

# Preliminary Evaluation of The Healthy Relationships Plus Program with Pregnant and Parenting Adolescent Mothers

Caely Dunlop, Ph.D. Candidate, Claire V. Crooks, Ph.D., C.Psych. Centre for School Mental Health, Faculty of Education, Western University

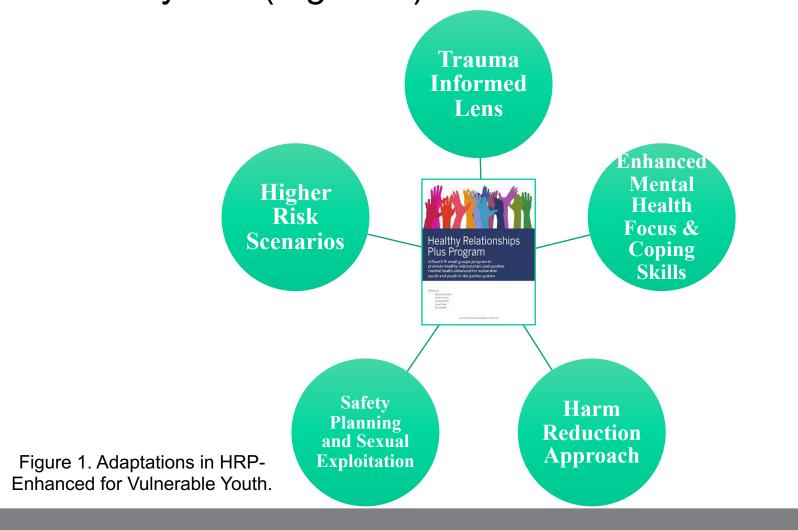
# **ABSTRACT**

The Healthy Relationships Plus Program-Enhanced (HRP-E) is an evidence- informed, small groups program that utilizes skills-based strategies to promote healthy relationships and positive mental health, prevent violence, and reduce adolescent risk behaviours. During the spring of 2018, the HRP-E program was piloted with two groups of pregnant and parenting adolescent mothers in an alternative education setting in Ontario, Canada. The present study employed a mixed-methods case study design to evaluate the feasibility of implementing the HRP-E program with this population, as the first phase of a larger evaluation of the HRP-E with vulnerable female youth in diverse community settings. Results indicated that both facilitators and youth enjoyed the HRP-E program, and described benefits for youth associated with participation. Implementation challenges were also observed. Taken together, findings suggest program development, adaptation, and implementation considerations for future interventions designed to meet the unique needs of pregnant and parenting adolescent mothers, and for vulnerable female youth more generally.

# BACKGROUND

Adolescent parenthood is associated with a myriad of adverse outcomes, including increased stress and risk for mental health difficulties including depression and suicidality, higher rates of substance use and violent victimization compared to same age peers, and increased likelihood of experiencing social and economic disadvantage (Herman et al., 2017; Hodgkinson et al., 2014). Despite these elevated risks, significant variability in trajectories for young parents has been observed, with more positive outcomes linked to social and functional support (Hodgkinson et al., 2014). Although numerous programs have demonstrated efficacy at preventing risk behaviours and promoting wellbeing among adolescents, comparatively few effective strategies for vulnerable youth have been identified (Crooks et al., 2019). In recent years, initial evaluation of programs designed to meet the unique needs of young mothers have yielded encouraging results, however programs are limited (Florsheim et al., 2011; Hermann & Waterhouse, 2014).

The HRP-E is a small groups program for vulnerable youth ages 12-18 in community and youth justice settings. Based on the core principles of the evidence-based Fourth R, the HRP-E program engages youth in open discussion and explicit skills practice across 16 one-hour sessions. Further adaptations aim to meet the needs of vulnerable youth (Figure 1).



# RESEARCH QUESTIONS

The specific objectives of this phase of the feasibility study were threefold:

- What is the acceptability (determined by satisfaction with program content and delivery) of the HRP-E for this population and setting, according to participants and facilitators?
- 2. To what extent is successful implementation of the HRP-E feasible with this population, and what factors promote or hinder high quality implementation?
- 3. Do facilitators and participants believe the program is beneficial for youth at increasing knowledge, developing healthy skills, reducing risk behaviours and/or promoting overall wellbeing?

# **METHODS**

### **PARTICIPANTS**

### Youth

- 14 female youth enrolled in an alternative high school program for pregnant and/or parenting students completed at least one session of the HRP-E program. Approximately two-thirds of these youth (n=9) completed at least 50% of the HRP-E program.
- 6 youth participated in semistructured interviews. All interview participants completed at least 50% of HRP-E program sessions.

### **Facilitators**

Two female psychology graduate students (including the first author) delivered both HRP-E groups. Both facilitators completed a one-day, in person training prior to program implementation.

# **MEASURES**

Youth Interviews: Semi-structured, in person interviews following program completion inviting youth to describe their experience in the program, and provide feedback.

# Session & Attendance Tracking Sheets: Completed by facilitators

**Sheets:** Completed by facilitators following each session to record activities completed, successes and challenges, and modifications.

# **Attendance Tracking Sheets:**

Provide information on program continuity and dosage.

Implementation Survey: Completed by facilitators upon program completion to identify successes and challenges of the overall program, modifications made, and perceived benefits for youth.

# **PROCEDURE**

- 1. Implementation: Two HRP-E groups were delivered concurrently in spring of 2018.
- 2. Data Collection:
- i. Facilitator data. Session and attendance tracking sheets were completed on an ongoing basis, and collected at the end of the program. Facilitators completed the online Implementation Survey immediately post-program.
- ii. Youth data. Semi-structured interviews were completed one to two weeks following program completion.

### 3. Data Analysis:

- Frequency statistics (dosage).
- Qualitative data was analyzed using a deductive approach to thematic analysis (Braun & Clarke, 2006).

# **FINDINGS**

### Research Question #3: Reported Benefits for Youth

Youth and facilitators described a number of perceived benefits for participants.

Qualitative data from youth interviews was categorized into three themes:

Intrapersonal, interpersonal, and benefits associated with group process (Figure 3).

Figure 3.Perceived Benefits for Youth: Qualitative Themes and Select Subthemes.

# Intrapersonal

**Knowledge &** 

**Awareness:** 

and awareness of

community resources

**Self Awareness:** 

Increased awareness

of youth's own

behaviours (i.e.

response to stress) and

associated impacts

Self-Efficacy:

Increased

confidence/comfort to

share knowledge and

use skills learned.

"I learned a lot about assertive

communication and dealing with

relationships and information

about healthy relationships that

took from this course and then

did it in real life and picked up a

lot of things and helped a lot of

my relationships in life.."

communication style

# Interpersonal

# Group Processes

# Insight:

Ability to recognize healthy/unhealthy behaviours in past and/or current relationships.

Relationship Skills:

Increased use of healthy relationship skills in different types of relationships (i.e. partner, friends, parents).

Perspective on
Relationships:
Understanding
influences on, and
views of relationships.

"...the assertive skills I think were the ones I used the most, not just with my ex, but like with a lot of people in my life, my moment even my child."

# Processes

# Feeling Understood: Hearing from peers with similar experiences. Feeling heard, understood, not alone. Social Support: Opportunity to interact

Opportunity to interact with peers with similar experiences, and offer/receive support from peers and facilitators.

# Comfort & Safety: Feeling comfortable to share and discuss difficult topics and experiences in safe,

non-judgmental setting.

"It just made me feel a little more comfortable, like you know, like I'm not by myself with it and you know there's other people that deal with it too- I find talking about things can really help me."

# **FINDINGS**

# Research Question #1: Acceptability of HRP-E

Overall, both youth and facilitators reported a high degree of satisfaction with the HRP-E Program.

Topics covered in the HRP-E were perceived as informative and applicable. Activities (skills practice in particular) effectively engaged youth.

- "I liked that about the group, how they always made it relatable, like everything we did."
- "I think it helps, like to practice the skills so then it was easier for doing it like in your actual life."

Small group format and emphasis on discussion reportedly created a safe space for sharing and learning among peers.

"I find that the only time that I've ever really had something like that is here at school where we have groups... I don't really have like a group where I can go to talk. So it's nice to have something like that where people can relate especially us all being like young moms."

# Research Question #2: Feasibility of Successful Implementation

Program facilitators identified implementation successes and challenges, as well as modifications made during pilot implementation (Figure 2).

# Successes

- •• Small group format facilitated open discussion
- •• Adapted content particularly relevant, supported increased engagement

Figure 2. Implementation Successes,

Challenges & Modifications Made.

# Challenges

- •• Timeframes difficult to meet
- Youth frequently absent
  Certain topics triggered distress and required additional time to

debrief

# Modifications •• Sessions were

- combined and shortened by removing activities
  •• Resources added to meet student
- Adapted activities to facilitate discussion

# **CONCLUSIONS & NEXT STEPS**

- Overall, pilot implementation of the HRP-E with pregnant and parenting female youth was successful. Both youth and facilitators reported positive experiences with the program, and described numerous perceived benefits for youth.
- Despite successes, facilitators identified implementation challenges, predominantly related to time constraints. Modifications to the program were also made primarily due to time, however some changes were made to fit participant's unique needs (i.e. inclusion of content/resources related to youth's role as parents).
- The remaining phases of the larger feasibility evaluation of the HRP-E with vulnerable girls in diverse community settings began in the fall of 2018, and will utilize a group concept mapping approach to further investigate perceived benefits for youth, as well as an investigation of outcomes three months post-program.
- Results from this study will further our understanding of the feasibility and potential benefits of programs designed to meet the needs of vulnerable adolescent girls in contact with diverse community settings and sectors.

### REFERENCES

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3, 77-101. doi:10.1191/1478088706qp063oa

Crooks, C. V., Jaffe, P., Dunlop, C., Kerry, A., & Exner-Cortens, D. (2019). Preventing gender-based violence among adolescents and young adults: Lessons from 25 years of program development and evaluation. *Violence Against Women*, *25*(1), 29-55.

Florsheim, P., McArthur, L., Hudak, C., Heavin, S., & Burrow-Sanchez, J. (2011). The Young Parenthood Program: Preventing intimate partner violence between adolescent mothers and young fathers. *Journal of Couple & Relationship Therapy*, *10*(2), 117-134. Herrman, J. W., Finigan-Carr, N., & Haigh, K. M. (2017). Intimate partner violence and pregnant and parenting adolescents in out-of-home care: reflections on a data set and implications for intervention. *Journal of Clinical Nursing*, *26*(15-16), 2409-2416. Herrman, J. W., & Waterhouse, J. K. (2014). A feasibility study to assess the effectiveness of Safe Dates for teen mothers. *Journal of* 

Obstetric, Gynecologic & Neonatal Nursing, 43(6), 695-709.

Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114-122.