The largest protective factor consistently identified in literature is that of education. Staying in school is extremely vital in mediating the impact of adolescent parenting on income and in equalizing the outcomes between early and later mothers (Danziger & Farber 1990). Polit and Kahn (1987) report that a supportive community of caring adults (i.e. teachers, social workers, church members) is a protective mechanism among pregnant and parenting adolescents, especially when family is not available, as they provide significant opportunities for positive growth and development. Initial reliance on welfare can be a protective factor in that it provides the adolescent mother with an opportunity to graduate from high school, gain job training, and then permanently move off of assistance.

1.6.2 The Protective Factor of Coping: The subjective experience of stress, evokes adaptive responses known as coping (Germain, 1991). Lazarus and Folkman (1984) define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p.41). When coping measures are effective in solving problems or regulating negative feelings, the demands of stress have been mastered (Germain, 1991).

The above definition views coping as a strategy (rather than a trait) that is a learned, deliberate, purposeful, flexible response (rather than an automatic reflex), to adapt to or alter the environment. In contrast, coping as a trait is not sensitive to change and instead remains consistent regardless of the situation (Ryan, 1998).

Coping has been characterized as a protective factor that mediates experiences that shape personality development (Compas et al., 1995). It influences abilities and resilience in difficult situations (Garmezy, 1987) by mobilizing and making use of resources and supports to manage negative effects or to modify troubling circumstances (Lazarus & Folkman, 1984). This may include: having positive beliefs and values (especially about one's self), maintaining physical and mental health (which influence coping strategies), using knowledge, intellect and good reasoning skills (which allows one to think differently or see various angles), implementing good social skills (to access support), and having financial assets (which allow distractions: movies, trips, babysitters) (Zeitlin & Williamson, 1994).

Lazarus and Folkman (1984) break the process of coping into four steps: a) The individual appraises an event or situation in terms of its implications for well being. b) The individual selects a coping strategy. c) The individual carries out the coping strategy. d) The individual evaluates her coping efforts to determine if the stressor was eliminated, managed, or reduced.

Beardsless (1989) modifies Lazarus and Folkman's (1984) coping process to better ensure that coping works as a protective factor and results in a resilient

outcome. He states that an individual must adequately appraise the situation, her capacity for action and the consequences of that action, act when appropriate, use an age appropriate developmental perspective, and be able to understand what happened.

Coping is often broken down into problem-focused and emotion-focused coping (Compas, 1987). Problem-focused coping strategies aim to master a task such as solving, re-conceptualizing, or minimizing a problem whereas emotion-focused coping uses person-oriented strategies that center on feelings, responses, self-preoccupation, and fantasizing reactions. Endler and Parker (1994) refer to task coping, emotion coping, and add avoidance coping, which includes either task oriented strategies (distraction) or person oriented strategies (social diversion).

Adolescent mothers use various types of coping in their attempts to restore a perceived situation of imbalance to an optimal degree. Passive coping uses emotion-focused strategies (such as having high self-esteem) whereas active coping utilizes problem-focused strategies (such as seeking information) (Compas et al., 1991). Avoidance coping strategies can be passive or active, such as sleeping to evade issues (distraction coping) or seeking the support of friends (social diversion) (Endler and Parker, 1994). Distraction coping need not be maladaptive as short-term avoidance may allow the adolescent mother time to mobilize more effective problem solving skills.

Given the several types of coping, which are most effective? Bernard (1991) describes optimal coping to include problem-solving skills that allow one

to negotiate in dangerous environments, a sense of autonomy, self-esteem, and an internal loci of control. Anthony (1987) speaks about using a range of coping mechanisms that are "flexible, purposive, selected, and oriented towards a present reality and future thinking" (p.14). What is clear to this writer is that successful coping is rooted in the confidence that the odds can be surmounted.

1.6.2.1 Adolescent Coping: Fields and Prinz (1997) cite two reasons why adolescent coping is different than adult coping: a) Adolescents may be limited in their coping repertoire by cognitive, affective, expressive, or social facets of development and by lack of experience. For example, adolescents have less influence over their circumstances, they are restricted from avoiding some stressors, and they are more dependent on adults. b) Adult literature on coping distinguishes between uncontrollable and controllable stressors but adolescents may have difficulty judging the controllability of a situation. For example, family protection and incomplete understanding of events may buffer an adolescent from stress. On the other hand, stress can be magnified for the adolescent because she doesn't understand or doesn't have sufficient experience to guide responses.

Shermis and Coleman (1990; cited in Prinz et al, 1999) posit a cognitive-behavioral model of adolescent stress and coping that is divided into five components. a) Adolescents experience environmental stress that includes daily hassles (i.e. arguments, school tests) and major life events (i.e. adolescent pregnancy) with differential effects. b) There are then environmental moderators that include support from family, peers, and school staff who may assist by

offering information, advice, or material aid. It is the adolescent's perception of support that determines the extent to which the effects of stress are moderated. c) The adolescent's personal factors impact her affective and behavioral outcomes. For example, strong coping skills manage early stress before the more advanced stages set in. d) Some of the adolescent mother's stress outcomes may include physical (i.e. headache, stomach pain) and psychological symptoms (i.e. depression, anxiety) which are connected to e) behavioral outcomes such as use of drugs or dropping out of school (maladaptive behavioral responses).

1.6.3 The Protective Factor of Social Support: Social support refers to network exchanges of multidimensional resources associated with high levels of physical and mental health and feelings of efficacy and empowerment (Furstenburg et al., 1987). Social networks refer to the structure (stability, connectedness, homogeneity, symmetry, and complexity) and the number of social relationships that a person has (Kemp et al., 1997). Greenbaum & Auerbach (1992) see the ability to reach for support and to maintain positive, supportive relationships throughout life as a route to resilience. Bernard (1991) agrees with this conceptualization saying that access to a support system serves to diminish risk and promote resilience.

Pierce et al., (1996) describe three overlapping and mutually influencing components occurring in the social support process: A) *Support schemata* is the adolescent other's expectations about the availability of others in her social environment to provide aid should she need it. B) *Supportive relationships* are

the relationship specific support schemata. Here the adolescent mother's anticipation of potential support is higher given that her expectations differ when drawing support from a known individual. C) *Supportive transactions* include the adolescent mother's supportive behavior, support-seeking behavior, and support receipt behavior, thus emphasizing the reciprocal nature of support.

In order for social support to be a protective factor to a young mom, she must: a) have network ties that offer resources; b) receive the type of support that she requires; c) positively perceive the support (i.e. its' availability and usefulness); d) have the skills to access and maintain support; e) receive the support in a timely fashion; f) have characteristics or a personality that encourages others to support her (adapted from Kemp et al., 1997).

1.6.3.1 Adolescent Mothers and Social Support: Developing and using social support is key to adapting to life as a parent (deAnda et al., 1992). For the adolescent mother, social supports are particularly vital because of her additional family upset, unstable relationships, financial strains, and physical health issues (Furstenberg, 1980).

Young mothers who live alone are less likely to receive help with child rearing (Kellam et al., 1982). As fathers are often excluded from the parental role (Fine & Pape, 1982; Cerera, 1991) because they are shut out by the adolescent mother and her family or because they remove themselves from the responsibility of parenting, adolescent mothers are less likely to receive personal, material, and emotional support from them. When adolescent mothers stay home to care for their baby and take on new parenting responsibilities,

connections with peers is limited (Hechtman, 1989). Young mothers also tend to avoid seeking professional assistance (Langfield & Pasley, 1997) and so are isolated from this connection.

Being alone leaves the adolescent mother feeling unhappy, anxious, isolated, with an external locus of control and low life-satisfaction (Moore & Schultz, 1983). The loss of interpersonal relationships often leads to depression that manifests in passivity, sense of failure, helplessness, and powerlessness (Cobb, 1976). Being alone heightens self-attention and analysis of the attitudes of others towards oneself which often results in low self-esteem (Rosenberg, 1979).

A strong support network that offers knowledge, material supports, childcare, decision-making skills, and emotional encouragement reduces the damaging effects of adolescent parenting by buffering stress and promoting physical and psychological well-being (Whitman et al., 1987; McLanahan, 1983). High levels of perceived social support distract adolescent mothers from focusing on themselves, decrease life strain (Hansell et al., 1986), is correlated with a positive self-concept and a belief in control over one's environment (Veroff et. al, 1981). Being embedded in a healthy social support network enables adolescent mothers to meet their parenting roles (Barth & Schinke, 1983), to mature, and to become self-sufficient (Whitman et al., 1987). Social support increases the likelihood of adolescent mothers completing formal education, achieving a career, and attaining marital stability (Garbarino, 1983). When social support is

available, young mothers are also more responsible and loving toward their children (Crockenberg, 1987),

Social support includes the source, the type, the size, the amount, and the individual's feeling about the support received. For adult mothers, spouses are the most important *source* of support (Belsky, 1984). For adolescent mothers, support often comes from family, school, community resources, and friends (Whitman et al., 1987). The *types* or the multiplicity of social support may include emotional support (esteem, trust, concern), appraisal support (affirmation, feedback), informational support (advice, suggestions), and instrumental support (money, transportation) (Langfield & Pasley, 1997). Germain (1991) describes how supports from various sources may serve different functions. For example, neighbors provide short-term, emergency services (i.e. transportation), family members are more permanent in their commitment and so provide long term support (i.e. financial aid), and friends help in providing guidance, affirmation, emotional support, and feedback.

While the adolescent mother may have a large social network, the actual *size* of the supportive network able to provide positive resources is often substantially smaller (Stockdale et al., 1990). For example, those promoting good prenatal care are likely to be less than those who are encouraging substance use. However, healthy support from one significant other is more helpful than generalized support from several others (Stockdale et al., 1990).

For the adolescent mother, the *amount* of support is not always directly associated with *feeling* supported (Nath et al., 1991). It is therefore important to

examine whether the assistance is positive, helpful, discouraging, or conflicting. Pasley & Minton (1997) differentiate between support that is perceived as helpful/unconflicted and unhelpful/conflicted. For example, the adolescent mother who receives economic support from her parents but then is challenged on her financial maturity receives the needed level of support, but perceives this to be negative and unhelpful. Interpersonal relationships within social networks depend on reciprocal exchanges, thus for the adolescent to feel positive about the support she receives she must be able to respond with some form of support (Langfield & Pasley, 1997).

1.6.4 The Interrelatedness of Coping & Social Support: Social support is a *coping strategy* when one seeks social support as a means to manage an external and or internal demand that is appraised as taxing or exceeding the resources of the adolescent mother (Lazarus & Folkman, 1984).

Social support is a *coping resource* that interacts with each coping dimension in a different manner to manage and reduce stress. For example, task-oriented strategies may depend on the help or information provided by the adolescent mother's social support network. In terms of emotion-oriented coping, social support plays an important role in providing the adolescent mother with outlets for emotional regulation and social comparison. With avoidance coping, social support may provide the adolescent mother with opportunities for diversion, escape, and a means to evading problems (Endler and Parker, 1994).

Social support is *dependent on coping*. This statement takes the position that the way in which people cope precedes the support that they will be able to

elicit in the future (Sarason et al, 1990). This then also allows for negative support. For example, if the adolescent mother copes in a way that discourages helpful reactions or if she does not express that she is in need of help, her social environment is less likely to offer assistance.

1.7 Chapter Summary: This chapter described the concepts pivotal to understanding resilience. It clearly illustrated that every outcome, resilient or detrimental, is the result of multiple, interrelated factors including the adolescent mother's perception of life stress, her experiences of risk, and the existence and her use of protective factors such as strong coping and social network skills. Given the multifaceted problems in the lives of many adolescent mothers, interventions must be multicomponent and well grounded in theory. That is, effective work with adolescent mothers reduces feelings of stress and exposure to risk, develops and builds protective factors, and comprehends competent development.

CHAPTER TWO: GROUP WORK – RESILIENCE BASED INTERVENTION

2.1 Chapter Introduction: This chapter starts by providing a definition for group work and identifies some of the active forces in groups as they apply to adolescent mothers. The chapter then describes a framework and important skills for facilitating adolescent groups. The chapter moves on to highlight some specific group techniques that were used in the practicum and finishes with a description of a strategy for a group intervention rooted in resilience.

2.2 Group Work: Schwartz (1961) defines a group as "an enterprise in mutual aid, an alliance of individuals who need each other, in varying degrees, to work on certain common problems. The important fact is that this is a helping system in which the clients need each other as well as the facilitator. The need to use each other, to create not one but many helping relationships, is a vital ingredient of the group process and constitutes a common need over and above the specific tasks for which the group was formed" (p. 19).

This definition emphasizes the reciprocal relationship between the individual and the group as well as the group and the social environment (Malekoff, 1997). It zeros in on the interacting systems that search for common ground and reach out to one another for mutual gain. The model stresses spotting and overcoming obstacles in the interacting systems; sharing knowledge, ideas, and values for problem resolution; identifying the strengths and limitations of all parties to effect change; and having a vision to instill hope and commitment (Malekoff, 1997). The role of the group facilitator is to mediate

between the competing interests and demands of various interacting systems (Malekoff, 1997).

In order for adolescents to become fit and productive adults and in order to reduce the probability of a poor life outcome, they must find a valued place in a positive group. They must learn how to form close, solid relationships. They must feel a sense of worth and have a firm foundation for reaching informed choices. They must know how to use support systems, express healthy curiosity and exploratory conduct, find ways of being useful and believe in a bright future full of opportunities (Carnegie Council on Adolescent Development, 1995; cited in Malekoff, 1997). According to Malekoff (1997) groups can be used to support and work with adolescents to accomplish these goals. Group work also capitalizes on the natural momentum of the adolescent stage of social development as it is in their peer group that adolescents develop relationships, test values, explore new concepts, roles, and patterns of behaving (Garbarino, 1985).

Research into group work effectiveness also indicates that groups are particularly helpful for individuals experiencing powerlessness, alienation, victimization as well as those feeling hopeless about their life situation, misunderstood in their relationships, and inadequate in their changing systems (Anderson, 1979; cited in Norman, 1994).

Based on Schwartz's definition of a group and the promise that groups hold for adolescents and vulnerable individuals, it would seem that group intervention is ideal to address the issues pertinent to adolescent mothers.

2.3 Forces in Groups with Adolescent Mothers: Northen (1988) and Yalom (1985) identify some of the working factors existing in groups that contribute to therapy. The following is a summary of these forces as applicable to groups with adolescent mothers.

Altruism & Mutual Support: Adolescents are often described as self-centered. In a group setting, the adolescent mother learns that she can give and receive support, offer and access assistance, express thoughts, emotions, and appreciate the values of others. This is the core of mutual support (Malekoff, 1997).

Catharsis: Expressing thoughts, emotions, experiences, and aspirations in the safe environment of a group reduces anxiety, increases comfort, and motivates adolescent mothers to strive together to reach goals. Groups can convert hopelessness and passivity into inspiration and anticipation (Malekoff, 1997).

Cohesiveness: Group membership, acceptance, and approval are of utmost importance in promoting a sense of group "we-ness" (Toseland & Rivas, 1998). As group members interact with one another they become instrumental to each other's growth and self-understanding (Malekoff, 1997).

Control: To create a positive group experience, the facilitator must offer a safe space with firm boundaries. Members must adhere to certain expectations, endure some frustration, accept fair guidelines, curb their resistance to authority, refrain from inappropriate conduct, and practice appropriate socialization with others (Malekoff, 1997).

Corrective Emotional Experiences: Many adolescent mothers have experienced chaotic pasts and dysfunctional relationships. The group setting allows members to work through maladaptive dynamics in a safe, supportive environment and through the corrective behaviors of the group (Malekoff, 1997). Adolescent mothers are likely to have experienced negative and judgmental responses to their parenting. Having their pregnancy acknowledged and validated by others in a safe setting is an important turning point (Norman, 1994).

Imparting Knowledge and Developing Skills: Through the group, the adolescent mother is able to gain new information, test limits, deal with feelings, find solutions, and master new skills, behaviors, and modes of communication (Toseland & Rivas, 1998; Cervera, 1989). Members are taught through the instruction and modeling of the facilitator and learn from the behaviors, realistic suggestions, and encouragement of the group members (Malekoff, 1997). As confidence in skill increases group members are likely to externalize their experiences (Toseland & Rivas, 1998).

Instillation of Hope: Many adolescent mothers feel caught in hopelessness. Equipping them with a vision can help them to emerge with a belief that life will get better. The facilitator and other group members must offer support, feedback, practical tips, and a commitment about the future that helps members believe in themselves (Malekoff, 1997).

Reality Testing: Distortions in perceptions resulting from myths and misinformation can be safely presented, supported, or challenged in a group. While the adolescent mother may feel that she is being bombarded with

messages, the confrontation of a peer, especially a group of them, may be hard to escape (Malekoff, 1997).

Universalization: The circumstances faced by the adolescent mother often isolate her from peers and increases family tension. Groups can reduce stigmas, misunderstandings, and feelings of loneliness and frustration by connecting adolescent mothers who are "all in the same boat." Sharing and discussing common issues and needs provides adolescent mothers with a sense of community with others (Toseland & Rivas, 1998).

2.4 Framework and Skills for Group Work with Adolescents:

This section highlights some skills and a framework within which a facilitator can "maintain a sense of balance in the face of the rhythmic interplay of chaos, confusion, focus, and clarity that are all characteristic of adolescent groups" (Malekoff, 1994).

1) A Sense of Humor: The group facilitator must be able to see the humor in the detours that arise during group sessions (Malekoff, 1994 & 1997; Lovell, 1991). Humor can discharge anxiety, produce a good feeling about the group, and presents opportunities for mastery of tricky social interactions (Malekoff, 1994 & 1997). Teenagers appreciate adults who are flexible, patient, and who can take their antics in stride and in good humor (Malekoff, 1994 & 1997).

2) A Willingness to Check One's Ego at the Door: Adolescents can be bluntly honest, hurtful (Malekoff, 1994 & 1997), and it is in the security of the group that transference (where the adolescent misdirects her feelings) can be expected (Corder et al, 1980). Facilitators should anticipate adolescents to

struggle for power and control, challenge authority, and give their self-esteem a beating (Malekoff, 1994 & 1997).

3) An Appreciation for Paradox: Teenagers are often saying one thing but expect adults to read their underlying message, which can be completely different from their words. Adolescents can be egocentric yet altruistic, conceited yet humble, defiant yet loyal. They are often seen as apathetic but their energy is unmatched when the cause is right (Malekoff, 1994).

Given these contradictions, the facilitator's role is highly complex. She must provide security, firmness, and containment to prevent adverse dimensions from impeding group effectiveness while creating the freedom that conveys affirmation, acceptance, and caring. She must plan, structure, and organize agendas at the same time as being ready to quickly change topics and address the unknown (Malekoff, 1997). She must act as an advocate for individuals who experience powerlessness and alienation while promoting self-confidence and independence (Norman, 1994; Rose, 1998).

4) Access to One's Own Early Memories: Adolescents may talk and feel as though they are alone in experiencing a particular situation. Consciously reaching back to re-experience the painful, pleasurable and dull moments of one's own adolescence assists the facilitator to tune in to group members' stories and achieves a greater sense of balance in disorientating circumstances (Malekoff, 1994 &1997). Of course the facilitator must be cautious of counter-transference (where the facilitator acts out her own issues of adolescence;

Corder et al., 1980) and must not be attempting to "fit in" with the group (Malekoff, 1994).

5) The Skills to Guide Behavior: While striving for autonomy, adolescents seek to learn and conform to adult role models. The group facilitator, being the most influential "member," is responsible for establishing a tone of comfort, safety, and relaxation which then creates a learning environment (Hurst & Gladieux, 1980).

Some adolescents are very expressive about their emotions. Other adolescents are unable to verbalize their feelings and may put up a self-protective front. In both situations the group facilitator must guide adolescents in regards to what, how much, and when to share in the group so that disclosures are supported and not premature, damaging, or embarrassing (Rose, 1998).

6) The Ability to Empower Members: Rather than presenting as an expert or being too authoritative, the group facilitator must phrase suggestions delicately, advice tentatively, and empower individuals through a process of self-discovery and growth that enables them to share ideas, regain control in their lives, and make choices (Rose, 1998). Given the significance of peers, facilitators can also work through other members to get messages across to resistant individuals. Peers helping one another goes a long way in enhancing self-esteem, increasing satisfaction, and leads to greater intimacy with others (Rose, 1998).

7) The Capacity to Relate to the Whole Person: Adolescents want to be taken as a whole person. In addition to the issues that bring them to the group,

they want to deal with the common topics that all teenagers find troubling, challenging, or fascinating. It is the blend of discussion and activity that combine the "doing, thinking, and feeling" that enable the whole self to emerge in the presence of others (Malekoff, 1994 & 1997).

8) Collegial Support: Many social workers are uncomfortable with groups of teenagers as they are not the easiest population to work with (Malekoff, 1994 & 1997). Adolescent group participants are anxious, have difficulty with self-analysis, and don't favor interpretations of their behavior. They have mood swings, are likely to regress when working through painful memories, and are resistant to experiencing negative emotions (Schaeffer et al., 1982). Although perhaps all the same ages, content must be modified to reach the different stages of development. Thus, facilitators need to support, talk with one another, and share their knowledge with others (Malekoff, 1994 & 1997).

2.5 Group Techniques: In order for the group to achieve its purpose, this student used some techniques at specific points and others throughout the life of the group. According to Toseland and Rivas (1998), it is the facilitator's comprehension of group processes and development that guides her in knowing when it is appropriate to use the different skills. The following techniques were used in the Portage la Prairie and Winkler groups:

Brainstorming: is a group exercise where all members are encouraged to share their spontaneous ideas on a topic. This technique encourages thoughts from everyone, provides new perspectives, options, and spurs interactions (Toseland & Rivas, 1998).

Breaks: during the mid-point of a session allow participants a chance to stretch, drink, snack, and chat informally. It is also of assistance in keeping energy high (Beaton-Stokell, 1998).

Check-In Time: is a period at the beginning of every session where a rock is passed around and each member is asked to share where they are at for the session. The person holding the rock is able to speak without interruption while the others remain silent and listen. In the early sessions, group members are asked to share factual details but as trust and comfort increases members are invited to disclose more personal information (Beaton-Stokell, 1998).

Check-Out Time: is a period at the end of every session where members are invited to select something from a basket that they promise to use during the week (i.e. bubble bath, chocolate, candles etc.) in order to cope and take care of themselves. This round is a time for members to hear others' thoughts (to compare to their own) and to evaluate the success and progress of the group. This opportunity to give feedback also provides members with a sense of control and influence over the group (Beaton-Stokell, 1998).

Energizing Exercises: can revive and refresh participants after an intense or draining discussion. Some examples of such exercises used in the groups included visualization, deep breathing, and muscle relaxation exercises (Toseland & Rivas, 1998).

Handouts & Visual Aids: provide further understanding, stimulate discussions, better represent concepts, serve as a reminder between sessions, and can be a resource or quick reference for the future (Beaton-Stokell, 1998).

Humor: has been found to be a powerful therapeutic device (Bloch, 1987 cited in Lovell, 1991). Shared laughter serves to engage group members, increase group cohesion, and release stress and tension.

Icebreaker Exercises: serve to enhance group cohesiveness and set the tone for the session. Especially in the earlier sessions, such exercises highlight commonalties, increase trust, reduce fears, increase energy, and encourage all to participate (Toseland & Rivas, 1998).

Recapping: that which was covered in previous sessions refreshes memories and connects one group session to the next (Beaton-Stokell, 1998).

Reflecting: or pausing at the end of an activity allows members to voice their thoughts, feelings, and permits the group to debrief the experience (Beaton-Stokell, 1998).

Rehearsing Skills: is critical to mastering new behaviors (Lavell, 1991). Rehearsal allows members to practice new behaviors, reduces performance anxiety, and prepares group members for obstacles and setbacks. It further provides opportunity for self-awareness and insight into feelings (Toseland & Rivas, 1998).

Sub-dividing into Smaller Groups/Breaking into Dyads: permits members to delve into topics in greater detail and allows more topics to be covered. This technique is useful to facilitate interaction among those members who are somewhat shy as it encourages their expression of thoughts, feelings, and permits prepared disclosure of personal information before debriefing as a large group (Lovell, 1991).

Summarizing: helps to clarify statements, summarize discussions, and is appropriately done at the end of an activity (Beaton-Stokell, 1998).

Using Metaphors: is less intimidating than direct confrontation. Metaphors provide a way of confronting the client's self-limiting beliefs and rigid perceptions in order to assist them in learning new concepts (Lavell, 1991).

2.6 Strategy for Intervention Rooted in Resilience: Resilient outcomes can be fostered in two ways. The first option is to enhance protective factors that promote resilience. The second alternative is to reduce risk factors (Masten & Garmezy, 1985).

Enhancing Protective Factors: This practicum focused on specifically enhancing two protective factors: coping and social network skills.

a) Building and strengthening coping skills is protective for the adolescent mother by facilitating mastery of problem solving, management of feelings, and reducing negative symptoms (Compas et al., 1988).

b) Instructing and augmenting social skills is protective for the adolescent mother by facilitating relationships with competent others who are able to provide information, advice, tangible aids, and emotional validation (Bernard, 1991).

Some interventions that heighten optimal coping and that are appropriately explained, demonstrated, practiced and mastered in a group setting include: a) normalizing stress, identifying and labeling stress responses; b) improving behavioral reactions and relaxation techniques; c) cognitive reconstruction strategies to decrease negative beliefs, identify personal

strengths, problem solve, and visualize; and d) developing a plan to reach out to others during a crisis period.

Similarly, some interventions that enhance social skills which are appropriately delivered, understood, and learned in a group setting include: a) Developing and increasing the skills in making friends; b) Improving assertiveness skills; c) Improving communication skills; and d) Learning reciprocity skills (Kemp et al, 1997).

Reducing Risk: Rutter (1985) indicates risk can be reduced by altering the individual's perception of risk or by modifying the individual's exposure to risk.

a) *Altering Perceptions of Risk:* Perceptions of risk are altered when the adolescent mother is better able to meet her needs, is in charge of available resources or in sum, believes that she has control of her environment (Kemp et al., 1997). This would necessitate the existence of diverse coping and social network skills, many coping resources, a skilled support system, and the competency to effectively use resources and supports so that stress decreases and perception of social support increases. Such capabilities may include: i) recognizing stress and fatigue before crisis; ii) mobilizing coping skills and/or network members in times of stress; iii) knowing how to ask for and receive help; iv) being able to make use of formal services; and v) anticipating times when help will be needed (Kemp et al., 1997).

b) *Modifying Exposure to Risk:* Those of adverse environments can participate and seek protective relationships in a group setting that is better suited to their development (Smith & Carlson, 1997) thus modifying their

exposure to risk. Groups present safe opportunities or "turning points" that give adolescent mothers an escape from stressful and risk-filled life situations. Groups offer support, worthwhile activities, address specific need, and enable members to mediate the various systems impacting on their lives (Malekoff, 1997).

2.7 Chapter Summary: This chapter defined group work and proposed group intervention as being an appropriate means to identify those at risk for maladjustment to parenthood, respond to the unique and complex needs of parenting adolescents, and intervene to avoid this path. The chapter provided a framework for working with adolescents and described some of the specific techniques used in the group interventions of this practicum. The chapter concluded with a strategy for an intervention rooted in resilience that demonstrated how expanding coping skills and abilities to initiate and maintain positive social supports as well as reducing risks through the protective nature of groups can ultimately assist the adolescent mother in her adaptation to parenthood.

CHAPTER THREE: GROUP SETTING, PLANNING, SUPERVISION, AND EVALUATION PROCEDURES

3.1 Chapter Introduction: This chapter starts by revealing the setting in which each of the groups were held. The chapter then highlights the group planning that took place and moves on to describe this student's practicum committee and the supervision that occurred. The chapter concludes by describing the measures that were utilized to evaluate this practicum.

3.2 Setting: *The Portage la Prairie Group*: The first group took place at the Young Parents' Resource Center (YPRC) in Portage la Prairie, Manitoba. The YPRC, located downtown Portage la Prairie, is a non-profit, community-based organization that was established in 1996. It is financed by Health Canada's Community Action Program for Children, which is a program that funds services that address the developmental needs of at risk children who are between the ages of 0-6 years. One full-time social worker and one part-time support worker staff the YPRC and volunteer board members from the community govern it.

The YPRC believes that every parent and child is valuable to the social, economic, and emotional health of the community. Their goal is to encourage positive growth, to strengthen the health, and to improve the well-being of children and their families. The YPRC offers support and provides resources to adolescents who are at risk of becoming pregnant, pregnant teens, and young parents and promotes awareness to increase the capacities of young people to make positive life choices.

At the YPRC young parents are supported in their quest to become self-sufficient, responsible, and maturing parents to their children. Counselling sessions assist in dealing with the issues that arise as a result of having an early pregnancy. This may involve connecting young parents with community resources, discussing relationships, sharing pre/post-natal information and parenting tips, learning communication and problem solving techniques, and increasing knowledge around sexual education. The YPRC also runs parenting programs, delivers educational presentations, provides opportunities to do volunteer work, organizes family fun time, lends books, and has a children and women's maternity clothing exchange.

The group members and this student met on the main floor of the building in a room that contained very comfortable chairs, couches, and a flipchart that could be used as a visual aid. The space inside the room was close enough to be conducive to network building yet spacious enough for interactive activities.

The children and the childcare providers met in a playroom on the lower level that was equipped with lots of age appropriate toys, books, snacks, and mats to sleep on. The space between the moms and their children was perfect. They were close enough for security yet far enough for distance that provided the moms with a break.

The Winkler Group: The second group was held at the Winkler Day Care Center (WDCC) in Winkler Manitoba. The WDCC, located one block from Winkler Elementary School, is a non-profit, charitable, childcare center. The center was established in 1975 and is licensed for 36 children (ages 3 months to

12 years) with subsidized and special needs spots available. This daycare meets all of the requirements of the Community Child Day Care Standards Act, is licensed by the Department of Family Services and is a member of the Manitoba Child Care Association. The WDCC is staffed by several Early Childhood Educators, one director and it is governed by parent board members who volunteer their time.

The WDCC understands the uniqueness of every child and so believes that along with play and learning activities it is equally vital to provide personal attention and encouragement. They celebrate differences by respecting all backgrounds, individual interests, and attitudes, and appreciate what each child contributes to the richness of the whole. The WDCC aims to help families feel comfortable in their "home away from home" by providing dependable nurturing and care. For children, there are indoor and outdoor play areas, snacks, stories, crafts, music, field trips, historical lessons, and mini science experiments. The daycare invites regular communication between staff and parents, encourages adults to join their celebrations, and offers parenting classes.

The group members and this student met in one of the playrooms (perhaps for 3-4 year olds) where everything was built on a smaller scale. Arranging the large blocks (chairs) in a semi-circle facing the blackboard easily created the setting. The room was spacious enough for members to break into dyads when the activity required that they do so but was also close enough to build ties between members.

The children and the childcare providers met in the infant/toddler room that was right next door. This room was equipped with lots of age appropriate toys, books, snacks, and mats. Initially the moms and the children might have been too close as the mothers had slight difficulty focusing when they could still hear their children but they soon settled into the sessions knowing that their children were safe.

3.3 Group Planning: Group planning consists of gathering data, assessing potential members, and starting the group process towards meeting group and participants' goals (Toseland & Rivas, 1998).

Establishing Group Need & Purpose: Upon reviewing the literature it is clear that many adolescent mothers are highly stressed and are an "at risk" population. Compared to other provinces, Manitoba has the highest rate of adolescent pregnancies and parenting teenagers. The majority of these young mothers have less than a high school education and are highly reliant on financial social assistance for their source of income. This population is also increasingly exhibiting high-risk lifestyles and as a result, their children are more likely to have medical and emotional problems and the families are more likely to require involvement with child protection agencies. Perhaps because adolescent parenting rates in the Central Region are lower than other regions of Manitoba, supports and resources are scarce (Manitoba Child & Family Services Support Branch, 1995). Thus, a group that reduced the likelihood of negative life consequences associated with early mothering was needed.

Group Recruitment: Potential group members were identified from computer records at Child and Family Services of Central Manitoba where this student is an employee. The Agency has this information given that all births to unmarried, minor mothers must be referred for follow-up. Mothers in their late adolescence (17-19 years old) were selected as possible members as there were insufficient numbers to hold a group for adolescents in any other stage. Portage la Prairie and Winkler were chosen as group sites because these locations had the highest concentration of parenting adolescents.

Potential group members were mailed a letter that explained the group with an invitation for them to contact this student. Those mothers who had delivered an ill or developmentally delayed child were not contacted given that their stressors differ from those experienced by other young mothers. Those who were not parenting (i.e. where the child was in foster care or where grandparents were parenting) also did not receive a letter.

Out of the 68 letters that were sent out, only one mother called to express interest. Each letter was followed with a phone call and a personal meeting when agreed to by the young mother. Where phone contact was not an option, this student attended at residences to speak with mothers about the group. This was extremely time consuming as often this student would attend at a home when an appointment had been arranged only to hear that the mother was not present, had company, or had moved. For some of the group members, this worker met with them up to three times before gaining their trust and they agreed to attend. Norman (1994) says that good attendance is dependent on early

attachment. She explains that this may take a concentrated effort where the facilitator strikes the right balance between caring and respecting the young mother's independence.

Given that many of the children of the group members were very young, were breast-feeding, and given that many mothers did not have sitters (due to financial shortages or strained relationships), childcare was provided. For the Portage la Prairie group, volunteer childcare providers were recruited. Three childcare providers were needed for every session. This was an issue that became quite complicated. Often there were short notice cancellations or childcare providers simply did not show up. This left this student scrambling to call up friends and co-workers at the last minute. It must however be added that there were a few very reliable childcare providers in whom the mothers and this student gained a lot of confidence. As a result of some of frustrations experienced in Portage la Prairie, the childcare providers in Winkler were paid and there were next to no cancellations.

Group Composition: The homogeneity of purpose was the starting point of group development. The homogeneity of personal characteristics was necessary to ensure that members had enough in common to make the group work (Toseland & Rivas, 1998). In both groups the members all expressed a desire to further their skills, knowledge, and gain support. At this introductory phase the group members shared similar day to day problems, issues, and parenting dilemmas. Although not deliberately planned, in the Winkler group the members

were also culturally and religiously homogeneous (Mennonite) and most spoke Low-German in their family of origin.

Diversity, or group heterogeneity, provides a resource for vicarious learning, modeling support, validation, and mutual aid (Toseland & Rivas, 1998). In both groups there were differences in educational levels, living situations, and length of time at being a parent. In the Portage la Prairie group, half of the members were living in a rural area. This student hoped that the differences would allow members to share experiences, learn from one another, and gain new ideas. This student recognized that each member was unique, but left out potential members who seemed unwilling to communicate, unaccepting of others, unable to accept feedback, or who were antagonistic (Toseland & Rivas, 1998).

The group size varies according to the group purpose, the complexity and type of problem that is being worked on, and the availability of group members (Toseland & Rivas, 1998). Of the 21 young mothers who indicated that they would participate in the groups (10 in Portage la Prairie and 11 in Winkler), 16 actually followed through. It is purely coincidental that each group consisted of 8 members.

Another consideration when forming a group is whether to have open or closed membership. The groups were closed in order to build on each session, to have greater cohesion, stability of roles and norms, higher morale and cooperation (Toseland & Rivas, 1998).

Orientating & Contracting: Prior to the first session, this student and the members began the contracting process where group goals were outlined and members shared their personal goals. This student explained the group purpose, the types of activities, the length, and the number of sessions. The adolescent mothers were invited to offer input, feedback, ask questions, and clarify expectations. This student also provided detail on her role and the importance of attendance and confidentiality. These individual meetings seemed to enhance members' comfort level (Toseland & Rivas, 1998).

Prior to the first session, each member completed a prescreening interview questionnaire, two measures of perceived social support (PSS-Fa & PSS-Fr: Procidano & Heller, 1983), a measure of coping (CISS: Endler & Parker, 1990), a measure of parenting stress (PSI: Abidin, 1995), and signed a consent form. This student read all of the questionnaires to the group members and did all of the writing. This was done as a result of the low literacy levels of some of the young moms.

As group members were not randomly assigned to the groups, this student added a control group for comparative purposes. Five adolescent mothers completed the measures on two separate occasions (there had been eight members in the control group but three could not be found for post-group measurements).

3.4 Practicum Committee and Supervision: The practicum committee consisted of Dr. Don Fuchs and Ms. Kim Clare, M.S.W., from the Faculty of Social Work at the University of Manitoba and Ms. Diane deLucia,

M.S.W. of Child and Family Services of Central Manitoba and the Young Parent's Resource Center.

Clinical supervision was provided by Ms. Diane deLucia who viewed most of the videotapes of the sessions and who offered support, raised questions, made suggestions, and offered guidance throughout the intervention phase. Sessional notes and videotapes of each session were also supplied to Dr. Fuchs who provided feedback and direction before, during, and after the intervention.

3.5 Evaluation Methods: *Evaluations for Monitoring the Group:* This student made progress notes at the completion of every session. These notes outlined the sessional goals, the success and difficulties encountered, the tactics used to tackle problems, the critical incidents, and themes that arose.

Video taping the sessions assisted this student, Dr. Fuchs, and Ms. deLucia in assessing and evaluating sessions and permitted a higher level of detail when making progress notes.

Each group member was encouraged to offer their thoughts at the end of every session in order to evaluate the success and progress of the group. This opportunity allowed group participants to monitor their feelings and behavior, permitted this facilitator to make changes or improvements, and gave members a sense of control and influence over their group.

Group members were also asked to complete a group evaluation form at the completion of the sessions.

Evaluations for Determining the Effectiveness of the Group: All of the below-described measures were completed at the end of the initial interview and

at the post-group meeting to determine the effectiveness of the group intervention.

To determine if the protective factor of coping was heightened (Goal #1) the Coping Inventory for Stressful Situations – Adolescent Version (CISS) (Endler & Parker, 1994) was used. As this student was unable to find a scale that directly measured increased social network skills (Goal #2), this protective factor was measured through the social diversion sub-scale of the CISS.

The CISS is a 48-item instrument that measures coping strategies: task-oriented, emotion-oriented, and avoidance-oriented. Avoidance-oriented coping is further divided into two subscales: distraction and social diversion. Participants are asked to indicate how much they engage in the items when they "encounter a difficult, stressful, or upsetting situation" (Endler & Parker, 1994). Scores for all items on each factor are summed up to form scale scores so that higher scores indicate a greater use of that particular coping strategy.

Alpha reliability coefficients for the test scores range from .78 to .92. Test-retest scores (after a 6-week period) are moderately reliable ranging from .51 to .73. There is also supporting information regarding the validity for CISS scores (Cook & Heppner, 1997).

This measure was selected as: a) it is available in an adolescent version; b) it recognizes that coping is highly interrelated and can not be oversimplified in terms of problem versus emotion-focused coping; c) it measures coping strategies as opposed to coping traits; d) individual scores can be compared to a normative score.

To determine if risks were altered through decreased stress and increased perceptions of social support (Goal #3), the Parenting Stress Index – Short Form (PSI-SF, Abidin, 1995), the Perceived Social Support: Friend (PSS-Fr., Procidano & Heller, 1983), and the Perceived Social Support: Family scales (PSS-Fa., Procidano & Heller, 1983) were implemented.

The PSI-SF identifies stressed parent-child dyads at risk for the development of dysfunctional interaction patterns by asking the respondents the degree to which they agree or disagree with 36 statements (Abidin, 1995). While the PSI-SF contains three sub-scales, this student focused on reducing the total stress scores. This is because the group was time limited and intervention could not be narrowed to more specially assess and target separate dimensions.

The test retest reliability reports are moderate to high and the Alpha reliability for the total stress score is .91. Although no literature on the independent validity of this scale could be found, there are strong correlations with the original PSI ($r = .94$). The scale also contains a defensive responding scale (Abidin, 1995).

This measure was chosen as: a) it provides an overall measurement of stress that the individual is experiencing as a function of parenting; b) it is available in a shorter version and thus is less time consuming; c) individual scores can be compared to a normative score and critical cut-off scores are provided.

The PSS-Fr. & PSS-Fa are two 20 item scales designed to measure the extent that one perceives his/her need for support, information, and feedback is fulfilled by friends and/or family (Procidano & Heller, 1983).

The mean and standard deviation for the PSS-Fr is 15.15 (SD = 5.08) and for the PSS-Fa is 13.40 (SD = 4.83). The PSS-Fr and PSS-Fa are found to be internally consistent (Cornbach's alpha. 90). Alphas for the PSS-Fa range from .88 to .91 and from .84 to .90 for the PSS-Fr. The test-retest reliability for both PSS scales is high (r =. 83). The scales have good construct validity (r= .27-.29) and criterion validity (PSS-Fr: r = .28; PSS-Fa: r = .41 - .58)(Procidano & Heller, 1983).

This measurement was selected as a) it uses subjective interpretations to measure perceived social support; b) it has been proven to be very reliable and valid; c) other studies with adolescent mothers have used this scale; d) it is simple to complete and is easily interpreted.

This student decided to perform Analysis of Variance (ANOVA) and Least Significant Difference (LSD) statistical analysis on the CISS, PSI, PSS–Fa, and PSS-Fr upon completing the post-group measurements.

To determine if the risks for adolescent mothers' were reduced through the development and success of a group (Goal #4), this student relied on the members' verbal comments at the final session as well as responses on the group evaluation form.

3.6 Chapter Summary: This chapter described the Young Parent Resource Center and the Winkler Day Care Center. It highlighted the pre-group

planning, member contracting, and orientation that occurred. There was then a description of this student's practicum committee and the supervision that took place. The chapter concluded by outlining the measures that were utilized to monitor and evaluate the effectiveness of the group.

CHAPTER FOUR:
PRACTICUM EXPERIENCE

4.1 Chapter Introduction: This chapter starts by profiling the participants of the groups. The chapter then describes the content of the sessions, details the development of the groups, and comments on what this student would do differently in each stage of group development in the future.

4.2 Portage la Prairie Group - Overview of Participants: Ten young mothers were pre-screened for the first session and completed the pre-group measurements. Eight of these mothers came to the first session and completed the group. The remaining two moms decided not to attend the group due to moves and personal crises. The mean age of participants was 18 years old with a range in ages of 17-20 inclusive. This student only targeted mothers who were 17-19 in age but one 20-year-old mom (who just turned 20 a couple of weeks before the start of the group) approached this student asking if she could join. Developmental differences between this 20-year-old mom and others in the group were not apparent and she presented with many of the same stressors. By chance, all of the participants were first time mothers with one mom giving birth to her second child a week after the final session. Most of the mothers were quite new to parenting (7 of the mothers had children under 14 months in age) with the exception of one mother who had a three year old child. The mothers all identified feelings of stress with many mothers mentioning several sources such as financial shortages, conflict with family and partners, and isolation from peers. All of the moms started the school year in September (taking a full course load or perhaps a single class) but two mothers dropped out of school at some point

during the group. Two of the mothers were employed as waitresses with a third mother being hired in retail during the two-month period of the group. At the start of the group two moms were living with family (their family or their partner's family), four mothers were living on their own, and two mothers were living with their partners. At the end of the group one mother (previously living alone) was living with family, three moms were living on their own, and four mothers were living with their partners. One mother was married. Three of the mothers continued to be in a relationship with the father of their child with one mom briefly leaving the relationship during the group. The mothers were of various ethnic backgrounds with two mothers being Metis, one mom being First Nation, and the remaining five moms being of various Caucasian backgrounds.

Table 4.1 Portage la Prairie Group Participants

PARTICIPANT*	MOM'S AGE	BABY'S AGE	LIVING SIT.	SCHOOL	EMPLOYED	WITH FATHER
Allison	17	13 mos.	Family Partner	Yes	No	Yes
Barb	18	3 yrs.	On Own Partner	Yes	Yes	No
Connie	19	9 mos.	On Own Family	Yes	No	Yes/No/ Yes
Dianne	17	2 mos.	Family On Own	Yes/No	No/Yes	No
Esther	20	9 mos.	On Own	Yes	No	No
Faith	18	8 mos.	Partner	Yes	Yes	No
Ginette	19	14 mos.	Partner On Own	Yes	No	No
Holly	17	4 mos.	On Own Partner	Yes/No	No	Yes

1. All participant names are fictitious.
2. In boxes where there is more than one response there was a change between the start and completion of the group.

4.3 Winkler Group - Overview of Participants: Eleven young moms were pre-screened for the first session and completed the pre-group measurements. Eight of these mothers came to the first session and seven of the moms completed the group. The mothers who did not attend or did not complete the group were not there due to forgetfulness, illness, and conflicting work schedules. The mean age of the participants was 18 years old with a range in ages of 17-20 inclusive. This student only invited mothers who were 17-19 in age but just as in the first group, a 20-year-old mother asked if she could join. She had learned about the group from her cousin who was in the group. This mother seemed to blend with the developmental stage of the other moms and appeared to be in need of the group. Six of the participants were first time mothers while a couple of the members were mothers of two children. One mom was pregnant with her second child. While the range in age of children was the same in both groups (2 months – 3 years), the children of the Winkler mothers were generally older than the Portage la Prairie mothers' children. The mothers all identified feelings of stress with many moms citing multiple sources. Two of the mothers were attending school and two of the moms attained waitressing jobs during the course of the group. Three mothers were living with family (their family or their partner's family), two mothers were living on their own, and three moms were living with their partners. At the end of the group one mother (previously living with family) was living with her partner. Four of the mothers were married. Five of the mothers continued to be in a relationship with the father of their child. The moms were all of Mennonite background.

Table 4.2 Winkler Group Participants

PARTICIPANT*	MOM'S AGE	BABY'S AGE	LIVING SIT.	SCHOOL	EMPLOYED	WITH FATHER
Alexis	19	2 yrs. 2 mos.	Partner	No	No	Yes
Brenda	17	3 yrs.	Partner	No	No/Yes	Yes
Clarissa	19	2 yrs.	Family	Yes	No	No
Deena	17	14 mos.	Partner	No	No/yes	Yes
Enid	18	11 mos.	On Own	No	No	No
Flora	17	3 mos.	Family Partner	Yes	No	Yes
Gina	20	3 yrs. 1 yr.	On Own	No	No	No
Heidi	18	4 mos.	Family	No	No	Yes

1. All participant names are fictitious.
2. In boxes where there is more than one response there was a change between the start and completion of the group.

4.4 Control Group - Overview of Participants: The three Winkler group moms and the two Portage la Prairie group mothers who were pre-screened for the first session but who decided not to attend made up five of the Control group members. Three additional Portage la Prairie mothers were in the Control group. The mean age of participants was 18 years old with a range in ages of 16-19 inclusive. Five of the mothers were first time parents, two of the mothers had two children, and one member was a mother of three. The mothers all identified feelings of stress. Three mothers were attending school (two remained in school), one was employed in retail, and another was a waitress. Upon completing the first set of measurements, four moms were living with family (their family or their partner's family), three mothers were living on their own, and

one mother lived with her partner. The second time that the measurements were completed, one mother (previously living with family) was living on her own and three mom could not be located. None of the mothers were married. Three of the mothers continued to be in a relationship with the father of their child. The mothers were of several ethnic backgrounds with three mothers being Caucasian, one being Metis, and the remaining four moms being First Nations.

Table 4.3 Control Group Participants

PARTICIPANT*	MOM'S AGE	BABY'S AGE	LIVING SIT.	SCHOOL	EMPLOYED	WITH FATHER
Amanda	19	3 yrs.	Family	No	Yes	No
Betty	16	4 mos.	Family	Yes/No	No	No
Corinne	18	2 yrs. 14 mos.	On Own	Yes	No	No
Debbie	19	4 & 3 yrs. 22 mos.	Family/ On Own	No	No	No
Evelyn	18	2 years	Partner	No	Yes	Yes
Frieda	18	13 mos.	On Own/ Unknown	No	No	Yes
Gwen	17	9 mos.	Family/ Unknown	Yes	No	Yes
Hannah	19	3yrs. 11 mos.	On Own/ Unknown	No	No	No

1. All participant names are fictitious.
2. In boxes where there is more than one response there was a change between the start and completion of the group.

4.5 Group Development: Group sessions for the Portage la Prairie group occurred every Thursday evening in September and October 2000. Initially group sessions were two hours in length with a 10-minute break where moms could have a snack, feed children, or have a cigarette. The mothers found

that the session time was not sufficient for discussions to be completed and so on occasion the moms chose to skip their break or extended the session by fifteen minutes. Group sessions for the Winkler group occurred every Wednesday evening in October and November 2000. Again, the sessions were two hours in length with a 10-minute break but in the Winkler group the session time was not extended.

Groups pass through stages of development (beginning, middle and end). The group purpose, goals, and members' characteristics affect each of the stages. Understanding these stages helps the facilitator to predict and understand behaviors and allows her to better guide the group (Toseland & Rivas, 1998). The remainder of this chapter deals with each of the stages as applicable to the combined groups. Significant between group differences are highlighted. The planning stage is considered to be a part of the beginning stage of group development but it is not included here as it was already addressed in Chapter Three. It must be noted that the developmental themes that this student has chosen to highlight are not unique to the groups that took place in Portage la Prairie or Winkler but rather can be expected to occur in many groups (Malekoff, 1997; Toseland & Rivas, 1998).

4.6 Content & Process of the Beginning Stage (Sessions 1 & 2):

The content of the beginning stage of group development aimed to reduce anxiety, enhance trust, and develop cohesion. It orientated members to the group by clarifying purpose, establishing norms, identifying individual goals, and

familiarized members with each other by highlighting similarities while acknowledging differences (Toseland & Rivas, 1998; Malekoff, 1997).

The group members were introduced to healthy coping through two exercises. The first, asked the members to cite their many roles, which were written on circles and stuck around a picture of a young mother with her arms out as though she were juggling these responsibilities. The second, encouraged members to identify, draw, and label their typical thoughts, behaviors, and reactions to stress on a diagram of a woman. Both activities aimed to normalize adolescent stress, parenting strain, and assist members in recognizing and taking control of their early stress signs before the more advanced signs set in.

Social network skills were first broached through a presentation of the relationship roadmap (Lovell, 1991). This map outlines the time, activities, and expectations needed to move to deeper levels of trust, self-disclosure, and interdependence in relationships and is a metaphor for discriminating between the types of people in one's life (Lovell, 1991). In the first two sessions members discussed: a) Qualities that are desirable in a friend and the signs that encourage one to proceed with a relationship. b) Relationship signs that flash warning and ways of proceeding cautiously. c) Indicators that a relationship should be ended and routes to termination.

Several aspects of the groups' development deserve mentioning:

a) Approach-Avoidance Conflict: On one hand, members identified wanting to accomplish a purpose, were seeking new friendships, and desired to be accepted by the group (Malekoff, 1997). For example, in an early session,

when this student was out of the room, the camera taped a discussion where the question was raised as to what others thought of the group. As members were seeking to blend with and read the perceptions of the others, nobody risked speaking first for fear that their opinion might differ.

On the other hand, members' words and actions resisted the group and protected their individuality. For example, their comments (i.e. in regards to child rearing practices, family of origin, and their denial of difficulties) frequently pointed out differences; their behaviors (such as arriving late, refusing to sit, or declining to wear a nametag) asserted their unique personalities; and their attitudes and opinions (i.e. of activities, others' ideas, social workers) could be quite harsh.

b) Developing Trust: Malekoff (1997) states that the early defensive stance is because members fear the unknown, being unsuccessful or rejected, and are apprehensive about the vulnerability of getting involved. The mothers were quite mistrustful of each other and somewhat suspicious of the group. This was evident through members' whispering, joking, changing or avoiding subjects, and only committing to a single session at a time. In the Winkler group, all of the members already knew of each other (perhaps only through rumors) and so they were especially leery that group discussions would not remain confidential but instead would become town gossip.

This student did her best to alleviate this anxiety and enhance safety by acknowledging the common emotions, helping members to communicate, and encouraging them to explore their feelings. Expressing faith in the group, making

the group purpose explicit, and developing group norms were further steps to gaining group confidence. This is important as clear rules and expectations enhance trust within the group (Yalom, 1985).

c) Testing Roles & Adjusting to Leadership: There were several members who were struggling for a monopoly or control of the group. This came in the form of members presenting themselves as experts, as not having any struggles, or as being very needy, attention seeking, and immature. One mother very prematurely shared highly personal information in attempts to gain group sympathy while another made deliberate efforts to disagree with nearly everything so as to discredit others and hold herself up as infallible. Still another mom wanted quick answers to every situation that might arise, was not prepared to see the range of possibilities, and expressed that the group was not beneficial.

d) Forming Cohesion: Structured activities, sharing, and highlighting similarities was intended to facilitate member to member communication, increase comfort, and foster feelings of being "in the same boat" (Gitterman, 1994). In the Portage la Prairie group, mothers were hesitant to speak with each other but did interact with this student likely because she had spent considerable time linking with the moms prior to the group. Despite not sharing many feelings, they did volunteer spontaneous ideas and were able to detail concrete events. In the Winkler group, cohesion was more readily apparent through spontaneous discussion, direct communication with one another, members voicing different opinions and offering advice. Their commitment was further demonstrated by

several members quickly assuming responsibility for the group by staying behind to assist with clean up.

There are a few things that this student would do differently during the first stage of group development. Firstly, this student formulated a tight agenda that was directed at achieving group goals and which had the early tendency of filling silent space with talking. Looser themes would have permitted increased member input, member to member communication, and would have filled conversational gaps with meaningful group discussions.

Secondly, although group goals were discussed in depth, some individual goals remained unarticulated. While the failure of these members to fully share their personal goals may have appeared as indifference to the group, it was more likely the premature timing of which members were asked to identify their goals. At this early stage many members were mistrustful, afraid of disclosing, and apprehensive about not succeeding. This failure to explore personal goals later hampered some from disclosing personal stories, trying out new skills, and may have stunted group growth.

Thirdly, a problem that became readily apparent at this stage was that in the Portage la Prairie group, not all members were at the same intellectual level. This impeded the depth to which some discussions and some of the concepts could be carried. The difficulties that this created could have been avoided had this student paid closer attention to the blend when selecting group members.

4.6 Content and Process of the Middle Stage (Sessions 3-7): The content of the middle stage of group development facilitated the attainment of

group and personal goals by a) structuring flexible agendas and activities; b) working through conflict and resistance; c) encouraging discussion of ideas, expression of feelings, and raising of questions; d) rehearsing new skills; and e) establishing roles and supporting natural patterns (Toseland & Rivas, 1998; Malekoff, 1997).

In this stage, coping skills were first developed through deep breathing and progressive muscle relaxation exercises. The group then moved on to expanding the cognitive reconstruction strategies of self-talk (replacing negative with positive self messages), perspective taking (reflecting on detrimental reactions and then choosing healthy actions), and visualization (mentally creating relaxing images). Each technique was introduced with a mini-explanation, a demonstration, and a rehearsal. The emphasis was on expanding one's current coping style to better moderate typical reactions with planned, effective responses to counteract stress.

Sessions three through seven also built social network skills with exercises on handling negative concerns, criticism, and refusing/making requests. Each new skill was explained with a breakdown of the steps, a demonstration, and a role-play. These exercises were designed to enhance members' assertiveness skills to resolve some of the troublesome aspects in their relationships. Further social network skills that were not a specific group focus but which were enhanced through the group process included conversational skills, making and accepting compliments. In order to link

members to their community, a resource list that heightened awareness and increased network ties was distributed and discussed.

In the Winkler group, this student also incorporated the Network Diagram and the Personal Assessment Instrument (Maguire, 1991). These instruments provided group members with a picture of their actual social support, heightened recognition of supports, and assisted them in setting goals to produce new or better sources of social support (Fuchs & Lugtig, 1992).

Areas to be commented upon in this middle stage of group development include:

a) Struggles for Power and Conflict over Authority: At the start of the middle stage, members were still exploring norms, adjusting to roles, and testing leadership (Malekoff, 1997). For example, one mother was chronically late but then was an enthusiastic, active participant. Given her leadership skills, it seemed that the group only started upon her arrival. Another member frequently voiced objection to or complained during the exercises. This clearly devalued the experience for others. One mother refused to make eye contact, covered her face with hair, and would not sit with the group. Both groups had members who craved attention and constantly interrupted with immature, off-topic comments, and off-colored stories. Several moms used humor to change topics or giggled when tough subjects were raised. There were members whose communication style of deliberate disagreements, deflecting, and discounting of other members' stories discouraged efforts to include them in discussions. Several Portage la

Prairie mothers were regularly consumed by personal crisis which triggered them to push their own agenda and monopolize conversation.

Although some of these behaviors were likely related to the realm of adolescence, it was during these moments of frustration that this student had to project a sense of hope that encouraged members to stick with the group. As members were not yet able to confront others on the unsuitability of their comments or conduct, this student had to find respectful ways of curbing time on the floor while including everyone in the discussions. Finding the balance between inviting input and capping silliness proved to be an arduous task especially as this student was grappling with not wanting to challenge members out of fear that they would withdraw from the group.

b) Disagreement around Opinions and Values: With time, members dared to express some views or ideals that were not universally shared. For example, one mother, believing that her son was not receiving equal treatment, swore at the volunteer childcare providers. Another mom spoke of punishing her baby by putting soap in her mouth while a second mother described tying her daughter to a tree and locking her in the basement. One member called another member and her daughter nasty names when they disagreed over a third person. In the Winkler group there were some conflicting religious interpretations while in the Portage la Prairie group some racist comments were made. While none of these utterances ever occurred in the presence of the single First Nations group member, she read the underlying attitude and maintained her distance.

Particularly in the Portage la Prairie group, members were quick to find band-aid solutions rather than exploring the roots of these statements. Although frustrations were validated, this student's anxiety about addressing some strong reactions in a group may have squashed some topics, caused some discussions to be less intense, and may have inappropriately sheltered members from dealing with troubling emotions. Some of the more concerning remarks could not be left alone and so were addressed on an individual basis or were referred to Child and Family Services.

c) *An Appreciation for the Predictability:* Despite some of the early struggles of this stage, it was apparent that members had become accustomed to the group format, were feeling more at ease, were seeing the importance of their contributions, and welcomed the familiarity of some activities that occurred at each session. For example, members liked their coffee time, seeing the same childcare providers, and were always eager to start the group at check-in time by sharing something significant that had happened over the week.

d) Group Cohesion: Very early in the Portage la Prairie group when a member was not present other members would ask about the missing mother. In the Winkler group this extended to mothers keeping track of one another outside of the group by calling to voice concern, to hear how a situation turned out, or to offer general support. Although this between group contact resulted in the formation of some subgroups that may have excluded some members, it indicated the group's maturation.

e) *Free Expression:* Members were increasingly speaking directly with one another rather than through leader-directed discussions as had occurred earlier. As interaction became more open, members started challenging and calling one another on inappropriate behavior and comments. Several members who previously preferred to share town gossip or concrete details (i.e. items on sale, homework) were able to risk emotional vulnerability by sharing feelings of disappointment, hurt, and fear. In the Winkler group, members were able to verbalize bold opinions and observations about one another's lives (i.e. about dating the wrong guy, not putting a child first) without fear of a hostile response. Members in both groups felt comfortable raising questions and discussing taboo subjects (i.e. sexually transmitted diseases, religious beliefs) and got answers and views that they could not find elsewhere.

f) Stabilized Roles: The open confrontation that was occurring made it apparent to members that they were grappling with similar circumstances, that their challenges could be normalized, and that they could assist one another within the group context. This seemed to stabilize members' roles. For example, some members who were previously quite taxing were able to maintain leadership roles through the provision of practical ideas while some of the reserved members began sharing thoughtful insight. Others who were initially unfocused brought an energizing quality to the group. In the Winkler group it was particularly evident that the group had been united by their similar experiences as young parents but that they had come to respect and appreciate one another's differences (i.e. points of view, personality traits, and backgrounds). They were

able to see how these uniquenesses contributed to the wholeness of the group by adding different perspectives and new ideas to various topics (i.e. parenting dilemmas, relationship struggles).

g) Supporting & Working Together: While some mutual support did become evident in the Portage la Prairie group, particularly in terms of instrumental support (i.e. sharing rides, providing childcare, exchanging baby clothes/toys) and informational support (i.e. advising where to find items, making school/ parenting suggestions), appraisal and emotional support seemed to be in short supply. Members would listen to each other's stories, but there were few inquiries or empathetic statements. Their response to each other's pain was often to talk more about themselves or to improve each story with a better one. This group continued to express some discomfort around differences in responses, ideas, or experiences. The Winkler group achieved a higher safety and comfort level with one another. Here, in addition to seeing similar examples of informational and instrumental supports, emotional support (i.e. expressing concern, trusting one another with sensitive information, giving praise to boost self-esteem), and appraisal support (i.e. affirming one another on wise decisions, providing honest feedback on poor choices) were also apparent. This student recognizes that this elevated level of assistance apparent among the Winkler moms may be attributed to this student's increased ease in facilitating the sessions, improved anticipation and understanding of group dynamics, and the common cultural/religious background between this student and the members.

In both groups, members came to trust and value each other's opinions as was evident by their frequent requests of one another for advice in making important life decisions, tackling problems, and resolving conflicts. For example, in the Portage la Prairie group one mother was in a physical altercation with her mother just prior to a session. She approached the group for suggestions on managing her home situation. In the Winkler group, one mother asked the group for guidance in what she should do about another pregnancy. In both groups mothers were seeking assistance in leaving abusive relationships, were struggling with controlling parents, and asking how they could save money. At this point many of the answers came from within the group. When members acknowledged tough times or voiced feelings of hopelessness, this student's role became helping the group run itself by encouraging members to discuss challenges, offer support, and recognize the slow and difficult nature of change.

h) Clear Identity/Group Culture: It became clear that the group was important to the members, that they felt accepted, and that they were seeing their group experience as unique. For example, members were speaking about friendships changing color (relating to the exercise categorizing relationships as red, yellow, or green), friends being in different towns, and efforts to relocate relationships (both referring to the relationship road map). This was speech that clearly established a sense of "we-ness" and distinguished them from nongroup members. In another instance, when a member dropped out of the Winkler group, others were very quick to exclude her, emphasizing their expectation of an "all or nothing" commitment towards the group.

i) Achieving Goals: As a result of the cohesion, free expression, stabilization of roles, clear identity, support, and members working together, fewer problems (as identified earlier) were surfacing in the group. This calm made it possible to achieve the group and individual goals. Members were able to see that the goals could be met and they took pride in their success. Discussion became more focused, the activities ran smoother and were more meaningful, and this student's confidence and delivery skills improved. Members were able to apply new skills to real situations. For example, members reported that using their new coping skills between sessions proved to release tension, increase attention, and heighten positive thinking and action. Other members were finding and maintaining new healthy friends, gaining control of troubled relationships, or reconnecting with friends from the past. They spoke of feeling less stress and more supported in their parenting.

Should this student again have the opportunity to facilitate this group, several improvements would be made during this middle stage. First of all, although this aspect was much improved in the Winkler group, this student would continue to assume a less active role and be less stringent around completing the set agenda to allow the group process to unfold itself. This would make the interchange between the members more natural, increase their participation, heighten their reliance on each other, and further enhance group cohesion.

Secondly, this student would provide members with more feedback about their communication and would discuss her observations related to the group

process throughout the sessions in order to aid group development and to facilitate members giving more direct feedback to one another.

Thirdly, it would have been useful for this student to revisit group goals during this middle stage of group development to prevent members from drifting off topic and to enhance the clarity and rational for group activities and discussions. This student should have also used group time to check in with members to hear how their personal goals may have evolved.

Finally, the personal networking activity was only implemented in the Winkler group. This student would again include this activity, perhaps using it as a pre-group/post-group measurement instrument. In addition, this student would also compare the reports of personal networking with the PSS-Fa & PSS-Fr scores for evaluative purposes. In hindsight, this student should have requested that members submit their maps and instruments so that this student could have explained their personal networks in more detail when writing this practicum report.

4.7 Content and Process of the End Stage (Session 8): The content of the final stage aimed to stabilize gains and assist members with feelings about group ending. This session included topics and activities that: a) celebrated changes; b) summarized group content, activities, and themes c) shared feelings about the group experience; d) inspired hope for the future (Toseland & Rivas, 1998; Malekoff, 1997).

Once again there are several areas to be discussed. a*) Reflecting on Accomplishments:* The wrap-up party planned by the members for this session

was a celebration of hard work and successful changes. This student reviewed group goals, discussions, and activities and the benefits she hoped that the members gained from the group experience. Observations related to the group process were shared and the members were congratulated on their efforts and successes. In a round of affirmations and appreciations members were asked to reflect on how successful they were in attaining their personal goals. This student had been concerned that this could be a discouraging exercise for those who had not reached their goals and was expecting to address strong feelings and doubts about accomplishments. Interestingly, all members expressed having reached their goal and often indicated that they had achieved yet more. It was apparent that those who had put thought into identifying a goal and who worked on their goal throughout the eight weeks found the group experience meaningful and their efforts very rewarding. For some members whose lives were quite chaotic, this student saw success in their maintaining attendance and superficially participating.

b) Separating: The party also marked the point from which the mothers would move forward. The Portage la Prairie group members approached group termination with ambivalence, as in half of the members not showing up, or anxiety, as in mothers raising crisis issues that had been occurring early in the group. This response had not been anticipated and yet regression, flight, or denial of the group's significance is a potential reaction to group termination (Makeloff, 1997). While in the Portage la Prairie group ties were severed rather abruptly, the Winkler group members were able to articulate personal changes

and successes but were not able to leave the security of the group. They decided that they only needed to say bye to this student and took responsibility for continued meetings. To date, members have reported ongoing meetings.

c) Celebrating Relationships: The mothers spoke about having found "true friends" and feeling connected with others through their common experiences and situations. While in the Portage la Prairie group some strong dyadic relationships had developed, in the Winkler group it appeared as though all of the members would continue to connect and provide support following the group's termination.

d) Group Evaluation: Members evaluated the group by identifying what they found useful and what could have improved the group. Some of the aspects that the mothers appreciated included: talking about frustrations and concerns, making new friends, learning new ways of coping, and having an evening out. In both groups the members were reluctant to provide any negative responses.

e) Inspiration for the Future: The experience gained in a group increases one's options in future day to day situations (Yalom, 1985). Group discussion focussed on ways of sustaining accomplishments and articulating new goals to strive towards. Members were encouraged to continue with their activities and efforts outside of group as a way of externalizing their experiences.

Once again, there are things that this student would improve during this final stage of the group. First of all, despite this being the final session, this student still felt the urge to push more content anticipating that not much change as hoped had been achieved and that this would be reflected in post-group

measurements. There is no precise recipe to balancing task achievement with group process, but this student learned that if a group is to be meaningful to members' lives it can not be about meeting the facilitator's time lines.

Secondly, the members in both groups decided to include a small gift exchange during this session. In hindsight, this student would discourage this, as the material gifts tended to take away from the more important nonmaterial gifts that had been shared throughout the group. Also, some of the gifts were far too extravagant.

Thirdly, although both groups were reminded about termination and everyone planned the final party, in hindsight this student realizes that she did not adequately prepare members for group ending. In the future this student would ask members to discuss their feelings about group termination in sessions prior to the final meeting.

4.8 Chapter Summary: This chapter started by profiling the group participants. The chapter then proceeded to describe the content of the sessions, the development of the group stages, and reflected on areas that this student would improve on in future groups.

CHAPTER FIVE:
PRACTICUM THEMES

5.1 Chapter Introduction: This chapter starts by describing the themes that were common to both groups. It goes on to highlight differences that were noticed between the two groups. The reader will notice that many of these themes are rooted in feelings of stress and experiences of risk. The chapter also outlines the way in which the group assisted the mothers in managing or adapting to their presenting struggles.

5.2 Themes Common to Both Groups: *Parenting while being Parented*: Many group discussions hinged around members' need to remain connected to their families while simultaneously striving to separate, differentiate, and establish clear self-boundaries. While appreciative of childcare, material, and financial support from grandparents, this assistance amplified role confusion and was often perceived by the adolescent mothers as having many strings attached in the form of broken promises, unwanted advice, feelings of obligation and disrespect. The moms shared examples of grandparents trivializing their childcare routines, undermining their rules, trying to be the final authority, and controlling most aspects of their lives. Some of the social network skills training exercises were designed to increase members' assertiveness and control in these relationships without burning helpful supports. Life transitions were normalized as members came to understand that other group members as well as individuals in their own family were also dealing with needs to reorganize to adjust to new life responsibilities.

Family Dysfunction: Many group members (they themselves as parents or with their family of origin) had past or present Child and Family Services involvement relating to child protection concerns. As the group became more secure, there were personal disclosures of experiencing abuse (physical, sexual or emotional) at the hands of parents and witnessing violence between parents or directed at siblings. There were descriptions of family alcoholism, neglect, and having early childcare responsibility for younger siblings. Some members were able to articulate the damage that this left and spoke about the influence that this had on their parenting. Often mothers pointed out the inconsistencies between the ways in which they were raised and the parenting tips that grandparents were giving. Group discussion focused on learning from experiences of being parented by choosing to follow examples or doing the very opposite. Several moms voiced being dedicated to providing their children with a better childhood than they had.

Changes in Lifestyle and Friendships: Many members spoke of extreme lifestyle changes upon learning of their pregnancy. Several described participating in dangerous, delinquent, or illegal behaviors prior to their pregnancy, to then leading a calmer life of completing new and important responsibilities. They spoke of parenthood enhancing their maturity (i.e. moving them from negative peers), and increasing their motivation to achieve goals (i.e. complete school, be a good parent). This change in lifestyle often resulted in significant changes to their social networks. The moms expressed feeling betrayed, abandoned, and judged by friends but also experiencing a

strengthening of relationships that were formerly unknown. The group experience served to connect mothers desiring to lead positive lifestyles and built new friendships in a safe environment.

Partner Difficulties: Some mothers had imagined that a baby would create the perfect family that included a loyal father. They soon realized that becoming a parent was a life-altering event for them but often left fathers immature, irresponsible, or absent. While some mothers were preoccupied with finding ways to rid their baby's father of access, other mothers desperately sought the father's involvement. Often the mothers' conversation on this topic sounded to be more focused on meeting their needs than that of their children. Working through issues of trust, self-esteem, fears of rejection, gaining control, and connecting the mothers with one another appeared to enhance the mothers' confidence in themselves as parents.

Mistrust: Given that several of the members had experienced turbulent childhoods, failed relationships with partners, or desertion by friends, many were leery about confiding in others, admitting to problems, or depending on others for assistance. Through the group, the mothers were able to give and receive support, offer and access resources, and with time were able to appreciate and trust each other with their thoughts and emotions.

Isolation: Many members described themselves as loners. While some described this social isolation as a protective mechanism (after being hurt too often), others articulated this as resulting from financial and childcare shortages, having many responsibilities, and not having much in common with other

adolescents. The familiar experiences among the mothers seemed to unite the members, decrease loneliness, and spur some to reconnect with old friends.

Low Self-Esteem: The loneliness experienced by the young moms seemed to heighten their self-attention and analysis of others perceptions of them resulting in insecurities and feelings of low self-worth. Group exercises focused on finding positives, building strengths, and self-care to assist mothers in feeling good about themselves. The fact that each member was seen as an important, valuable contributor to the group further raised their self-images.

Fears of Being Rejected: Very connected to poor self-esteem were fears of being rejected. The moms spoke of being "damaged goods" and being prepared to "settle." Their fear of being alone left them unprepared to address concerns or manage troublesome issues and willing to sacrifice themselves. For many, identities were wrapped up in having a boyfriend, even at the cost of being controlled, physically and emotionally abused, and having to put up with cheating, drug abusing fellows. The group setting strongly encouraged the adolescents to connect with their peers and the commonality of experiences increased group acceptance, bonding, and support.

Lack of Control in Relationships: Many young mothers had no control in their lives and were powerless in their relationships with others. Illustrations included not being able to call the police, not being able to ask people to leave their house, and not wanting to upset/hurt others. Often mothers were more readily able to recognize the chaotic nature of others' relationships than they were able to in their lives. There were examples of fleeing to women's shelters,

hiding, being stalked, harassed, and others wasting their money. On the other hand, it was not uncommon for group members to voice that yelling, telling someone off, or "kicking ass" best resolved conflict. Group discussion emphasized the choices available in friendships and the exercises built the skills to gain positive control.

Lack of Insight: Due to their stage of development, several mothers were somewhat lacking in insight, mastery, and planning. Many never thought that they would get pregnant and so did not use contraceptives. This inability to prepare and take charge spread to their daily life in examples such as being unable to track down resources, complete forms, and make necessary appointments and arrangements.

Unrealistic Expectations: Mothers admitted to fantasizing that their baby would be someone to love and who would love them unconditionally. Very soon they realized that parenting fell short of this dream. Group members described their infants as "having an attitude", "not listening", and "messing things up" as though their infant could distinguish between right and wrong. Many mothers expressed a view that babies deliberately frustrate and upset mothers without being able to see the connection of how their choices and conduct influenced their child's behavior. This facilitator tried to normalize behaviors such as crying, food refusal, and disturbed sleeping patterns. At the same time, there were mothers saying that they would want another baby as they enjoyed the special attention and treatment they received when pregnant.

Dis*connection to External Resources:* Several members were cut off from the resources available to them because they were unaware of assistance, were too intimidated to make contact, or had misinformation about the service. Each member was given a community resource list to assist in extending her external support networks. The mothers shared their personal experiences with the different supports so that other group members could get a realistic picture of what to expect.

5.3 Themes Unique to the Portage la Prairie Group: *Education:* Most of the mothers in the Portage group were taking some schooling. While this may have been only a class at a time, they did see value in completing their education. School pressures added another dimension to these mothers' already full schedules.

Poverty: Group members were repeatedly expressing feelings of stress related to financial shortages. Although this was mentioned in the Winkler group, it was an overriding theme in the Portage la Prairie group. The mothers were often overwhelmed with too many bills, small paychecks, nonexistent child support payments, the outrageous costs of life necessities, and the unfairness around financial assistance rules. Few of the mothers were employed. Those who had employment struggled to find childcare, felt that they were not fairly paid, had difficulty getting along with co-workers, and found bosses to be unreasonable. Often mothers were cornered into borrowing money from family, boyfriends, or questionable characters at high interest or with conditions/expectations attached.

Moves: In the Portage la Prairie group there was not a week that went by when one of the eight mothers was not in the process of moving, perhaps not knowing where she was relocating to. These moves were related to cramped living conditions, substandard housing, financial shortages, or conflicts with neighbors, landlords, family members, or partners. One can only imagine the impact that this transient lifestyle has on young children.

Court: In both groups the mothers had ongoing court dates pertaining to custody/access matters with partners but in the Portage la Prairie group there were more disputes with family members and neighbors that brought them into the legal arena. The mothers also spoke of the stress of actual or perceived threats from family members or Child & Family Services who were allegedly trying to take children away from them.

5.4 Themes Unique to the Winkler Group: *Marriage:* Half of the members in the Winkler group were married. Motherhood, marriage, and the transition from adolescence to adulthood are three major life changes which, when experienced together, are highly stressful for a young person. Some of the mothers felt locked in to marriages that were very controlling and at times frightening. While in Portage there were issues around not being able to find employment, in the Winkler group it was a situation of husbands (the breadwinners), not allowing their wives to work. Many of these mothers desired employment as it presented opportunity to interact with peers. For those who were not married, there was the theme of needing to find a husband. Many

mothers discussed their weekly pursuits at finding a man who would take care of them, as most could not see a positive future in parenting alone.

In-laws: As was discussed, there were many issues that arose around parenting while being parented. In the Winkler group there was a very similar tune around in-laws whom the adolescent mothers felt were bombarding them with endless suggestions and advice. It was not uncommon for young married couples to be living with in-laws, which created endless boundary troubles that made it difficult to separate family lines.

Religious Pressure: The young mothers felt tremendous pressure to conform to church beliefs and expectations. The Winkler group was very culturally homogeneous. There was only one mother's partner who was not of Mennonite background. These mothers felt enormous strain to faithfully attend church, ask God for forgiveness, obey strict rules and values, and ultimately be dammed if they didn't. This religious influence was heavily connected to the pressure to marry the father of their child. Those mothers who chose not marry felt that the church community looked upon them unfavorably.

Interconnections: The interconnections in this group were quite amazing and made lives highly complex. For example, one member was dating another member's brother and another member was living with a different member's sister. One member and another member's sister shared the same boyfriend while still another member was dating the brother to the father of another member's daughter. Two of the mothers (one in the Winkler group and one in the control group) had a child with the same father. Upon learning this, it was

easy to understand why initially members did not believe that sessions could remain confidential.

5.5 Chapter Summary: This chapter highlighted themes that were common to the Portage la Prairie and Winkler groups and then proceeded to note between group differences. Despite the burdening issues that the young mothers were facing and although their lives were at time quite troubling and chaotic, members were finding value in attending. In the safety of the group, surrounded by new friends, the teenage moms felt supported. They could share their experiences, vent feelings, receive honest advice, and so cope and overcome significant hurdles.

CHAPTER SIX:
PRACTICUM RESULTS & IMPLICATIONS

6.1 Chapter Introduction: This chapter starts by outlining individual members' attendance at the group sessions and moves on to review the measurement results in relation to how well the group goals were achieved. The chapter comments on the findings and then finishes with some of the implications that can be drawn based on this student's experiences.

6.2 Attendance: As can be seen by the below chart, overall attendance in both groups was reasonably good with 82% attendance in the Portage la Prairie group and 92% attendance in the Winkler group.

Table 6.1 Attendance

Portage la Prairie Participant	Number of Sessions	Winkler Participant	Number of Sessions
Allison	7	*Alexis*	8
Barb	7.5	*Brenda*	8
Connie	7	*Clarissa*	8
Dianne	6	*Deena*	4
Esther	5.5	*Enid*	7
Faith	6	*Flora*	8
Ginette	6.5	*Gina*	8
Holly	7	*Heidi*	8

* All participant names are fictitious.

6.3 Coping: As will be remembered, the first group goal was to heighten the protective factor of coping. The CISS divides coping in to Task Coping, Emotion Coping, and Avoidance Coping so that total scores are not indicative of superior or inferior coping. In this particular scale, for Task Coping to be enhanced, the adolescent mother's score should increase whereas for Emotion Coping to be improved, the adolescent mother's score should decrease. Given that Avoidance Coping can increase or decrease to imply enhanced coping (depending on the situation), this type of coping was excluded from the analysis.

Looking at trends, use of Task Coping increased for six Portage la Prairie group members by an average of 3.3 points (figure 6.1) as well as for seven Winkler group members by an average of 5.3 points (figure 6.2). As a whole, Task Coping increased by 1.8 points for the Portage la Prairie group members and by 3.1 points for the Winkler group members. In the Control group, Task Coping increased for two members by an average of 5 points, but as a whole, this group decreased in Task Coping by an average of 0.4 points (figure 6.3).

Use of Emotion Coping decreased for five of the Portage la Prairie group members by an average of 3.6 points (figure 6.4) and for four of the Winkler group members by an average of 4 points (figure 6.5). As a group average, Emotion Coping decreased by 1.3 points for the Portage la Prairie moms and increased by 0.3 points for the Winkler mothers. Emotion Coping decreased for two Control group members by an average of 3 points but in total, the members increased by an average of 0.2 points (figure 6.6).

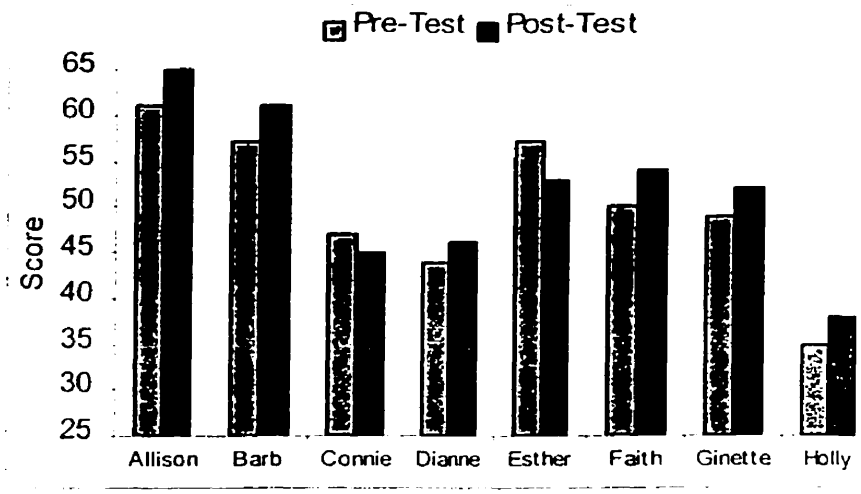

Figure 6.1. Task Coping – Portage la Prairie Group

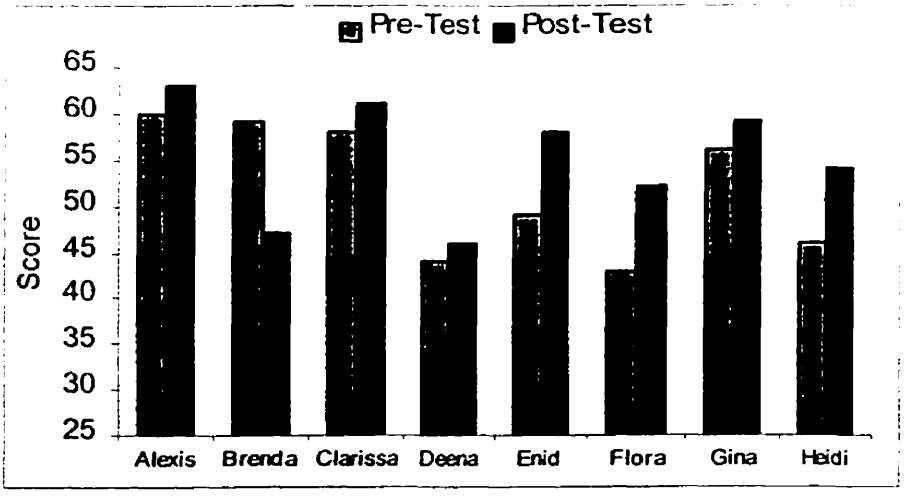

Figure 6.2. Task Coping – Winkler Group

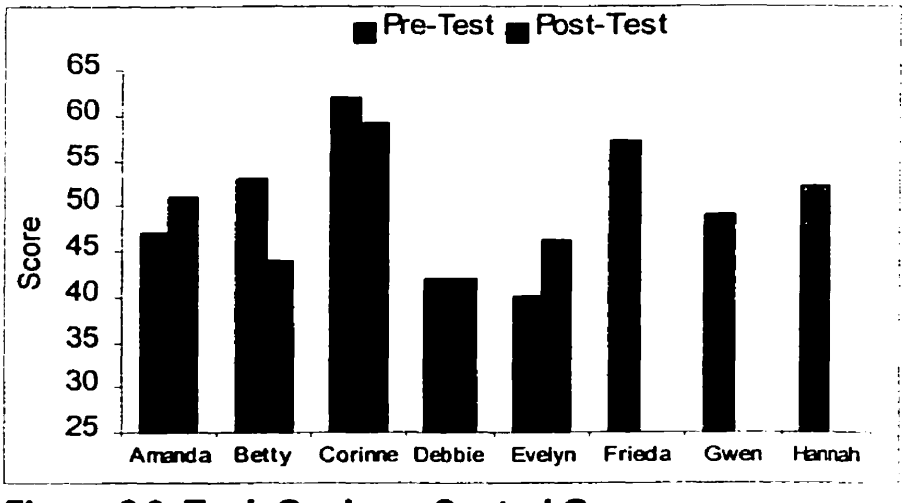

Figure 6.3. Task Coping – Control Group

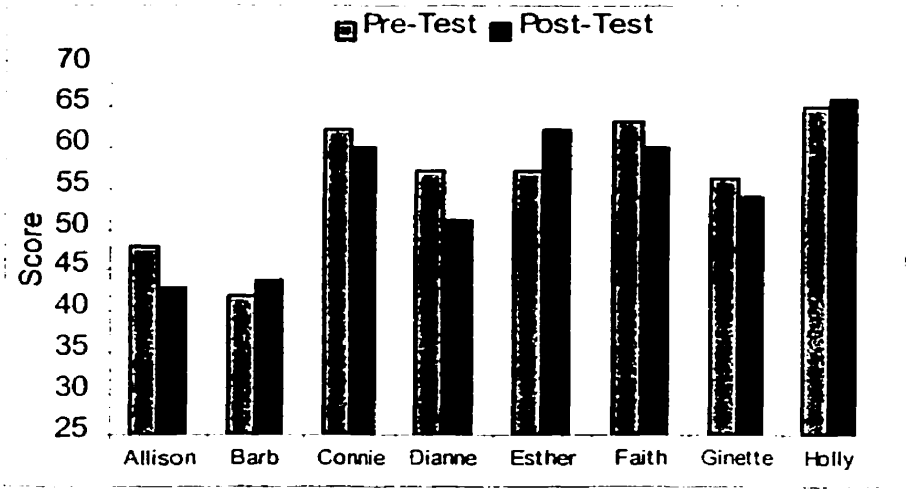

Figure 6.4. Emotion Coping – Portage la Prairie Group

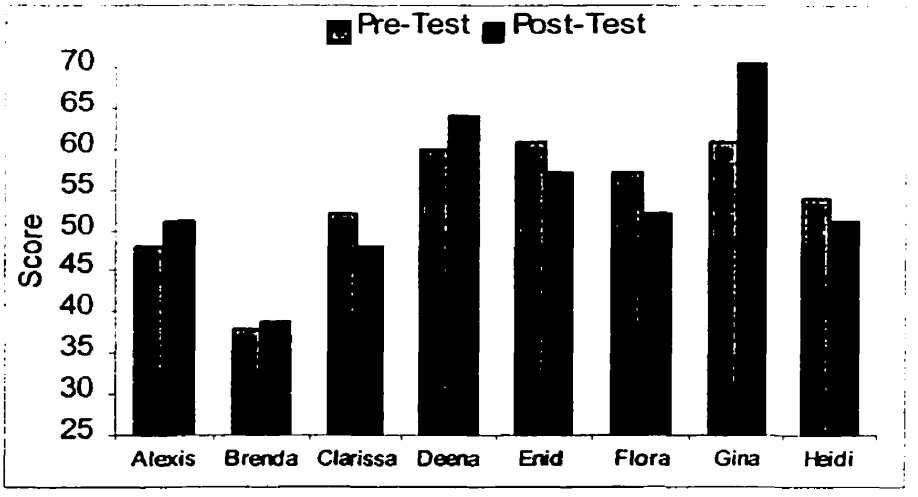

Figure 6.5. Emotion Coping – Winkler Group

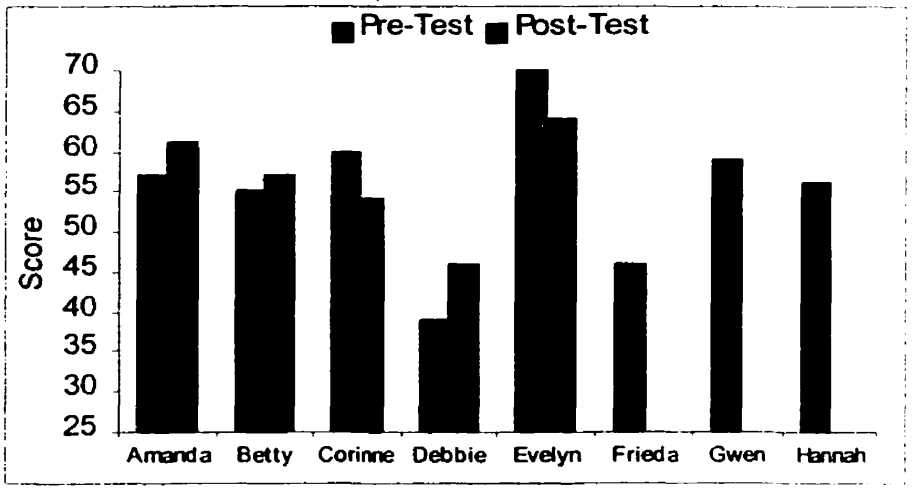

Figure 6.6. Emotion Coping – Control Group

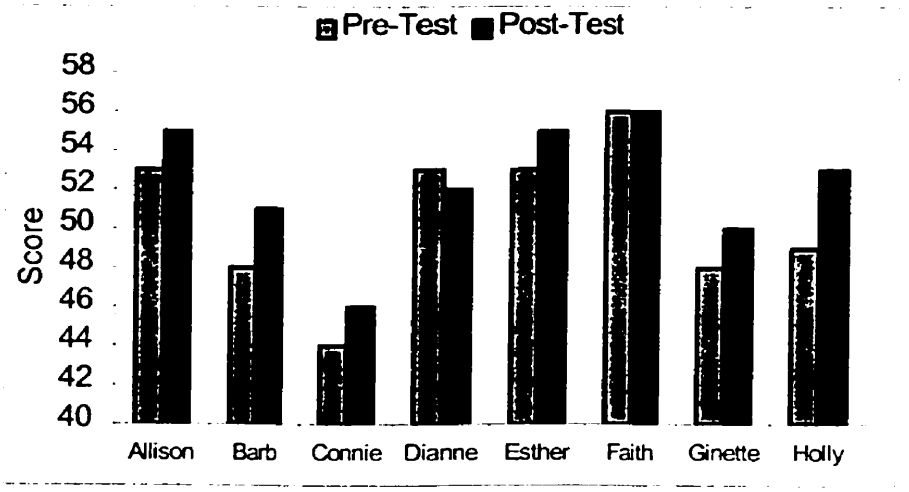

Figure 6.7. Avoidance Coping – Portage la Prairie Group

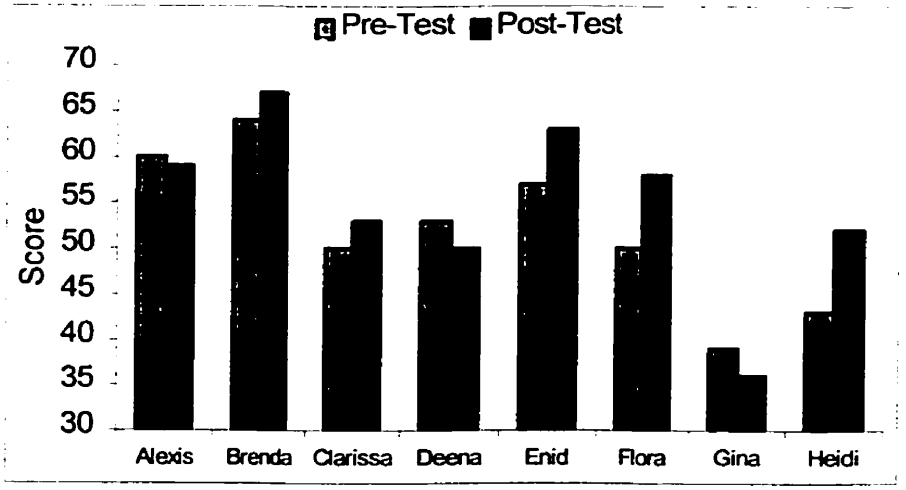

Figure 6.8. Avoidance Coping – Winkler Group

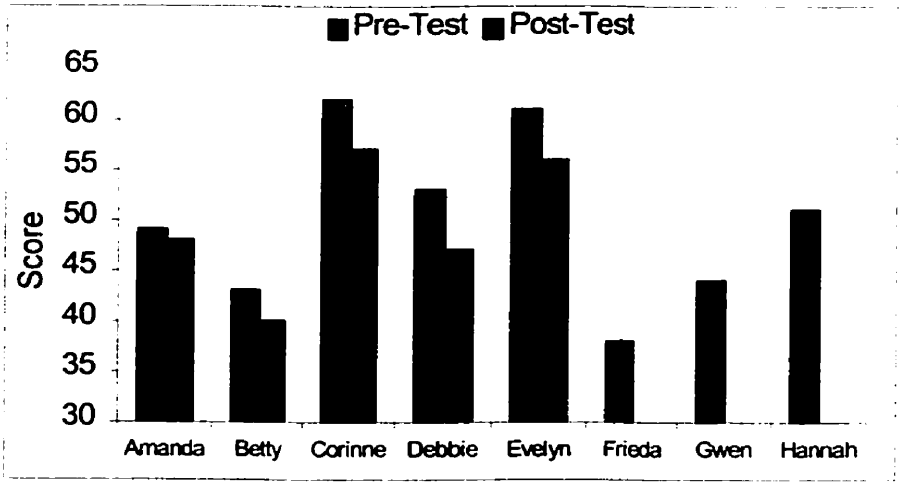

Figure 6.9. Avoidance Coping – Control Group

These trends indicate that coping was enhanced for half of the mothers who participated in the groups (Allison, Dianne, Faith, Ginette, Clarissa, Enid, Flora & Heidi). On average, these members increased in Task Coping by 5.3 points and decreased in Emotion Coping by 4 points. Only one mother in the Control group (Evelyn) reported enhanced coping. She increased in Task Coping by 0.7 more points and decreased in Emotion Coping by 2 more points than those with enhanced coping in the intervention groups did (on average). Thus, a higher percentage of mothers who participated in the intervention groups demonstrated enhanced coping but the single mother from the Control group who reflected enhanced coping did so to a greater degree.

This student performed Analysis of Variance (ANOVA) and Least Significant Difference (LSD) tests to determine if the findings of the intervention groups were statistically significant. As can be seen by table 6.2, the overall changes to Task Coping were significant but the same can not be said about the changes detected in Emotion Coping. In sum, the protective factor of coping was heightened through the group intervention but not all forms of coping were enhanced to a statically significant degree.

Table 6.2 Analysis on Changes in Task & Emotion Coping*

VARIABLE	PRE-GROUP MEAN	POST-GROUP MEAN	PR>F**	LSD	STAT. SIGNIFI-CANT?
Task Coping	50.94	53.38	.077	2.25	Yes
Emotion Coping	55.06	54.56	.659	1.95	No

*Combined intervention groups. N=16; **Significant @ P<.1

Despite omitting Avoidance Coping from the analysis, some comments are merited. In the Portage la Prairie group, Avoidance Coping increased by an average of 1.8 points (figure 6.7) while in the Winkler group this coping strategy increased by 2.8 points (figure 6.8). Where this increase is seen, six Portage la Prairie members increased by an average of 2.5 points while the five Winkler members increased by an average of 5.8 points. All of the Control group members decreased in Avoidance Coping by an average of 4 points (figure 6.9). The fact that the overall average difference between the two intervention groups and the Control group is 6.3 points is not surprising given that the Social Diversion sub-scale of Avoidance Coping was a specific focus of intervention.

6.4 Social Network Skills: The second group goal was to increase the protective factor of social network skills. The Social Diversion sub-scale of CISS revealed that use of social network skills increased for five of the Portage la Prairie group members by an average of 2.6 points (figure 6.10) and for six of the Winkler group members by an average of 3.2 points (figure 6.11). As a group, Portage la Prairie mothers increased in social network skills by an average of 0.1 points while the Winkler moms' social network skills increased by an average of 1.9 points. Three Control group mothers increased in social network skills by an average of 1.7 points but overall they decreased by an average of 0.4 points (figure 6.12).

This says that social network skills were enhanced for 11 of the 16 mothers (or 69%) who participated in the intervention. On average, they increased by 2.9 points. In the Control group, 3 of the 5 members (or 60%) also

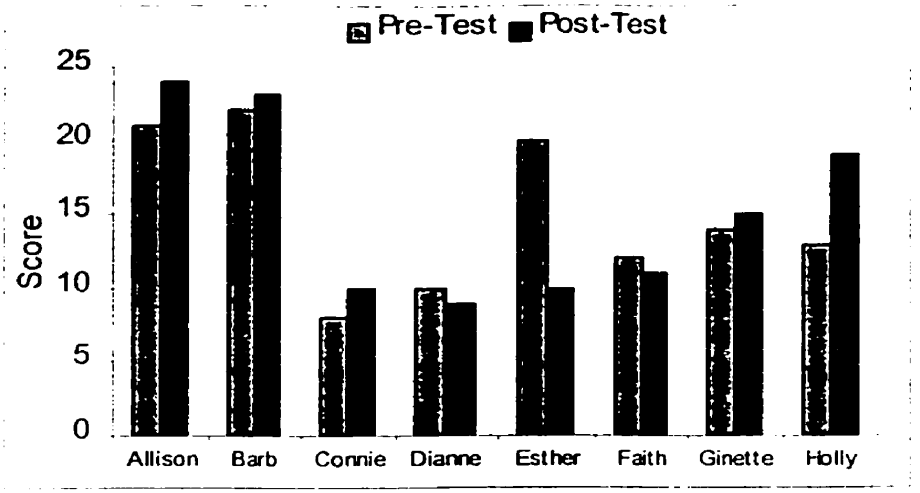

Figure 6.10. Social Network Skills – Portage la Prairie Group

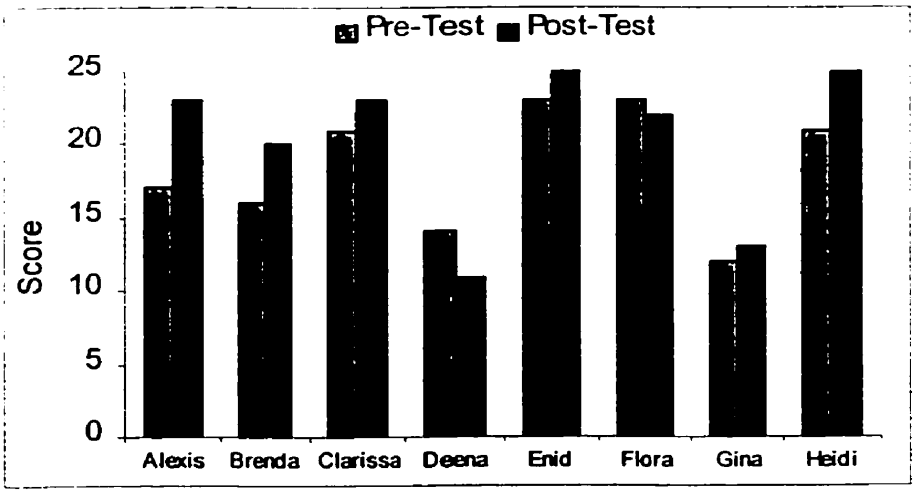

Figure 6.11. Social Network Skills – Winkler Group

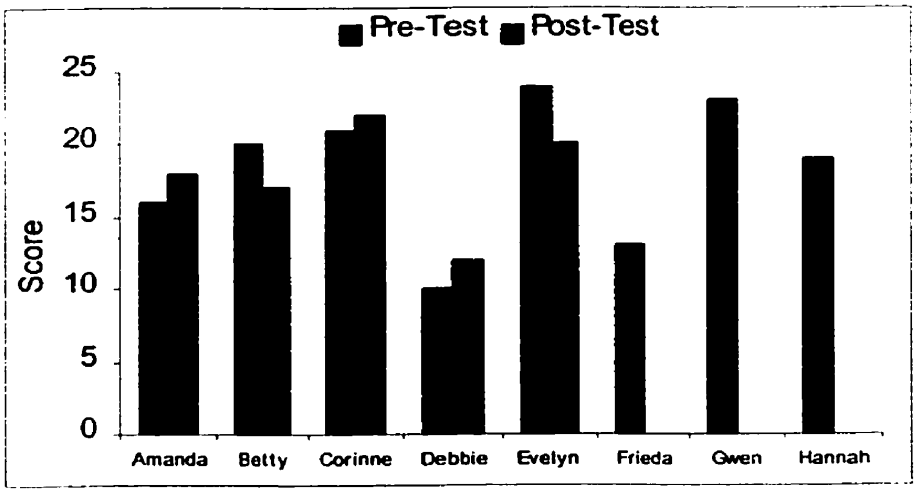

Figure 6.12. Social Network Skills – Control Group

increased in social network skills but on average they increased by 1.2 points less than the intervention group members did. Thus, a higher percentage of intervention group members increased in social network skills than in the Control group and they did so to a larger degree.

Again, ANOVA and LSD tests were performed. As can be seen below (table 6.3), the overall changes to social network skills in the intervention groups do not reveal statistically significant findings. This is to say that the protective factor of social network skills was enhanced through the group intervention but not to a statistically significant degree.

Table 6.3 Statistical Analysis on Changes in Social Network Skills*

VARIABLE	PRE-GROUP MEAN	POST-GROUP MEAN	PR>F**	LSD	STAT. SIGNIFI-CANT?
Social Skills	16.69	17.69	.317	1.69	No

*Combined intervention groups. N=16
**Significant @ P<.1

6.5 Parenting Stress: The third group goal was for risks to be altered. The first way in which this was done was by decreasing parenting stress through effective use of coping skills. The PSI-SF showed a decrease in parenting stress for five of the Portage la Prairie group members with an average decrease of 5.8 points but as a group they increased by an average of 2.6 points (figure 6.13). Five of the Winkler group members also reported a decrease in parenting stress with an average decrease of 12 points (figure 6.14). As a group, the Winkler members decreased in parenting stress by an average of 6.3 points. Parenting

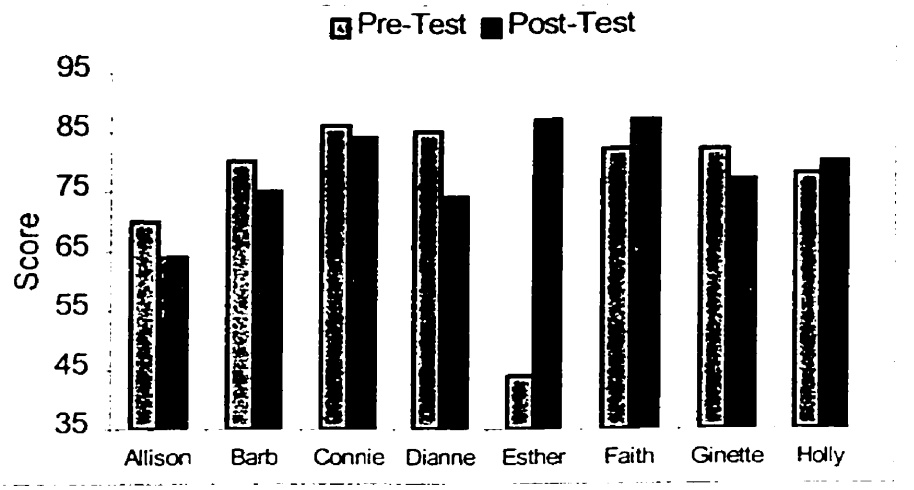

Figure 6.13. Parenting Stress – Portage la Prairie Group

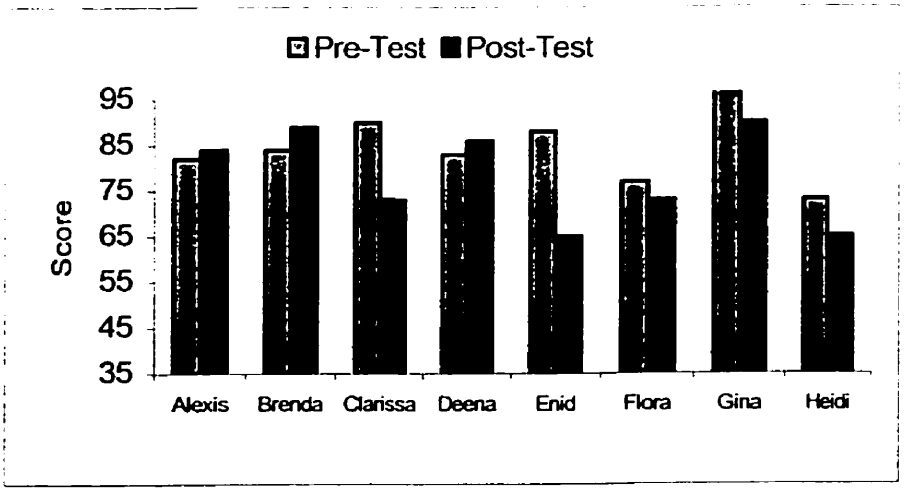

Figure 6.14. Parenting Stress – Winkler Group

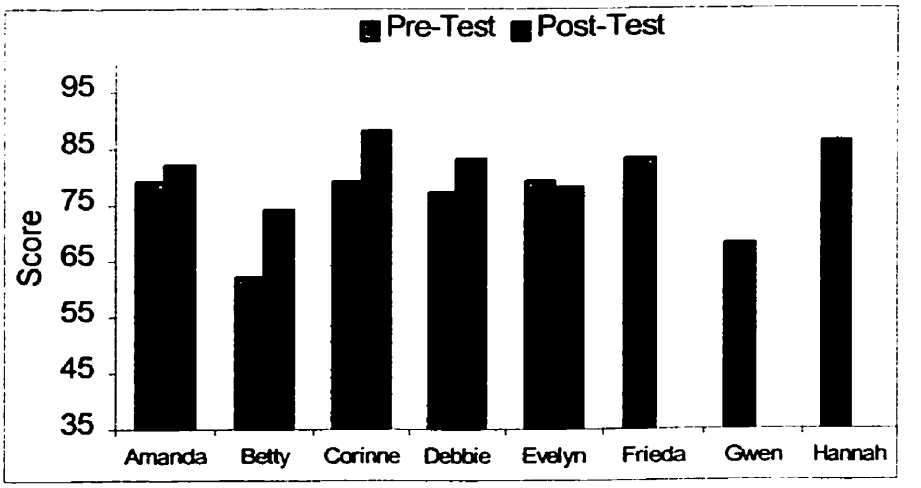

Figure 6.15. Parenting Stress – Control Group

stress increased for four Control group members by an average of 7.5 points but as a group they increased by an average of 5.8 points (figure 6.15).

Looking at these trends, stress decreased for 10 of the 16 mothers (or 63%) who participated in the groups. On average, these members decreased in parenting stress by 8.9 points. The single Control group member, who reported a decrease in parenting stress, went down by a point. Thus a higher percentage of members in the intervention groups than in the Control group decreased in parenting stress and they did so to a larger degree.

Using the same data analysis with the intervention groups revealed statistically insignificant findings (table 6.4). This is likely because one individual reported a large increase in parenting stress and given the small sample size, this extreme score stood out.

Table 6.4 Statistical Analysis on Changes in Parenting Stress*

VARIABLE	PRE-GROUP MEAN	POST-GROUP MEAN	PR>F**	LSD	STAT. SIGNIFI-CANT?
Parenting Stress	80.13	78.31	.582	5.64	No

*Combined intervention groups. N=16.
** Significant @ P<.1

Given that the three dimensions of coping can not be separated to individually analyze their impact on stress, this student decided to analyze clusters of coping to determine their affect (if any) on parenting stress levels. Upon examining the results, this student found 7 clusters between the 16 individuals who participated in the groups (table 6.5). The below chart reveals

that seven of the eight group members (or 88%) who participated in the group intervention and who reported enhanced coping skills also decreased in parenting stress levels (row a). Half (or 50%) of the six group members who participated in the group intervention who had enhanced Task Coping or enhanced Emotion Coping decreased in parenting stress (rows b & c). Those who participated in the group intervention but who did not increase in Task or decrease in Emotion Coping reported heightened parenting stress (row d). However, as the sample size is small and not all possible coping combinations are represented, it is impossible to draw any further conclusions and findings can not be generalized to other populations.

Table 6.5 Coping vs. Stress Level: Intervention Groups

	TASK COPING	EMOTION COPING	AVOIDAN. COPING	# OF MOMS	STRESS LEVEL
Row A	**Enhanced**	**Enhanced**	Increased	6	Decreased
			Decreased	1	Decreased
			No Change	1	Increased
Row B	Decreased	**Enhanced**	Increased	1	Decreased
Row C	**Enhanced**	Increased	Decreased	3	1Decreased & 2 Increased
			Increased	2	1 Increased & 1Decreased
Row D	Decreased	Increased	Increased	2	Increased

Interestingly, only one member in the Control group decreased in parenting stress (table 6.6) and in her case, she too reported enhanced Task and Emotion Coping (row a). All other coping clusters in the Control group reflected an increase in parenting stress (rows b – e).

Table 6.6 Coping vs. Stress Level: Control Group

	TASK COPING	EMOTION COPING	AVOIDAN. COPING	# OF MOMS	STRESS LEVEL
ROW A	**Enhanced**	**Enhanced**	Decreased	1	Decreased
ROW B	No Change	**Enhanced**	Decreased	1	Increased
ROW C	Decreased	**Enhanced**	Decreased	1	Increased
ROW D	**Enhanced**	Increased	Decreased	1	Increased
ROW E	Decreased	Increased	Decreased	1	Increased

6.6 Social Support: The second way in which the third group goal was accomplished was by increasing perceptions of social support through effective use of social network skills. The PSS-Fr. scale revealed an increase in perceived social support for five of the Portage la Prairie group members by an average of 3 points (figure 6.16) and for six of the Winkler group members by an average of 4.2 points (figure 6.17). As an entire group, the Portage la Prairie

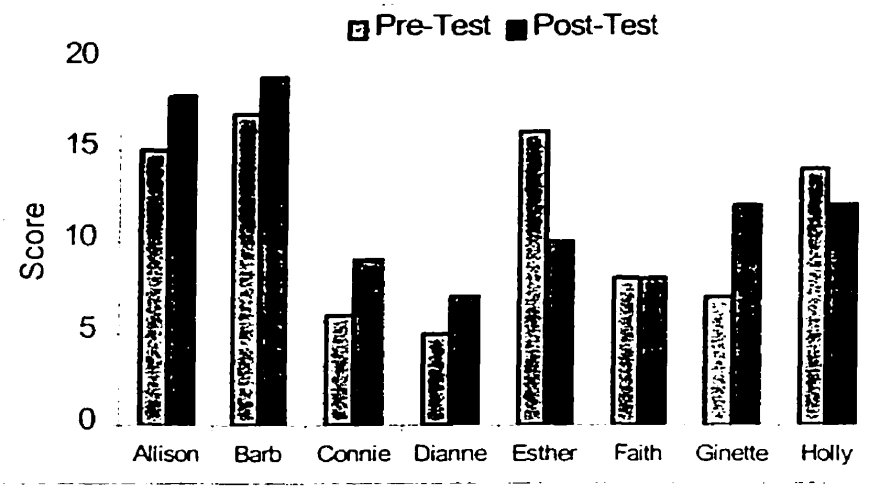

Figure 6.16. Per. Soc. Sup: Friends – Portage Group

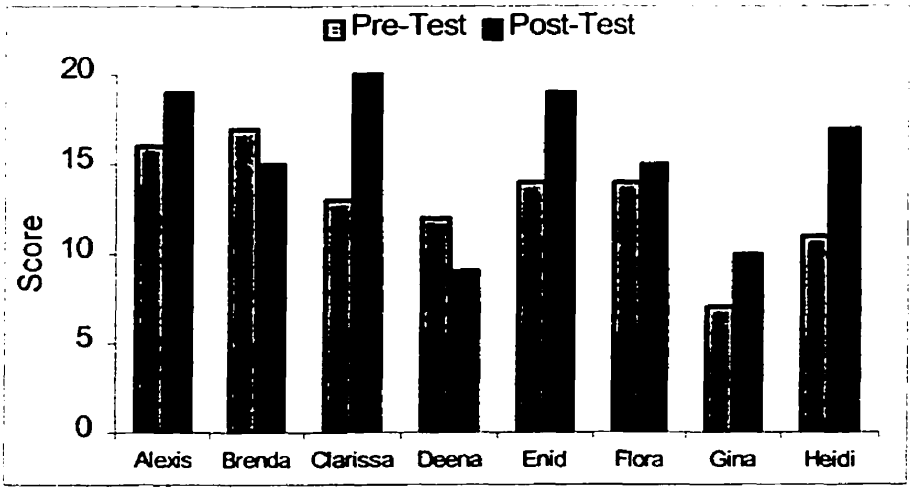

Figure 6.17. Per. Soc. Sup: Friends – Winkler Group

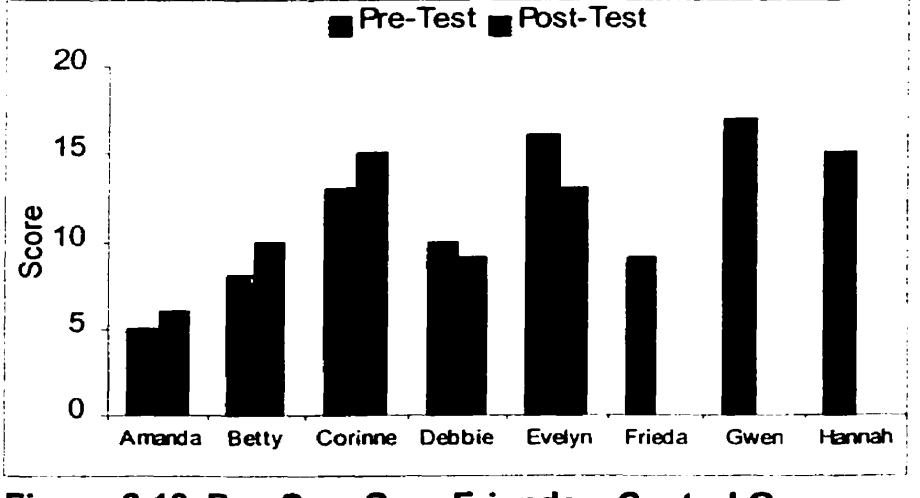

Figure 6.18. Per. Soc. Sup: Friends – Control Group

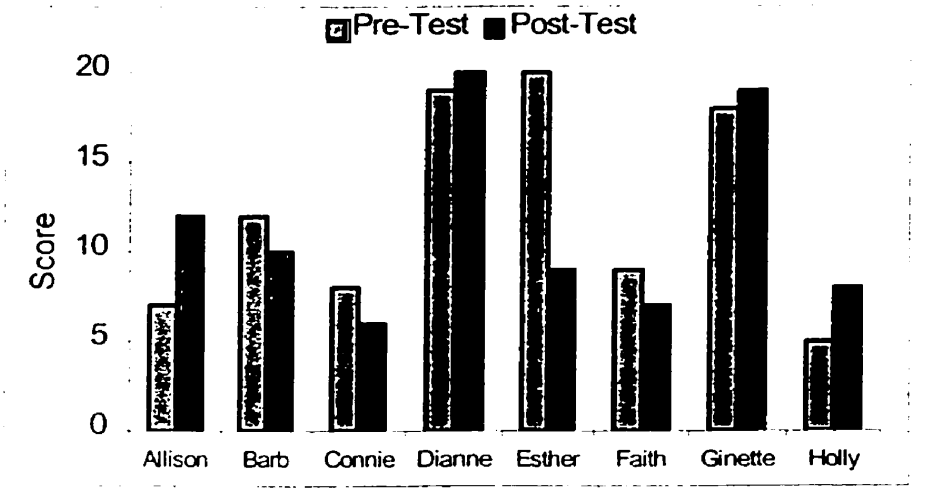

Figure 6.19. Per. Soc. Sup: Family – Portage Group

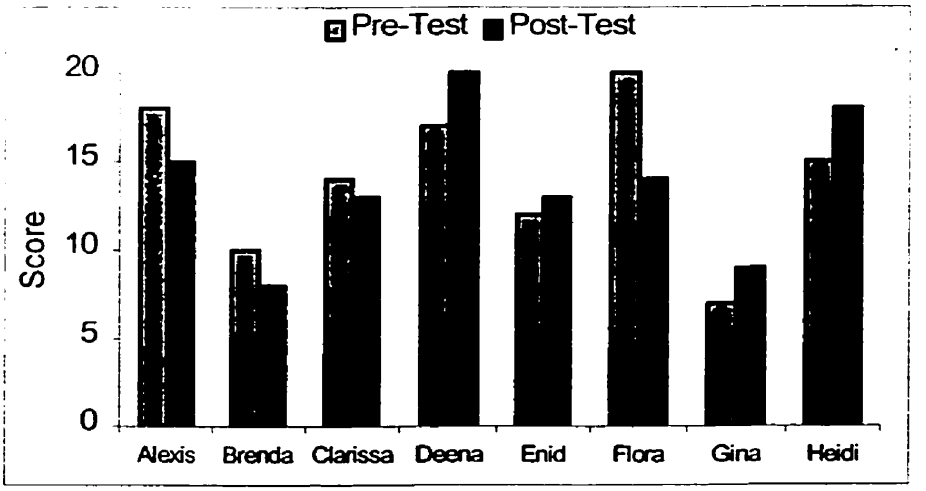

Figure 6.20. Per. Soc. Sup: Family – Winkler Group

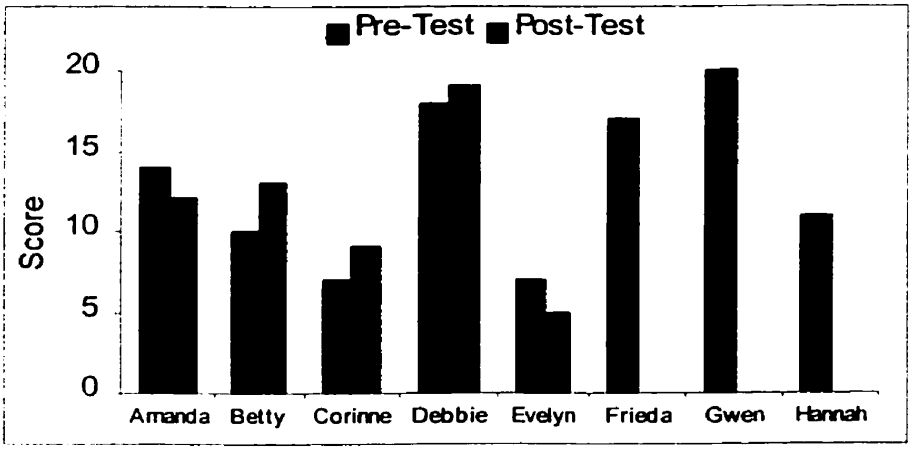

Figure 6.21. Per. Soc. Sup: Family – Control Group

members increased in perceptions of social support from friends by 0.9 points while the Winkler members increased by an average of 2.5 points. The Control group members increased in perceptions of social support from friends by an average of 0.2 points and where an increase is seen, the three moms increased by an average of 1.7 points (figure 6.18).

Thus, perceptions of social support from friends increased for 11 out of the 16 moms (or 69%) who participated in the groups with an average increase of 3.6 points. In the Control group, 3 of the 5 mothers (or 60%) increased in perceptions of social support from friends but this was by an average of 1.9 points less than in the intervention groups. This says that a higher percentage of intervention group mothers increased in their perceptions of social support from friends than those in the Control group, and they did so to a larger degree.

The PSS-Fa scale revealed an increase in perceived social support for four of the Portage la Prairie group members with an average increase of 2.5 points (figure 6.19) as well as an increase for four of the Winkler group members who on average increased by 2.3 points (figure 6.20). As a group, the Portage la Prairie members decreased in perceptions of social support from family by an average of 0.9 points while the Winkler group members decreased by an average of 0.4 points. In the Control group, perceptions of social support from family increased for three group members by an average of 2 points and increased for the entire group by an average of 0.4 points (figure 6.21).

So, in the intervention groups perceptions of social support from family increased and decreased for half (or 50%) of the participants with an average

increase of 2.4 points and an average decrease of 3.6 points. In the Control group, 3 of the five members (or 60%) increased in perceptions of social support from family but their increase was on average 0.4 points less than those in the intervention groups who reported an increase. Thus, a greater percentage of mothers in the Control group experienced an increase in perceptions of social support from family but this was to a slightly lesser degree than for those of the intervention groups who also increased in these perceptions.

The below chart (table 6.7) is consistent with the observed trends of the intervention groups in that the overall changes in perceived social support from friends shows statistically significant findings but this is not the case for perceived social support from family. This means that although perceptions of social support from family did decrease among the moms in the intervention group, this was not significantly so.

Table 6.7 Statistical Analysis on Changes in Perceived Social Support*

VARIABLE	PRE-GROUP MEAN	POST-GROUP MEAN	PR>F**	LSD	STAT. SIGNIFI-CANT?
P.S.S. Friends	12	13.69	.045	1.36	Yes
P.S.S. Family	13.19	12.56	.538	1.74	No

*Combined intervention groups. N=16
** Significant @ P<.1 & .05

Looking at table 6.8, one will note that nine of the eleven mothers (or 82%) who participated in the intervention and who increased in social network skills

also increased in their perceptions of social support from friends. However, based on the findings of this practicum, an increase in social network skills only slightly translated into an increase in perceived social support from family as among those with increased social network skills, six of the eleven members (or 55%) increased in their perceptions of social support from family while five of the eleven mothers (or 45%) decreased in such perceptions of family. Among those who decreased in social network skills, an equal number increased as decreased in their perceptions of social support from friends but more decreased (60%) in their perceptions of social support from family than increased.

Table 6.8 Social Skills vs. Perceived Social Support: Intervention Groups

SOCIAL SKILLS	# OF MOMS	# OF PSS-FR INCREAS*	# OF PSS-FR DECREAS	# OF PSS-FA INCREAS	# OF PSS-FA DECREAS
Increased	11	10	1	6	5
Decreased	5	2	2	2	3

*In PSS-Fr there is no change between pre and post measurement for one mom. This single score is omitted from the above chart.

In the Control group, two of the three mothers who increased in social network skills also increased in their perceptions in social support from friends and family (table 6.9). Those who decreased in social network skills were equally likely to increase as decrease in perceptions of social support from family and friends. Given that this data is based on only five individuals, findings should not be generalized.

Table 6.9 Social Skills vs. Perceived Social Support: Control Group

SOCIAL SKILLS	# OF MOMS	# OF PSS-FR INCREAS	# OF PSS-FR DECREAS	# OF PSS-FA INCREAS	# OF PSS-FA DECREAS
Increased	3	2	1	2	1
Decreased	2	1	1	1	1

6.7 Social Support and Stress: This student also decided to analyze the relationship between perceptions of social support and parenting stress.

Table 6.10 Parenting Stress vs. Perceived Social Support: Intervention Groups

PARENTING STRESS	# OF PSS-FR INCREAS	# OF PSS-FR DECREAS	# OF PSS-FA INCREAS	# OF PSS-FA DECREAS
# OF MOMS	11	4	8	8
Decreased	10	0	6	4
Increased	1	4	2	4

* In PSS-Fr there is no change between pre and post measurement for one mom. This single score is omitted from the above chart.

The above table clearly indicates that ten of the eleven mothers (or 91%) who reported an increase in perceptions of social support from friends decreased in parenting stress and six of the eight mothers (or 75%) who increased in

perceptions of social support from family also decreased in parenting stress. All of the individuals who decreased in perceptions of social support from friends increased in parenting stress while those who decreased in perceptions of social support from family were equally likely to increase as decrease in parenting stress.

In the Control group, parenting stress decreased for only one member and she reported a decrease in perceptions of social support from both friends and family (table 6.11). This difference could be attributed to the influence of the group.

Table 6.11 Parenting Stress vs. Perceived Social Support: Control Group

PARENTING STRESS	# OF PSS-FR INCREAS.	# OF PSS-FR DECREAS	# OF PSS-FA INCREAS.	# OF PSS-FA DECREAS
# of Moms	3	2	3	2
Increased	3	1	3	1
Decreased	0	1	0	1

In comparing table 6.5 with table 6.10 one notices that in the intervention groups, increased perceptions of social support from friends had a slightly greater impact on decreasing parenting stress levels (91%) than did enhanced

coping skills (88%). However, enhanced coping skills had a greater effect on decreasing stress levels than did enhanced perceptions of social support from family (55%). In the Control group it appears that enhanced coping had a greater impact on parenting stress than did enhanced perceptions of social support from friends or family given that this individual reported a decrease in both (table 6.6 & 6.11).

6.8 The Group: The final group goal was to reduce risks by modifying the adolescent mothers' exposure to dangers through the development of a successful group. This goal was not measured through the use of a standardized scale but instead was evaluated from feedback at the last session and the final group evaluation form. Rather than describing all of the responses to the group evaluation form, this student has summarized group members' comments below. The only recommendations made for future groups included: more/longer sessions and to include husbands/partners in the group. Other feedback included:

- "I liked coming to group because this is a place where I am not judged. People don't think badly of me regardless of what I feel or say." And similar comments such as: "It is good to be with people who are truthful, good listeners, and nobody is calling me down or judging me" and "I like not feeling judged, like a tramp or an outcast."
- "It is good to share feelings with people I trust" and "I like having a safe place to vent and even to cry" and "I like the group because I can vent without

people getting mad at me" and "I liked not having to always start every sentence with "Promise not to tell anyone this but..."

- "I received many good, practical ideas from other moms" and "I like the fact that I can share and receive advice".
- "It is good to know that I'm not alone" and a very similar comment: "It is good to know that I am not all alone in my feelings."
- "I look forward to the group all week" and "I am so glad to be able to get out of my house and be with other moms just like me."
- "I feel as though we have really bonded. I'm sad to say good-bye" and "I've made positive friends through this group" and similarly "I've made new friends that are worth having" and "It felt good to laugh with each other."
- "Members are honest and concerned enough about me to tell me when I am making a bad decision...such as when I am with the wrong guy".
- "I feel more in control of my life. I can manage my anger, handle difficult situations, and I know what I am looking for in a guy" and "I feel more assertive, I can talk openly and solve problems" and "I feel better about myself and more in control of my life."
- "Now that I am much calmer my child is throwing fewer temper tantrums".

Despite the fact that the observed changes in the first three goals did not always reach a level of statistical significance, and although this student did not have a means of measuring the reduction of risks, the above comments reflect that the group was indeed a success and a valuable experience for members.

6.9 Further Comments: In this section, this student makes a few points on some of the above-described results.

- The few group participants meant that it was sometimes difficult to draw conclusions as not all possible results were always represented. This was particularly so for the Control group which contained only five individuals.
- Also because of the small sample size, when a single extreme is taken out of the analysis (Esther of the Portage la Prairie group) LSD and ANOVA reflect statistically significant findings in social network skills and parenting stress. This is most likely because Esther's parents had a history with Child and Family Services and so, when completing the pre-group measurements they would not allow this student to meet alone with her and refused to permit Esther to speak for herself. Mid-group, Esther moved out on her own. Thus, only post-group measurements reflect her true answers.
- Scores on any of the scales may have been influenced by an individual's comfort level. For example, increased ease at post-group may have encouraged some mothers to identify and share more struggles and difficulties.
- Several of the scales assume that members will use new skills if they exist. Given the short duration between pre and post group measurements, it must be recognized that skills may have been enhanced but the mother may not yet have had sufficient opportunity for practice.
- The pre-group means for perceived social support from family is slightly higher than perceived social support from friends. At this time, many mothers

were reporting that they lost friends when becoming pregnant. At post-group measurement time, the means for perceived social support from friends is higher than perceived social support from family. This second measurement reflects normal adolescence where teenagers are moving from their families towards independence and view their peers as more dominant, supportive, and influential in determining their happiness.

- Very early, this student realized that some of the expectations would not be achieved and drastic changes would not be seen in 8 weeks. This is because transforming new concepts and skills into actual behavior is a lengthy process. This student does believe that the sessions laid a foundation upon which members can continue learning new skills and addressing their issues.
- Some result difficulties might lie within the possibility that personal definitions for the measured variable may vary between respondents, the language or concepts of the scales may have been too complex, and insufficient response categories may have constricted answers.
- This student recognizes that some responses may have been biased to this student's liking as this student was asking the questions and members were evaluating the intervention delivered by this student. This may have been particularly so with the group evaluation form. In fact, members provided no negative comments to write about.
- True resilience does not mean selecting fixed criteria such as coping, social network skills, stress, or perceptions of social support and then drawing conclusions. Given that people suffer or excel in a range of ways, resilience

accommodates diversity and measures several sources. If measurement was not already so cumbersome, this student would have analyzed self-esteem, sense of competence, problem solving, and anger management (all protective factors) as this student believes that the group also had an impact on these dimensions despite not being a focus of intervention.

- It is this student's belief that the observed changes resulted not merely from the completion of specific activities but also from the fact that the group was an arena for discussion and problem solving. Given the unique personalities and contributions of group members, an exact replication of this practicum is not possible.
- Resilience is not at one particular instance but rather involves success over time. It would therefore have been interesting to take measurements over a period to determine if the group interventions had any long-term effectiveness.

6.10 Implications for Resilience Based Group Work

Interventions with Adolescent Mothers: As has been described, several techniques and exercises were implemented during the intervention phase. As well, members raised various themes, the group presented certain dynamics, and each individual flavored the group with their unique personality. This makes it impossible to distinguish the effect that each aspect uniquely contributed to group outcome. It is the interrelatedness of multiple factors that has raised several implications for resilience based group interventions with adolescent mothers.

The first implication is that, rather than focusing on deficits, social workers must think optimistically by building on the strengths and the protection that exists within the young mother and her environment. Each encounter with success, no matter how small, fosters future experiences of success for adolescent moms.

The second implication is that it is possible to strengthen and increase the protective factors of coping and social network skills in teenage mothers and this is appropriately accomplished in a group setting. Interventions such as these equip young mothers with the ability to take control rather than externalizing their experiences. Positive or negative life outcomes do not "just happen".

The third implication is that it is possible to modifying perceptions of risks by decreasing parenting stress. When failures are put into perspective, struggles are normalized, problems are solved, and feelings are understood, the young mother can gain the confidence to master strain.

The fourth implication is that it is possible to change perceptions of risks by increasing social support. Interventions need to encourage the development and maintenance of nurturing, healthy relationships. The importance of peers must not be underestimated. It is healthy relationships that will keep the adolescent mother on a winning course.

The fifth implication is that it is possible to alter exposure to the risks correlated with adolescent parenting through the development of a group that provides a safe escape from stressful and risk-filled life situations. The young

mothers saw tremendous value in venting feelings, discussing troubles, bonding around commonalties, and listen to one another's stories of triumph.

6.11 Chapter Summary: This chapter highlighted the results of the two group interventions. Although change did not always reach a level of statistical significance, the trends were generally positive. Particularly encouraging were the results highlighting the impact that perceptions of social support from friends have on decreasing stress levels in adolescent mothers. The chapter included some of this student's comments on the findings and then concluded with an outline of some of the implications that can be made based on this student's practicum experiences. In summary, early intervention groups that identify and minimize the vulnerabilities of stress and risks and which recognize and develop protective factors that enhance resistance, can be effective in empowering, educating, skill building, connecting, and providing support to promote protection, strength, and foster resilience in the lives of young mothers.

CHAPTER SEVEN: EVALUATION OF STUDENT LEARNING, RECOMMENDATIONS, AND CONCLUSIONS

7.1 Chapter Introduction: This practicum provided this student with the opportunity to broaden her theoretical and clinical understanding of resilience based interventions. The experience consisted of developing, implementing, and evaluating two eight-week group interventions for adolescent mothers that aimed to enhance the protective factors of coping and social network skills and decrease the risks correlated with adolescent parenting by altering perceptions and modifying exposure to the risks. Sixteen young mothers participated in the two groups in which they shared and supported one another through their common experiences. In addition to meeting the members' individual goals and group goals, this practicum was also intended to increase this student's knowledge. The learning that took place is evaluated in the next section. The chapter then makes recommendations for future resilience based group interventions with adolescent mothers and concludes the practicum report.

7.2 Evaluation of Student Learning: The first educational goal was for this student to have a greater understanding of the experiences of adolescent mothers and the obstacles and demands that they face. The literature review cultivated this student's thinking in regards to the complexity of adolescent mothers' life difficulties, their developmental conflicts, and the interrelatedness of the obstacles that they face. It was however practical experience and real life stories that lead to true understanding. The sixteen adolescent mothers who participated in the groups taught this student about feelings of loneliness,

anxiety, frustration, and experiences of poverty, conflict with parents, and hurt by partners. The moms also shared with this student seeds of hope. Amidst their bumpy lives, they enlightened this student with stories of success, were spurred on to master difficult situations, and above all were determined to be good parents. It is these lessons that will last much longer than the statistics, theories, and explanations found in books and journal articles.

The second educational goal was for this student to have increased her knowledge about the use and benefits of resilience based interventions. While the literature outlines possible ways in which resilience can be promoted and while this information was of assistance in planning an intervention aimed at enhancing protective factors and reducing risks, this student soon realized that the effectiveness of such possible ways of intervening is largely untested. This is because much of the research on resilience is retrospective and reliant on verbal reports from those who appear to have attained a resilient life outcome. The thinking is that in having these individuals articulate what makes them resilient, these qualities or experiences can be fostered to enhance resistance to stress and adversity in others. While good in principal, this means however that there is no special program or precise formula that can be followed guaranteeing resilient results. It was again practical experience, some trial and error, that made this student fully comprehend the foundational concepts of resilience, put them to practice in an intervention, and then later come to appreciate how an early focus on resilience before adolescent mothers present with serious disorder can promote capabilities, confidence, and strength. This student further recognizes

that ongoing future efforts will disclose larger clues to influencing the magnitude of factors that foster resilient outcomes.

The third educational goal was for this student to have increased her knowledge and skill in group planning, implementation, and evaluation. This student started this practicum with minimal group work experience. Since that time, large gains have been made in this student's understanding of group theory and in enhancement of her skills. The literature was most helpful to this student during the planning stage as it raised many issues that this student had not considered and was helpful in offering direction.

Developing a group intervention was a valuable learning experience. It was quite challenging to create and adjust an array of coping and social network skill activities to meet group objectives. This student had the initial tendency of being overly prepared, rigidly structured, and pushed too much into the sessions. For the adolescent members, this group discussed their lives, which meant that agendas could not be set by this student alone. Experience made it clear that sessions had to balance structure with flexibility, be adapted to members' needs, and handle their crises in order for the group to be meaningful to the young mothers. This meant that exercises had to be modified, conversational sidetracks happened, and items on the agenda were not always accomplished. While this caused some initial anxiety, this student learned that giving up some control by allowing members to contribute and raise their pressing issues resulted in increased feelings of group ownership for the members. This student also came to realize that this spontaneous sharing was more beneficial to the

members than completing exercises that may not have been momentarily relevant.

The heavy issues that were discussed could have intimidated members but the positive group atmosphere of tolerance, empathy, and acceptance kept the members returning. The group process gave members the chance to identify and examine their individual coping styles and provided alternatives that were more effective and beneficial in curbing feelings of stress. Learning and practicing new social skills encouraged members to receive and reciprocate support and spurred them on to re-evaluate the quality of their relationships and bring friendships to new depths. The group was seen as a rewarding experience to the moms.

Although evaluating social work practice is a valuable piece to any intervention, this student felt like she was being very intrusive in bombarding the mothers with too many questions and taking up too much of their valuable time. These feelings may be in part because this student did not want the mothers to think that she was merely completing a school assignment. Paying the young mothers for their effort was a way of thanking them for their important contribution. While feedback from the group evaluation forms indicated that members felt the group was very positive, this student questions if members' feelings of wanting to please might have encouraged the moms to respond with the "right" answers. It is also possible that their responses were influenced by the fact that they had to voice their opinions directly to this student who facilitated the group that they were evaluating. This student hopes to gain more confidence

in this area and find ways to evaluate future interventions in a less complex and intrusive fashion.

In sum, it is this student's opinion that the educational goals (to increase understanding of adolescent parenting, to facilitate a resilience-based intervention, and to develop group work skills) were not only achieved but also brought about rewarding experiences for this student and the adolescent mothers. At the same time, while the practicum planning, implementation, and writing has certainly clarified this student's thinking at a theoretical level and understanding at a practical level, there is the realization that this is only the beginning. Learning is an ongoing process that takes place through continued reading, interactions, and experiences. This student further recognizes that none of this would have taken place without the willingness of the teenage mothers to participate and share of themselves.

7.3 Recommendations: In several areas, this student has already commented on things that she would do differently next time she facilitates such a group. Based on this student's practicum experience, a few more recommendations need to be made:

- To incorporate more participant input into the sessions in order to increase a sense of group ownership and to enhance level of understanding prior to group commencement.
- To increase the number of sessions to enable more time to practice and retain new skills. At the same time, too many sessions may curb commitment.

- To use the personal network map and grid in all future groups as a visual tool of actual personal networks. The Winkler group expressed this as being a beneficial exercise.
- To continue videotaping each group session as a tool for self-appraisal.
- To simplify the measurement tools so that the members can better focus for the required length of time and to have group members complete the evaluation measures on their own. While these changes may decrease response rates, this may ensure the validity of the results.
- To again pay group members for the completion of the measurement tools. This is an act that acknowledges their financial struggles and values their time and effort.
- To compare group sessions with individual sessions rather than with a control group. This could be another means to highlight the effectiveness of group work interventions with parenting adolescents.
- To ask for more specific feedback on the group evaluation form. For example, this student could have benefited from suggestions to improve her group facilitation skills.
- To arrange a follow-up meeting with each participant after a 6 month period of time to assess the duration of the intervention's effects.
- To measure other outcomes such as self-esteem, sense of competence, problem solving, and anger management. Although not a specific target of intervention, this student believes that additional protective factors were positively affected through participation in the groups.

- To continue offering resilience based group interventions with adolescent mothers. Many rural areas of Manitoba are lacking in resources for adolescent mothers that connect them with others, nurture their strengths, provide new opportunities, build valuable skills, and foster success.
- To strengthen the array of support available to adolescent mothers and their children not only on an individual level but also in their immediate neighborhood and communities.

In order to further our understanding and to permit more effective interventions, literature:

- Must reflect a clearer distinction between pregnant and parenting adolescents. The literature very often treats these adolescents as a homogeneous group and yet their experiences are very different.
- Must outline the cultural variations around parenting adolescents. This is important because in some cultures adolescent parenting is more acceptable, family has a larger definition, and some populations are more susceptible to poverty than others.
- Can not cluster "problem behaviors." It is common to see drug use, adolescent pregnancy, and sexually transmitted diseases all lumped together in the same article and yet they are very different from one another. While teenage pregnancy certainly complicates life, it must not be viewed as sucking the mother and child's life into a downward spiral.

- Should report clinical experiences and research efforts. Knowledge is cumulative whereby interventions rooted in resilience can become more successful by learning from mistakes and building on successes.

7.4 Practicum Conclusion: In the past, there has been the tendency to overemphasize vulnerability, risk, and disorder. Rather than focusing on deficits, social workers and other service providers involved with adolescent parents must become keenly aware of the protection that exists within the individual and her environment. Adolescent mothers grow up in multiple contexts (such as families, schools, peer groups, sporting teams, religious organizations) and each context as well as the traits of the adolescent mother (her stage of development, past experiences, personality) is a potential source of protection or risk. In fact, there is a countless abundance of opportunities and experiences (both negative and positive) that lie within the adolescent and their environment. Thus any attempt to build resilience must take the mass of influences into consideration.

Post-group results revealed enhanced coping and social network skills for many group participants but these improvements were not always to a statistically significant degree. Similarly, levels of parenting stress also decreased for many mothers but on average, major declines were not seen. While there was little change in perceptions of social support from family, perceptions of social support from friends improved considerably. A large finding was that the majority of those who increased in their perceptions of social support from friends also experienced a decrease in parenting stress. It is this student's belief that drastic changes between pre and post group measurements

were not often detected as a result of the short duration of the group and statistically significant changes were not always possible due to the small sample size. True change is slow, requires ongoing commitment, and much effort. It is this student's hope that group members will be motivated to continue to build on the foundation that was laid during the eight weekly sessions.

Although the study of resilience is very inspiring, this student is unable to say at the conclusion of this report that it is a straightforward solution. Much obscurity remains. While we have some comprehension of the stress, risks, protective factors, and consequent outcomes of adolescent parenting, we struggle to grasp how to manipulate the interrelated processes in order to boost resilience. That is, we know what end result we are looking for but getting there continues to be quite foggy. This is because the dynamic systems that influence one's life course and the challenge of implementing change is highly intricate. While the findings of this practicum are encouraging, one is unable to detail the exact path that fostered positive results in several of the participants. Even if this could be broken down and analyzed in a single mother, this would not be applicable to any other member.

What is clear is that if we allow the occurrence of known risks factors correlated with adolescent parenting to rise (such as poverty, low education, and poor health) while protective factors fall (such as poor social network skills, unhealthy coping skills as well as low self esteem and feelings of despair) the capabilities of adolescent mothers will falter and their children will suffer. Social workers must take preventative action to increase protection and reduce risks for

the adolescent mother and her child by nurturing assets, providing opportunities, developing resources, and bringing about turning points of success.

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APPENDIX A
SUPPORT GROUP FOR YOUNG MOTHERS



Do you sometimes wish that you had different tools to cope with stress and deal with uncertainties?

Do you sometimes wish that you had more parenting support or had someone to talk to when you are feeling alone, upset or have a problem?

Do you sometimes wish that you could connect with other mothers with whom you can relate and share practical advice?

Then...This Group May Be For You!



If you are a 16 – 19 year old mother, please call Candace Funk at 857- 8751 for more information. All inquiries will be kept confidential.

The group will run on Thursdays (6 – 8 p.m.) from September 14th until November 2nd at the Young Parents Resource Center. Transportation can be arranged, childcare will be provided, snacks and activities are there for your enjoyment.

APPENDIX B



PARTICIPANT CONSENT FORM

I agree to participate in an 8-week group for adolescent mothers. I am aware that the program is aimed at decreasing experiences of parenting stress and enhancing feelings of social support.

I understand that I will be encouraged to discuss and asked to complete questionnaires about my experiences of stress, methods of coping, and social support system.

I agree to have the information that I provide used for the purposes of a Masters of Social Work Practicum Report at the University of Manitoba.

I understand that all information obtained will be kept anonymous, confidential and will in no way jeopardize my rights. I know that participation is voluntary and that I may withdraw my consent at any time without penalty.

I understand that sessions will be videotaped to advance the skills of the group facilitator. Only the group facilitator and her supervisors will view the tapes. The tapes will be erased upon completion of the Practicum Report.

Date: _____

Name (please print): _____

Signature: _____

Signature of Group Facilitator: _____



APPENDIX C

Support Group for Young Mothers

Pre-Group Interview:

Date: _____

Name: _____

Address: _____

Telephone #: _____

DOB _____ **Age:**_____

Are you in school? _____ **What grade?** _____
Are you working? _____ **Where?**_____

Child's name: _____ **Age:**_____

Living Arrangement: Own_____ **Family**_____ **Other**_____

---

1. Why are you interested in attending this group? What do you hope to achieve?

2. Have you ever been involved in a group? What was your experience of this group? What were your likes/dislikes? Describe yourself in this group.

3. Name your best quality. Name a weakness.

4. How do you know when you are stressed? What specifically causes you stress?

5. How do you cope?

6. What/Who are your current supports?

7. After hearing the group outline, will you be comfortable participating in the described exercises?

8. Do you foresee any obstacles that might get in the way of you coming to group or completing the group?

9. How will you feel about being in a group in which people may be different from you or may express opinions that you disagree with?

10. Do you have any comments, questions or concerns?

APPENDIX D

COPING INVENTORY FOR STRESFUL SITUATIONS: ADOLESCENT VERSION

Endler & Parker, 1999

The following are all statements of ways in which people cope. Please indicate how much you engage in the statement when you encounter a difficult, stressful or upsetting situation. For example, circle 1 if you don't do this at all, circle 5 if you do this very much and circle a number in between where appropriate.

	NOT AT ALL				VERY MUCH
1. Schedule my time better.	1	2	3	4	5
2. Focus on the problem and see how I can solve it.	1	2	3	4	5
3. Think about the good times I've had.	1	2	3	4	5
4. Try to be with other people.	**1**	**2**	**3**	**4**	**5**
5. Blame myself for putting things off.	1	2	3	4	5
6. Do what I think is best.	1	2	3	4	5
7. Become preoccupied with aches and pains.	1	2	3	4	5
8. Blame myself for having gotten into this situation.	1	2	3	4	5
9. Window shop.	1	2	3	4	5
10. Outline my priorities.	1	2	3	4	5
11. Try to go to sleep.	1	2	3	4	5
12. Treat myself to a favorite food or snack.	1	2	3	4	5
13. Feel anxious about not being able to cope.	1	2	3	4	5
14. Become very tense.	1	2	3	4	5
15. Think about how I solved similar problems.	1	2	3	4	5
16. Tell myself that it is really not happening to me.	1	2	3	4	5
17. Blame myself for being too emotional about the situation.	1	2	3	4	5
18. Go out for a snack or a meal.	1	2	3	4	5
19. Become very upset.	1	2	3	4	5
20. Buy myself something.	1	2	3	4	5
21. Determine a course of action and follow it.	1	2	3	4	5
22. Blame myself for not knowing what to do.	1	2	3	4	5
23. Go to a party.	1	2	3	4	5
24. Work to understand the situation.	1	2	3	4	5
25. "Freeze" and not know what to do.	1	2	3	4	5
26. Take corrective action immediately.	1	2	3	4	5

27. Think about the event and learn from my mistakes.	1	2	3	4	5
28. Wish that I could change what had happened or how I felt.	1	2	3	4	5
29. Visit a friend.	**1**	**2**	**3**	**4**	**5**
30. Worry about what I am going to do.	1	2	3	4	5
31. Spend time with a special friend.	**1**	**2**	**3**	**4**	**5**
32. Go for a walk.	1	2	3	4	5
33. Tell myself it will never happen again.	1	2	3	4	5
34. Focus on my general inadequacies.	1	2	3	4	5
35. Talk to someone whose advise I value.	**1**	**2**	**3**	**4**	**5**
36. Analyze my problem before reacting.	1	2	3	4	5
37. Phone a friend.	**1**	**2**	**3**	**4**	**5**
38. Get angry.	1	2	3	4	5
39. Adjust my priorities.	1	2	3	4	5
40. See a movie.	1	2	3	4	5
41. Get control of the situation.	1	2	3	4	5
42. Make an extra effort to get things done.	1	2	3	4	5
43. Come up with several different solutions to the problem.	1	2	3	4	5
44. Take some time off and get away from the situation.	1	2	3	4	5
45. Take it out on other people.	1	2	3	4	5
46. Use the situation to prove that I can do it.	1	2	3	4	5
47. Try to be organized so that I can be on top of the situation.	1	2	3	4	5
48. Watch TV.	1	2	3	4	5

Note: The statements that are in bold print make up the social diversion sub-scale on the CISS. This is the scale that was used to measure the outcome of the second group goal.

APPENDIX E

PARENTING STRESS INDEX: SHORT FORM
Abidin, 1995

Please indicate whether you:
SA = Strongly Agree A = Agree NS = Not Sure D = Disagree
SD = Strongly Disagree with the below statements:

1. I often have the feeling that I cannot handle things very well. **SA A NS D SD**
2. I find myself giving up more of my life to meet my child's needs than I ever expected. **SA A NS D SD**
3. I feel trapped by my responsibilities as a parent. **SA A NS D SD**
4. Since having this child, I have been unable to do new and different things. **SA A NS D SD**
5. Since having a child, I feel that I am almost never able to do things that I like to do. **SA A NS D SD**
6. I am unhappy with the last purchase of clothing I made for myself. **SA A NS D SD**
7. There are quite a few things that bother me about my life. **SA A NS D SD**
8. Having a child has caused more problems that I expected in my relationship with my partner. **SA A NS D SD**
9. I feel alone and without friends. **SA A NS D SD**
10. When I go to a party, I usually expect not to enjoy myself. **SA A NS D SD**
11. I am not as interested in people as I used to be. **SA A NS D SD**
12. I don't enjoy things as I used to. **SA A NS D SD**
13. My child rarely does things for me that make me feel good. **SA A NS D SD**
14. Most times I feel that my child does not like me and does not want to be close to me. **SA A NS D SD**
15. My child smiles at me much less than I expected. **SA A NS D SD**
16. When I do things for my child, I get the feeling that my efforts are not appreciated very much. **SA A NS D SD**
17. When playing, my child doesn't often giggle or laugh. **SA A NS D SD**
18. My child doesn't seem to learn as quickly as most children. **SA A NS D SD**
19. My child doesn't seem to smile as much as most children. **SA A NS D SD**
20. My child is not able to do as much as I expected. **SA A NS D SD**
21. It takes a long time and it is very hard for my child to get used to new things. **SA A NS D SD**

22. I feel that I am: **1.** not very good at being a parent.
2. a person who has some trouble being a parent.
3. an average parent.
4. a better than average parent.
5. a very good parent.

23. I expected to have closer and warmer feelings for my child than I do and this bothers me. **SA A NS D SD**

24. Sometimes my child does things that bother me just to be mean. **SA A NS D SD**

25. My child seems to cry or fuss more often than most children. **SA A NS D SD**

26. My child generally wakes up in a bad mood. **SA A NS D SD**

27. I feel that my child is very moody and easily upset. **SA A NS D SD**

28. My child does a few things which bother me a great deal. **SA A NS D SD**

29. My child reacts very strongly when something happens that my child doesn't like. **SA A NS D SD**

30. My child gets upset easily over the smallest thing. **SA A NS D SD**

31. My child's sleeping or eating schedule was much harder to establish than I expected. **SA A NS D SD**

32. 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
3. about as hard as I expected
4. somewhat easier than I expected
5. much easier than I expected.

33. 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.)
1. There are 10 or more things that my child does that bother me.
2. There are 8 or 9 things that my child does that bother me.
3. There are 6 or 7 things that my child does that bother me.
4. There are 4 or 5 things that my child does that bother me.
5. There are 1 to 3 things that my child does that bother me.

34. There are some things my child does that really bother me a lot. **SA A NS D SD**

35. My child turned out to be more of a problem than I had expected. **SA A NS D SD**

36. My child makes more demands on me than most children. **SA A NS D SD**

APPENDIX F

PERCEIVED SOCIAL SUPPORT – FRIEND SCALE
Procidano & Heller (1983)

PSS-Fr

The statements that follow refer to feelings and experiences that occur to most people at one time or another in their relationships with *friends*. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

1. My friends give me the moral support I need. Yes No Don't know
2. Most other people are closer to their friends than I am. Yes No Don't know
3. My friends enjoy hearing about what I think. Yes No Don't know
4. Certain friends come to me when they have problems or need advice. Yes No Don't know
5. I rely on my friends for emotional support. Yes No Don't know
6. If I felt that one or more of my friends were upset with me, I'd just keep it to myself. Yes No Don't know
7. I feel that I'm on the fringe in my circle of friends. Yes No Don't know
8. There is a friend that I could go to if I were just feeling down, without feeling funny about it later. Yes No Don't know
9. My friends and I are very open about what we think about things. Yes No Don't know
10. My friends are sensitive to my personal needs. Yes No Don't know
11. My friends come to me for emotional support. Yes No Don't know
12. My friends are good at helping me solve problems. Yes No Don't know
13. I have a deep sharing relationship with a number of friends. Yes No Don't know
14. My friends get good ideas about how to do things or make things from me. Yes No Don't know
15. When I confide in friends, it makes me feel uncomfortable. Yes No Don't know
16. My friends seek me out for companionship. Yes No Don't know
17. I think that my friends feel that I'm good at helping them solve problems. Yes No Don't know
18. I don't have a relationship with a friend that is as intimate as other people's relationships with friends. Yes No Don't know
19. I've recently gotten a good idea about how to do something from a friend. Yes No Don't know
20. I wish my friends were much different. Yes No Don't know

APPENDIX G

PERCEIVED SOCIAL SUPPORT – FAMILY SCALE
Procidano & Heller (1983)

PSS-Fa

The statements that follow refer to feelings and experiences that occur to most people at one time or another in their relationships with their *families*. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

1. My family gives me the moral support I need. Yes No Don't know
2. I get good ideas about how to do things or make things from my family. Yes No Don't know
3. Most other people are closer to their family than I am. Yes No Don't know
4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable. Yes No Don't know
5. My family enjoys hearing about what I think. Yes No Don't know
6. Members of my family share many of my interests. Yes No Don't know
7. Certain members of my family come to me when they have problems or need advice. Yes No Don't know
8. I rely on my family for emotional support. Yes No Don't know
9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later. Yes No Don't know
10. My family and I are very open about what we think about things. Yes No Don't know
11. My family is sensitive to my personal needs. Yes No Don't know
12. Members of my family come to me for emotional support. Yes No Don't know
13. Members of my family are good at helping me solve problems. Yes No Don't know
14. I have a deep sharing relationship with a number of members of my family. Yes No Don't know
15. Members of my family get good ideas about how to do things or make things from me. Yes No Don't know
16. When I confide in members of my family, it makes me uncomfortable. Yes No Don't know
17. Members of my family seek me out for companionship. Yes No Don't know
18. I think that my family feels that I'm good at helping them solve problems Yes No Don't know
19. I don't have a relationship with a member of my family that is as close as other people's relationship with family members. Yes No Don't know
20. I wish my family were much different. Yes No Don't know

RELATIONSHIP ROADMAP

Source: Yusim, C. (1997) The Art of Social Support Group Intervention with Single Adolescent Mothers. Winnipeg, MB: University of Manitoba. Adapted from Lovell, M. (1991). The Friendship Group: Learning the Skills to Create Social Support. Vancouver: School of Social Work, University of British Columbia.

A FEW MEETINGS

ACQUAINTANCE
1) Smile
2) Say hi
3) Nod
4) Have general conversation

3 MONTHS

BUDDY
1) Occasionally do things of a non-personal nature together
2) May have some interests or hobbies.

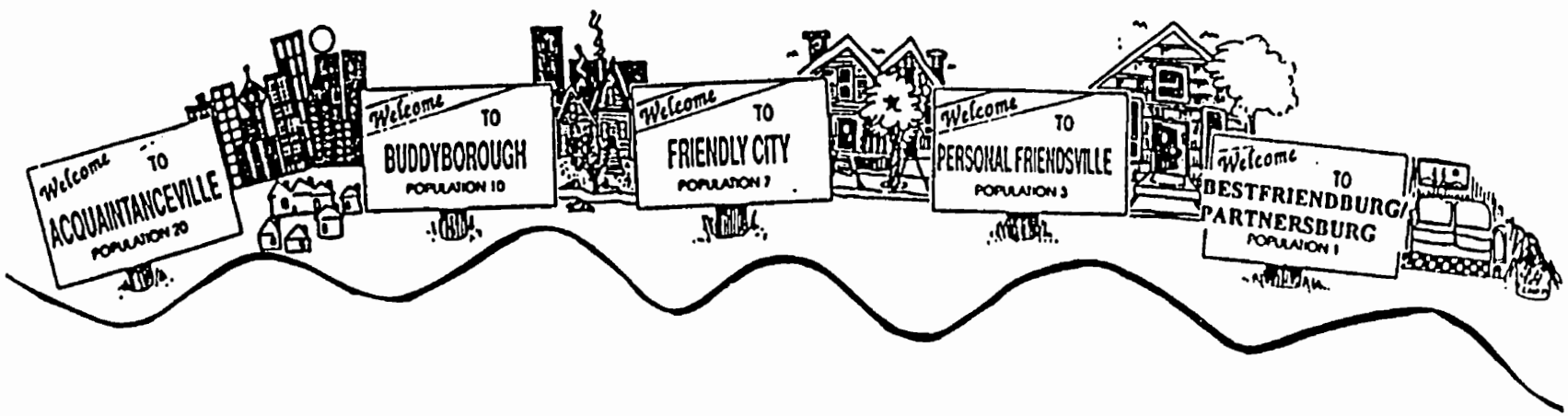
6 MONTHS

FRIEND
1) Phone calls
2) Might call each other in an emergency
3) Confide in each other
4) Support each other

MORE THAN 6 MONTHS

PERSONAL FRIEND
1) Introduce to others in your network
2) Can count on them to support you
3) They can count on you for support
4) Can be honest in your feelings with each other

BEST FRIEND/ PARTNER
1) discuss dreams and fears
2) Plan future together
3) Consult each other in decision-making
4) Can live together
5) Can raise children together
6) Can be sexual



APPENDIX I

RELATIONSHIP LIGHTS

Adapted from Lovell, M. (1991). The Friendship Group: Learning the Skills to Create Social Support. Vancouver: School of Social Work, University of British Columbia.

Think about the safety signs that invite, encourage, and attract you to become friends with someone.

1. What are the qualities that you look for in a friend? Write your thoughts in the bottom, green circle.
2. How do you move to deeper levels of trust, self-disclosure, and interdependence in a relationship?

Think about the danger or warning signs that can indicate problems when choosing a friend or deepening a relationship.

3. What characteristics or behaviors caution you that a person may be an unsuitable friend? Write your thoughts in the middle, yellow circle.
4. How do you put a relationship on hold or slow things down?
5. What characteristics or behaviors signal to you that you should definitely avoid becoming involved with another person? Write your thoughts in the top, red circle.
6. How do you terminate a relationship?

APPENDIX J

CHECKLIST FOR DISCUSSING PROBLEMS OR NEGATIVE CONCERNS WITH OTHERS

Source: Gambrill, G. & Richey, C. (1988). Taking Charge of Your Social Life. Berkeley, CA: Behavioral Options. p.195. Cited in Lovell, M. (1991). The Friendship Group: Learning the Skills to Create Social Support. Vancouver: School of Social Work, University of British Columbia. p. 59

1. Plan and practice beforehand.
2. Select an appropriate time and place to talk.
3. Be specific and descriptive. Give examples of the troubling behavior.
4. Use "I" statements and avoid accusatory "You" statements.
5. Share your concerns as they come – if they are really important.
6. Avoid name calling, yelling and derogatory comments.
7. Make sure your nonverbal behaviors communicate your seriousness.
8. Offer specific solutions of suggestions.
9. Do not smile, laugh, or giggle.
10. Tell people that you still like and appreciate them (if you do).
11. Support behaviors you like.
12. Be brief and to the point. Don't overload others with criticism.
13. Avoid getting caught up in sidetracks.
14. Share any discomfort you feel in giving negative feedback.
15. Remain firm when challenged (unless it is a lost cause).
16. Focus on common interests.
17. Make it worthwhile for people to change.
18. Don't expect people to change.
19. Use concerns as opportunities to strengthen relationships.

APPENDIX K

HOW TO HANDLE CRITICISM

Source: Gambrill, G. & Richey, C. (1988). Taking Charge of Your Social Life. Berkeley, CA: Behavioral Options. p.195-199. Cited in Lovell, M. (1991). The Friendship Group: Learning the Skills to Create Social Support. Vancouver: School of Social Work, University of British Columbia. p. 63.

1. Accept feedback as information. You are not obligated to change or do anything but listen!
2. Relax and listen!
3. Check out your understanding of what was said.
4. Ask for clarification if you do not understand something that was said.
5. Accept responsibility for your behavior. Agreeing is helpful!
6. Do not let people abuse you.
7. Seek and offer solutions to the problem.
8. Share your feelings about being criticized.
9. If confused or uncertain, take time to think.

APPENDIX L

HOW TO REFUSE A REQUEST:

Source: Gambrill, G. & Richey, C. (1988). Taking Charge of Your Social Life. Berkeley, CA: Behavioral Options. p.195-199. Cited in Lovell, M. (1991). The Friendship Group: Learning the Skills to Create Social Support. Vancouver: School of Social Work, University of British Columbia. p. 64-65.

1. Look at and face the person and speak in a friendly way.
2. Include the word "no" in your reply.
3. Don't smile in a flirting manner.
4. Give a reason only if you want to. You don't have to!
5. Don't make up other reasons to say no if the person gives you a hard time. Just repeat your first reason.

POINTS TO REMEMBER WHEN MAKING A REQUEST:

Source: Gambrill, G. & Richey, C. (1988). Taking Charge of Your Social Life. Berkeley, CA: Behavioral Options. p.195-199. Cited in Lovell, M. (1991). The Friendship Group: Learning the Skills to Create Social Support. Vancouver: School of Social Work, University of British Columbia. p. 66.

1. You have the right to ask for help and the responsibility to respect the response to your request. Remember that just as you do not have to do what others ask, neither do they have to agree to help.
2. The other person is always free to comply, refuse or postpone their decision.
3. You have the responsibility not to always ask the same person for help.
4. Do not delay asking until a crisis arises. Plan ahead. Other people also have demands on their time.
5. Reciprocate favors. People will be more likely to help again.

APPENDIX M

PROCEDURE FOR SOCIAL NETWORK MAP & GRID:

STEP ONE: DEVELOPING A SOCIAL NETWORK MAP

The social network map provides individuals with an organized picture of the types, nature, and distance in their relationships with others. Individuals place their name in the center of the map. They then categorize people in their lives as: a) a family member, a friend, a work/school associate, a social agency professional, a neighbor/community member; b) having a positive or negative impact in their lives; and c) being close or distant. The more intense the relationship tie, the closer to the center of the map a name will be positioned.

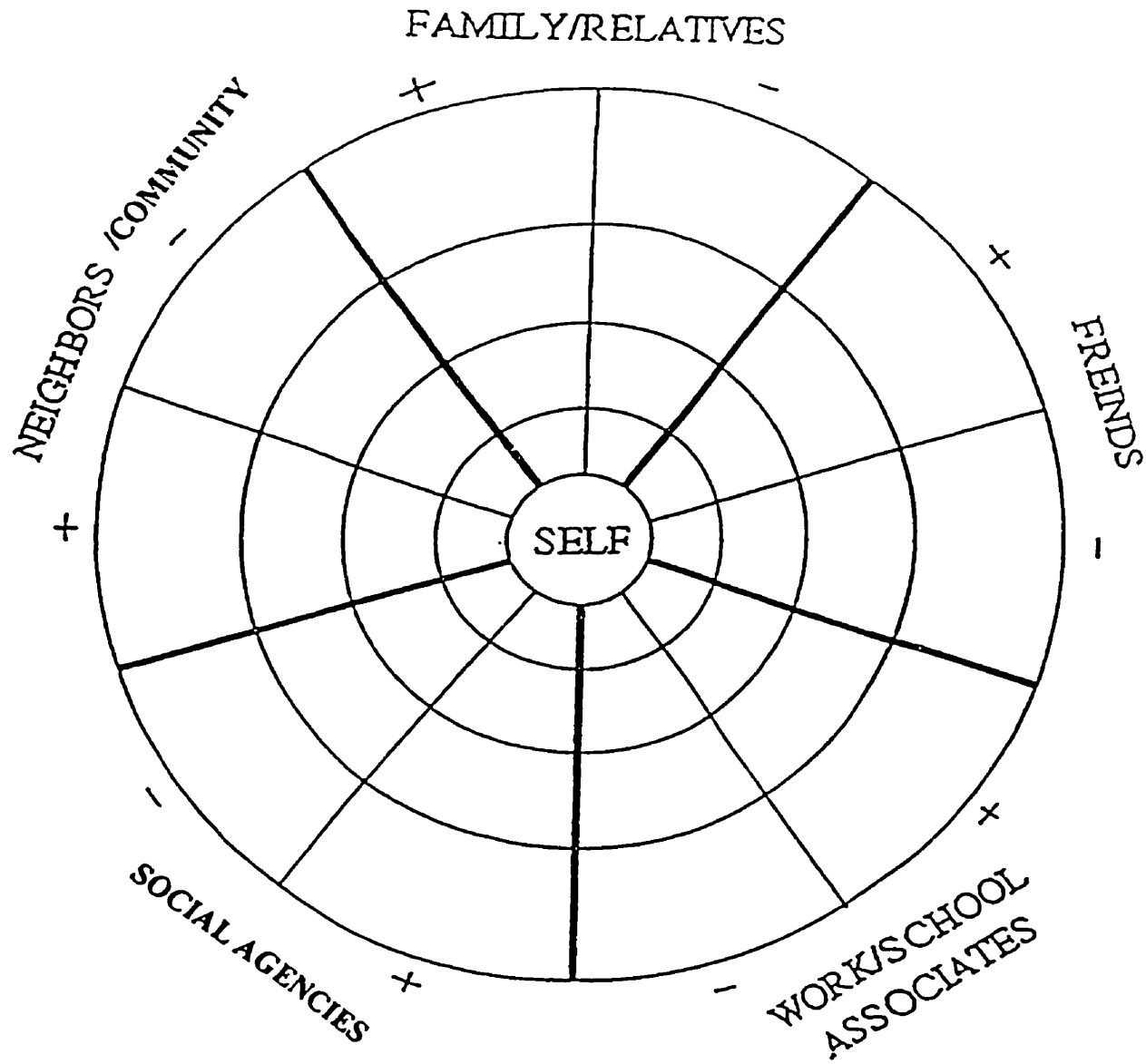
STEP TWO: COMPLETING THE SOCIAL NETWORK GRID

The social network grid is another visual tool for individuals to determine if they need to alter their social networks to produce different or better sources of support (Fuchs & Lugtig, 1992). Individuals are asked to take a specific look at five of the people in their social network. The questions on the grid ask individuals about the type and amount of support that they receive from different helpers. It asks about who is critical of their parenting, the direction of the help, the stability of their relationships and the individual's level of satisfaction with the support.

APPENDIX N

SOCIAL NETWORK MAP

Source: Yusim, 1997; Adapted from Fuchs & Lugtig, 1992



APPENDIX O

SOCIAL NETWORK ASSESSMENT INSTRUMENT

Source: Yusim, 1997. Adapted from Fuch
& Lugtig, 1992

Parents need help and support from others. Please list 5 people who have assisted you in being a parent in the past six months.

a. initials of helpers					
b. relationships of helpers to you					
c. where does the helper live? (ie. your household, your street, same neighborhood, outside city)					
d. kinds of support help you get from each helper 1. listens to your concerns about parenting					
2. gives you information and advice about raising and caring for your children					
3. tells you how you are doing as a parent- both positive and negative					
4. babysits your children when you have an appointment or emergency					
5. babysits your children to give you a break					
6. gives you praise and encouragement for your parenting					
7. provides you with a model of a good parent					
8. lends or gives you food, money, clothes, or transportation					
e. Which helpers know each other? (initials under appropriate column)					
f. Which helpers do you see at least once a week? (place "x" under appropriate column)					
g. Which of the above helpers do you help? (place "x" under appropriate column)					
h. Which of the above helpers do you count on the most? (list 1-5)					
i. How long have you known each helper?					
j. Degree of satisfaction. How satisfied are you with the help you have received? 1) Very Satisfied V.S. 2) Satisfied S 3) Dissatisfied D					

APPENDIX P

BREATHING TECHNIQUES TO COPE WITH STRESS

The way we breathe affects how we think and feel, while the way we think and feel affects the way we breathe. Because breathing is connected to both the body and the mind, breathing exercises can be of great benefit to easing and relieving the anxiety of both. Focused breathing and mental relaxation are highly effective in moderating stress.

THREE PART BREATHING:

Each emotion has a unique breathing pattern all of its own. When we laugh we take deep breaths into the bottom of our stomachs. If we are tense our breathing become quick and shallow. This exercise helps to focus on taking deep, relaxing breaths.

1. In a seated position with your arms relaxed to your side, exhale completely.
2. Take a deep breath into the bottom of your stomach. Feel your stomach expand.
3. Bring the air up into your lungs. Feel your chest and lungs expand.
4. Hold your breath for the count of five.
5. Exhale slowly through your mouth for the count of ten.
6. Repeat three times.

WATCHING THE BREATH:

This is an exercise that is used to bring on a tranquil state. It also aids in the development of focused concentration. It stills the mind, yet keeps it extremely alert. This exercise is quite beneficial if performed before undertaking any project that requires great concentration and should be repeated at any time the concentration wanes. It helps clarify the thinking process and frees the mind so that we are in control of our thoughts and decisions. This exercise should be done while sitting comfortably with your hands in your lap. Gradually, with practice, prolong the length of each inhalation and exhalation.

1. Exhale completely.
2. Lower your eye so that they focus intently on the tip of your nose. Your eyes may become a little crossed but this is fine.
3. Very slowly and gently begin to inhale. You should feel the breath entering at the tip of the nose and into the top of the forehead. Even though you feel your stomach inflating and the ribs expanding, keep your attention focused just at the entranceway to the nostrils.
4. When you complete the inhalation, hold the breath for ten counts.
5. Let the exhalation just quietly stream out the end of the nostrils. You may wish to close your eyes just to let the waves of calmness wash through your entire head.
6. Then begin the next inhalation.

CHAIR BEND BREATH

One of the quickest ways to refuel the oxygen to your brain is through this exercise. It takes less than a minute and can be performed whenever you feel the need to clear your mind.

1. Sitting in your chair, exhale completely and bend over. Let your head dangle as close to the floor as possible. Your palms should be touching the floor.
2. Close your eyes and let the blood flow to your head. Stay in this position for a count of fifteen. You may breath normally while in this position.
3. Slowly lift yourself up and begin to inhale the total breath.
4. As you reach your normal sitting position, exhale.
5. Repeat if desired.

Source: Total Breathing: A Unique Conditioning Program of Breathing Exercises for Improved Health, Enhanced Appearance, and Longer Life by Philip Smith

APPENDIX Q

PROGRESSIVE MUSCLE RELAXATION

Adapted from: www.familyclinic.simplenet.com

Introduction: The following exercise helps you to learn how to relax when you are feeling up tight. It helps you get rid of those butterflies in your stomach, the pounding in your head, and the tension in your muscles. These exercises are also neat because you can learn how to do some of them without anyone really noticing.

In order for you to get the best feelings from these exercises, there are some rules that you must follow. First, get as comfortable as you can and close your eyes. Second, you must follow the instructions carefully. Third, you must pay attention to your body. Fourth, you must practice.

Hands and Arms: Pretend that you are making fresh lemon juice. You have a whole lemon in your left hand. Now squeeze it hard. Try to squeeze all the juice out. Feel the tightness in your hand and arms as you squeeze. Now drop the lemon. Notice how your muscles feel when they are relaxed. Take another lemon and squeeze. Try to squeeze this one harder than you did the first one. Now drop the lemon and relax. See how much better your hand and arm feel when they are relaxed. Once again, take a lemon in your left hand and squeeze all the juice out. Don't leave a single drop. Squeeze hard. Now relax and let the lemon fall from your hand. (Repeat the process for the right hand and arm.)

Arms and Shoulders: Pretend that you are a cat needing to stretch. Lift your arms out in front of you. Raise them up high over your head. Push them way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Again, stretch your arms out in front of you. Raise them over your head. Pull them way back. Pull hard. Now let them drop quickly. Notice how your shoulders feel more relaxed. This time, try to touch the ceiling. Stretch your arms way out in front of you. Raise them up over your head. Push them far back. Notice the tension and pull in your arms and shoulders. Hold tight, now let them drop very quickly and feel how good it is to be relaxed.

Jaw: You have a giant jawbreaker bubble gum in your mouth. Bite down on it. Hard! Let your neck muscles help you. Now relax. Notice how good it feels just to let your jaw drop and hang loose. Okay, now bite down again. Try to squeeze the gum out between your teeth. Now relax again. Just let your jaw drop off your face. Okay, one more time. Bite down as hard as you can. Hold it. Now relax and remember how good this feels.

Face and Nose: A fly has landed on your nose and you need to get him off without using your hands. Wrinkle up your nose. Make as many wrinkles in your nose as you can. Scrunch your nose up real hard. You've chased him away and now you can relax your nose. Here he lands again - right back in the middle of your nose. Wrinkle up your nose again. Wrinkle it up hard. Hold it as tight as possible. Okay, he flew away. You can relax your face. Notice that when you scrunch up your nose your cheeks and your mouth and your forehead and your eyes all help you, and they get tight too. So when you relax your nose, your whole body relaxes too. The fly has come back, but this time he is on your forehead. Make lots of wrinkles. Try to catch him between the wrinkles. Hold it tight, now. Okay, you can let go and relax. Let your face go smooth. Notice how your face feels nice and smooth and relaxed.

Stomach: You sense that an elephant is about to walk on your stomach. Don't move. Just get ready for him. Make your stomach very hard. Tighten up your stomach muscles real tight. Hold it. He's gone so you can let your stomach be very relaxed. Oops, he's about to walk on you again. Get ready! Tighten up your stomach into a rock. Hold it. Okay, he's chanced him mind again. You can relax now. Notice the difference between a tight stomach and a relaxed one. He's back and there is no turning around. Tighten up. Tighten hard. Hold tight. He's gone. You can relax.

You want to squeeze through a narrow fence but you'll have to make yourself very skinny. Suck your stomach in. Try to squeeze it up against your backbone. Try to be as thin as you can. Okay, just relax and feel your stomach being loose. Now, let's try to get through that fence again. Squeeze up your stomach. Make it touch your backbone. Get it really small and tight. Hold it. Relax. How is your stomach feeling? Okay this time you'll squeeze through. Pull your stomach in very tightly. Pull it in some more. Hold it just a little longer. You can relax now and let your stomach come back out.

Legs and Feet: Pretend that you are standing barefoot in a mud puddle. Squish your toes down deep into the mud. Try to get your feet down to the bottom of the mud puddle. You'll probably need your legs to help you push. Push down hard and spread your toes apart. Now relax your feet. Let your toes go loose and feel how nice it feels to be relaxed. Back into the puddle. Squish your toes down. Let your leg muscles help push your feet down. Push your feet hard. Now relax and feel your legs, feet and toes. Return to the puddle. Squish your toes down harder than the other times. Let your leg muscles help push your feet down. Push your feet hard. Try to squish the puddle dry. Okay. Come back out and relax your feet, relax your legs, and relax your toes.

Conclusion: Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In this next week, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Now very slowly, open your eyes.

APPENDIX R

SELF-TALK:

- At any given moment we all have thoughts running through our minds. The ideas and messages that we give ourselves influence how we perceive situations and then impact how we react.
- Negative thoughts and messages can bring us down, make life seem unfair, and have us think that a situation is much worse than it really is.
- Positive thoughts and messages can cause us to be more determined, more focused, and enable us to better cope with difficult situations.
- Think of a difficult, stressful or upsetting situation. What are the first thoughts and messages that run through your mind? How do they make you feel and act? Are they helpful to the situation?
- What self-talk phrases could you use to stop your initial negative thoughts and messages to handle the situation more effectively?

APPENDIX S

TAKING PERSPECTIVE:

Sometimes the emotions that we feel or the way we act is habitual. That is, we react automatically to an event or experience. Often there is a reason or explanation for our response but this typical pattern may not be healthy or may no longer be necessary. If we step back and take perspective of the situation, we can consciously decide not to REACT in our old ways and instead can choose to ACT in a healthier manner.

- Think of a difficult, stressful or upsetting situation.
- What is your first reaction (your feelings, thoughts, beliefs and actions)?
- Is this a behavior/emotion/thought/belief that you would like to change?
- What is its' function or source? (i.e. Why are you behaving like this? Is it useful? When did you first do this? When do you normally do this?)
- Decide not to REACT. How will you choose to ACT in a healthier manner?

APPENDIX T

GROUP EVALUATION FORM

Your opinions are important to me! In order to plan for future groups, I have prepared this short confidential questionnaire to survey your thoughts regarding your involvement in this group. I appreciate your honesty. Please circle the appropriate response:

1. I enjoyed coming to this group. Yes No Not sure

2. This group was helpful. Yes No Not sure

Please provide examples (i.e. what did you like/dislike):

3. The length of the sessions (2 hours) and the number of sessions (8) was appropriate. Yes No Not sure

Explain:

4. Through this group I have become familiarized with a range of coping techniques and have found something that works for me.
Yes No Not sure

Please provide examples:

5. I feel less stressed today than I did two months ago.
Yes No Not sure

Please provide examples:

6. Through this group I gained skills to build new and enhance existing relationships with others. Yes No Not sure

Please provide examples:

7. Today, I feel more supported in my parenting than I did two months ago.
Yes No Not sure

Please provide examples:

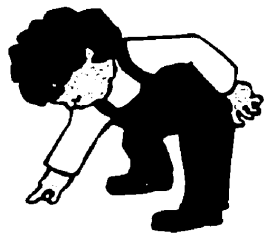
8. Through this group I was able to exchange practical information with other young moms which assisted in solving some parenting troubles.
Yes No Not sure

Please provide examples:

9. What would you suggest be added, subtracted or changed about this group for the future?

10. Additional Comments and/or Concerns:

APPENDIX U

CONGRATULATIONS

ALLISON JONES

ON YOUR SUCCESSFUL COMPLETION OF:

The September 14 – November 2, 2000

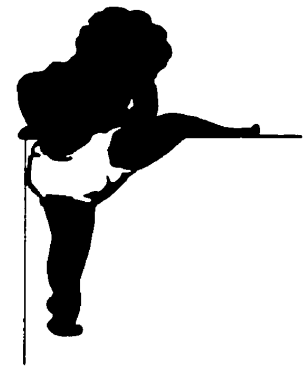
SUPPORT GROUP for YOUNG MOMS

Held at the Young Parent's Resource Center in Portage la Prairie, MB.

_____

Candace Funk; Social Worker



APPENDIX V

PARTICIPANT BIOGRAPHIES

Portage la Prairie Group
Allison was a 17-year-old mother taking a high school class through correspondence. She, her husband and their 13-month-old son were living with her maternal grandparents. During the sessions, she and her husband moved into their own residence. Allison identified feelings of stress related to isolation, financial shortages and an immature husband. Shortly after the final session her second child was born.

Barb was an 18-year-old mother who was completing her grade twelve and residing in her parents' home. During the group she and her three-year-old son moved in with her boyfriend. She experienced endless difficulty with her son's father and so was trying to sever all connections with him and his interfering friends and family.

Connie was a 19-year-old mother enrolled at a post secondary college. She and her 9-month-old daughter lived alone. She moved twice during the duration of the group both times moving in with her boyfriend's family members. She identified experiencing ostracism from her own family, isolation from peers and described her relationship with her daughter's father as on and off as a result of his drug use, control and at times abuse of her.

Dianne was a 20-year-old mother completing her grade twelve and living with her 9-month-old daughter. She was not connected to her baby's father at the time of the group saying that he was abusive and struggled with addictions. Dianna's neighbor was physically violent with her and her family was threatening to remove her daughter from her care.

Esther was a 17-year-old mother working on high school classes and living with her parents. During the group she and her two-month-old son moved out on their own after much conflict at home and being physically assaulted by her mother. She quit school and went to work in retail. She said that she had no contact with her baby's father since early in her pregnancy and struggled in her relationships with peers.

Faith was an 18-year-old mother who was doing high school correspondence work and was waitressing. Faith felt very isolated and experienced much financial and job related stress. She and her 8-month-old daughter were living with her boyfriend. She was not connected to her baby's father who was incarcerated but who was threatening to take her daughter away from her.

Ginette was a 19-year-old mother who was completing her grade twelve. She was living with her boyfriend but this relationship ended during the group and she and her 14-month-old daughter moved out on their own. She was struggling in her

relationship with her mother as well as her baby's father who abused drugs and who popped in and out of her life when it was convenient for him.

Holly was a 17-year-old mother who at the start of the group was attending high school and living with her 4-month-old son. Holly was always worried about financial shortages. During the group, her baby's father moved in with them and she quit school. She said that she was very connected to her baby's father.

Winkler Group
Alexis was a 19-year-old mother living with her husband, their two-year-old son and two-month-old son. Alexis desperately wanted a job to feel satisfaction and to relieve her loneliness but her husband would not permit this.

Brenda was a 17-year-old mother living with her 3-year-old daughter and her partner (father of her daughter). During the group Brenda started a waitressing job. Brenda expressed much stress around managing her child's behavior and admitted to occasionally wanting to quit parenting.

Clarissa was a 19-year-old mother who was working on her grade twelve and living with her two-year-old daughter in her parent's home where there was much conflict. She was not connected to her baby's father who had been abusive but was involved in a new relationship, which she described as on/off.

Deena was a 17-year-old mother who was living with her husband and their 14-month-old son. At the time of the group Deena was pregnant with her second child. Deena was very isolated from friends and felt judged by her community. Her work commitments prevented her from completing group.

Enid was an 18-year-old mother who was living on her own with her 11-month-old son. She identified much financial stress. At the time of the group Enid was not in contact with her baby's father but was feeling a lot of pressure to marry him despite his being physically and emotionally abusive with her.

Flora was a 17-year-old mother who was working on her grade twelve. At the start of group she and her 3-month-old son were living with her parents where she identified conflict with parents and felt abandoned by friends. During the group, Flora and her baby's father were married and moved in together.

Gina was a 20-year-old mother who was living on her own with her three-year-old daughter and one-year-old son. She had some contact with her daughter's father (whom she described as irresponsible and unreliable) but was not in contact with her son's father since early in her pregnancy. Gina felt very alone, identified an abusive family, struggled in her anger management and voiced much frustration with her daughter.

Heidi was an 18-year-old mother who was living with her four-month-old son and her husband in her husband's mother's home. This created a lot of conflict related to finances, parental boundaries and marital instability.

APPENDIX W

Task Coping

GROUP	NAME	PRE-SCORE	POST-SCORE	PRE-%ILE	POST-%ILE
Portage	*Allison*	61	65	86	93
Portage	*Barb*	57	61	76	86
Portage	*Connie*	47	45	42	35
Portage	*Dianne*	44	46	31	38
Portage	*Esther*	57	53	76	62
Portage	*Faith*	50	54	50	66
Portage	*Ginette*	49	52	46	58
Portage	*Holly*	35	38	8	14
Winkler	*Alexis*	60	63	84	90
Winkler	*Brenda*	59	47	82	42
Winkler	*Clarissa*	58	61	79	86
Winkler	*Deena*	44	46	31	38
Winkler	*Enid*	49	58	46	79
Winkler	*Flora*	43	52	27	69
Winkler	*Gina*	56	59	73	82
Winkler	*Heidi*	46	54	38	66
Control	*Amanda*	47	51	42	54
Control	*Betty*	53	44	62	35
Control	*Corinne*	62	59	89	82
Control	*Debbie*	42	42	24	24
Control	*Evelyn*	40	46	18	38
Control	*Frieda*	57		76	
Control	*Gwen*	49		46	
Control	*Hannah*	52		58	

APPENDIX X

Emotion Coping

GROUP	NAME	PRE-SCORE	POST-SCORE	PRE-%ILE	POST-%ILE
Portage	*Allison*	48	43	50	31
Portage	*Barb*	42	44	27	35
Portage	*Connie*	62	60	89	84
Portage	*Dianne*	57	51	76	58
Portage	*Esther*	57	62	76	89
Portage	*Faith*	63	60	90	84
Portage	*Ginette*	56	54	76	69
Portage	*Holly*	65	66	93	95
Winkler	*Alexis*	48	51	50	58
Winkler	*Brenda*	38	39	18	21
Winkler	*Clarissa*	52	48	62	50
Winkler	*Deena*	60	64	84	92
Winkler	*Enid*	61	57	86	79
Winkler	*Flora*	57	52	79	62
Winkler	*Gina*	61	71	86	98
Winkler	*Heidi*	54	51	69	58
Control	*Amanda*	57	61	79	86
Control	*Betty*	55	57	73	79
Control	*Corinne*	60	54	84	66
Control	*Debbie*	39	46	21	42
Control	*Evelyn*	70	64	97	92
Control	*Frieda*	46		42	
Control	*Gwen*	59		82	
Control	*Hannah*	56		76	

APPENDIX Y

Avoidance Coping

GROUP	NAME	PRE-SCORE	POST-SCORE	PRE-%ILE	POST-%ILE
Portage	*Allison*	53	55	62	69
Portage	*Barb*	48	51	46	58
Portage	*Connie*	44	46	31	38
Portage	*Dianne*	53	52	62	58
Portage	*Esther*	53	55	62	69
Portage	*Faith*	56	56	73	73
Portage	*Ginette*	48	50	46	54
Portage	*Holly*	49	53	50	62
Winkler	*Alexis*	60	59	84	82
Winkler	*Brenda*	64	67	92	96
Winkler	*Clarissa*	50	53	54	62
Winkler	*Deena*	53	50	62	54
Winkler	*Enid*	57	63	76	90
Winkler	*Flora*	50	58	54	79
Winkler	*Gina*	39	36	16	10
Winkler	*Heidi*	43	52	27	58
Control	*Amanda*	49	48	50	46
Control	*Betty*	43	40	24	18
Control	*Corinne*	62	57	89	76
Control	*Debbie*	53	47	63	42
Control	*Evelyn*	61	56	86	73
Control	*Frieda*	38		14	
Control	*Gwen*	44		31	
Control	*Hannah*	51		58	

APPENDIX Z

Social Skills

GROUP	NAME	PRE-SCORE	POST-SCORE	PRE-%ILE	POST-%ILE
Portage	*Allison*	21	24	73	89
Portage	*Barb*	22	23	79	84
Portage	*Connie*	8	10	1	4
Portage	*Dianne*	10	9	4	2
Portage	*Esther*	20	10	62	4
Portage	*Faith*	12	11	8	6
Portage	*Ginette*	14	15	18	24
Portage	*Holly*	13	19	14	54
Winkler	*Alexis*	17	23	38	84
Winkler	*Brenda*	16	20	31	62
Winkler	*Clarissa*	21	23	73	84
Winkler	*Deena*	14	11	18	6
Winkler	*Enid*	23	25	84	92
Winkler	*Flora*	23	22	84	79
Winkler	*Gina*	12	13	8	14
Winkler	*Heidi*	21	25	73	92
Control	*Amanda*	16	18	31	46
Control	*Betty*	20	17	62	38
Control	*Corinne*	21	22	73	79
Control	*Debbie*	10	12	4	8
Control	*Evelyn*	24	20	89	62
Control	*Frieda*	13		14	
Control	*Gwen*	23		84	
Control	*Hannah*	19		54	

APPENDIX AA

Parenting Stress

GROUP	NAME	PRE-SCORE	POST-SCORE	PRE-%ILE	POST-%ILE
Portage	*Allison*	70	64	54	34
Portage	*Barb*	80	75	76	65
Portage	*Connie*	86	84	85	83
Portage	*Dianne*	85	74	84	59
Portage	*Esther*	44	87	4	86
Portage	*Faith*	82	87	80	86
Portage	*Ginette*	82	77	80	72
Portage	*Holly*	78	80	74	76
Winkler	*Alexis*	82	84	80	83
Winkler	*Brenda*	84	89	80	88
Winkler	*Clarissa*	90	73	89	60
Winkler	*Deena*	83	86	81	85
Winkler	*Enid*	88	65	87	75
Winkler	*Flora*	77	73	72	60
Winkler	*Gina*	98	90	94	91
Winkler	*Heidi*	73	65	60	35
Control	*Amanda*	79	82	75	80
Control	*Betty*	62	74	29	63
Control	*Corinne*	79	88	75	89
Control	*Debbie*	77	83	71	81
Control	*Evelyn*	79	78	75	74
Control	*Frieda*	83		81	
Control	*Gwen*	68		50	
Control	*Hannah*	86		85	

APPENDIX BB

Perceived Social Support (no percentiles are available for these scales)

GROUP	NAME	PSS-FR PRE-SCORE	PSS-FR POST-SCORE	PSS-FA PRE-SCORE	PSS-FA POST-SCORE
Portage	*Allison*	15	18	7	12
Portage	*Barb*	17	19	12	10
Portage	*Connie*	6	9	8	6
Portage	*Dianne*	5	7	19	20
Portage	*Esther*	16	10	20	9
Portage	*Faith*	8	8	9	7
Portage	*Ginette*	7	12	18	19
Portage	*Holly*	14	12	5	8
Winkler	*Alexis*	16	19	18	15
Winkler	*Brenda*	17	15	10	8
Winkler	*Clarissa*	13	20	14	13
Winkler	*Deena*	12	9	17	20
Winkler	*Enid*	14	19	12	13
Winkler	*Flora*	14	15	20	14
Winkler	*Gina*	7	10	7	9
Winkler	*Heidi*	11	17	15	18
Control	*Amanda*	5	6	14	12
Control	*Betty*	8	10	10	13
Control	*Corinne*	13	15	7	9
Control	*Debbie*	10	9	18	19
Control	*Evelyn*	16	13	7	5
Control	*Frieda*	9		17	
Control	*Gwen*	17		20	
Control	*Hannah*	15		11	