Home Visiting Intervention for American-Indian Teen Mothers and Children

Concerns about teen pregnancy in American Indian populations have led to the development of a new and effective intervention program for these young mothers and their children (NIDA Notes, 2014; Barlow et al., 2013; Barlow et al., in press). About 40% of American Indian and Alaskan Native women become pregnant and give birth during the adolescent years as compared to about 21% of teens overall in the United States. According to the authors, American Indian and Native Alaskan teen females are especially at risk due to a number of factors. These include high rates of substance use, dropping out of school, and unstable residential situations.

The study was completed with 322 pregnant adolescent girls recruited from three American Indian reservations in Arizona. They were assigned randomly to one of two groups: "Family Spirit" intervention or "optimized standard care." All study participants received transportation to their prenatal visits and to check-up appointments for the babies; pamphlets on child care, and referrals to resources within the community.

Those in the intervention group received a series of home visits beginning toward the end of the pregnancy and continuing (with lower frequency) until the child was three years of age. There were 43 lessons presented; the visits were conducted by paraprofessionals who were Native in background and carefully trained. Three areas of information were covered in the intervention sessions: parenting skills for young children, and maternal life skills and psychosocial development, and prevention of maternal drug use.

Results at 12 months showed that the mothers in the intervention group had greater knowledge of parenting, higher scores on attitudes concerning home safety, and more confidence
in themselves as parents and their ability to deal with their children than those in the standard care group. Based on parent ratings, children in the intervention group showed fewer behavioral problems than the comparison group. There were no differences between groups on maternal substance use at 12 months, but this may have been because substance use was not a focus of the intervention during this time period.

When results for the whole intervention period were considered, they showed that, from pregnancy until the child was 36 months old, the mothers in the intervention group showed more knowledge of parenting, less depression, fewer externalizing problems, and more feelings of self-confidence or effectiveness concerning parenting. There also was a difference at 36 months showing that mothers in the intervention group were less likely than those in the standard care group to report using marijuana or illicit drugs. There was no difference between the groups in the amount of alcohol they reported using. According to parent ratings, children in the intervention group were likely to have better socio-emotional and behavioral outcomes than those in the comparison group.

The authors conclude that the intervention was effective in promoting improved parenting skills and outcomes for children in this at-risk population. They emphasized that the success was due in part to recruiting Native paraprofessionals from the community to deliver the intervention.

References:

outcomes from a randomized controlled trial. American Journal of Psychiatry, Epub ahead of print.


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